



BARRY GROSSMAN
COUNTY EXECUTIVE

DEPARTMENT OF HUMAN SERVICES
Office of Mental Health & Mental Retardation
154 West Ninth Street, Erie, Pennsylvania, 16501-1303
Telephone: 814-451-6860 TTY: 814-451-6858 Fax: 814-451-6868

SHARI GROSS
DHS DIRECTOR
MH/MR ADMINISTRATOR

June 13, 2013

Ms. Beverly D. Mackereth, Acting Secretary
Pennsylvania Department of Public Welfare
Health and Welfare Building, Room 333
625 Forster Street
Harrisburg, PA 17120

Re: Erie County Human Services Block Grant Plan
FY 2013-2014

Dear Ms. Mackereth:

Per the instructions provided, we are submitting the Erie County Human Services Block Grant Plan for FY 2013-2014 via email.

If you have any questions, please feel free to call me at the number above or email me at sgross@eriecountydhs.org.

Sincerely,

Shari Gross

Attachment – Block Grant Plan FY 2013-2014

c: Barry Grossman, Erie County Executive

Erie County

**Human Services
Block Grant Plan
FY 2013-2014**

TABLE OF CONTENTS
ERIE COUNTY MENTAL HEALTH PLAN
FY 2013-2014

Section 1. Compliance Assurance	1
Section 2. County Human Services Block Grant Plan.....	2
Section 3. Appendix C	27
Section 4. Attachments 1 - 4.....	30
Section 5. Proof of Publication.....	38

Compliance Assurance

Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: ERIE

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Public Welfare.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Barry Grossman	Date: <u>5/30/13</u>
County Executive		

**Human Services
Block Grant Plan
FY 2013-2014**

Erie County Human Services Plan
FY 2013-2014

Introduction to Erie County Human Services

Erie County is pleased to continue to participate in the implementation of a Human Services Block Grant in Pennsylvania. Since 2010, Erie County has been working toward the integration of both services and administration within the Department of Human Services. We believe that, in doing so we not only create efficiencies but also produce better coordination of care for our clients and families. The Department of Human Services' organizational structure includes Mental Health/Mental Retardation (and the HealthChoices Program), the Office of Children and Youth, and the Office of Drug and Alcohol Abuse Services (Single County Authority).

1. Public Hearing Notice

The Erie County Department of Human Services held two public hearings regarding our plan for the Block Grant. The hearings were held as follows:

Thursday, May 30, 2013 from 5:00 pm to 6:30 pm at the Erie County (Blasco) Library

Tuesday, June 4, 2013 from 12:30 pm to 2:00 pm at the Erie County (Blasco) Library

The hearings consisted of a slide presentation by a panel of DHS staff and DHS Director Shari Gross, followed by time for questions, answers and comments from the public. Notes were recorded on any questions or comments from the public. The meeting summaries and signature sheets for those in attendance at the public hearings are attached to this document as Attachments 1 and 2.

The plan was also reviewed with the members of the MH/MR Advisory Board on May 23, 2013. The MH/MR Board is the group that is responsible for assisting the County in planning for more than 80% of the Block Grant funds. The Board voted to support the plan.

2. Waiver

Erie County is NOT requesting a waiver on the minimum expenditure requirement for FY 2013-2014.

3. County Planning Team

A. Grant Administration:

Shari Gross is the Director of the Erie County Department of Human Services, and also serves as the Mental Health/Mental Retardation Administrator (inclusive of the HealthChoices Program.) A team of administrators serves as the administrative body for this Block Grant, and also includes: the OCY Director, the SCA Director, the Chief of Juvenile Probation, the DHS Finance Officer, the MH/MR Finance Officer, the MH/HC Team Leaders, and the

Intellectual Disabilities Team Leader. This team has been in place since 2010 and has been addressing the goal of cross-system collaboration and integration.

B. Stakeholder Involvement:

The County has made use of the Advisory Board structures already in place to seek advice from clients, family members, advocates, service providers and community members on the planning and utilization of Block Grant funds. Such boards include the MH/MR Board, the OCYF Advisory Board, the Drug and Alcohol Services Advisory Board, the HealthChoices Advisory Board, and the newly-formed Systems of Care Leadership Committee. These bodies, with the administrative team, form the County Planning Team for the Block Grant. Other examples of Stakeholder involvement in this year's planning process include (sign-in sheets and/or meeting summaries are attached to this plan document as Attachments 3 & 4):

- On February 7, 2013, County Program Office staff met with 7 family members at the Family Advisory Committee at the Blasco Library. Participants expressed concern about the lack of services in the summer for children and older youth with autism, and how Block Grant Funds are to be used for extended school year programming.
- On February 11, 2013, County Program Office staff met with 89 consumers at the Members Advisory Committee, and again on May 6, 2013 with 87 consumers at the Members Advisory Committee. Participants expressed concern about difficulty with transportation and assistance for persons in near homeless living situations, as well as financial difficulty establishing a permanent home.
- On March 26, 2013, a workgroup of local health care, social service and other professionals was convened to discuss the impact of economic adversity on the mental health of the Erie Community.
- On May 14, 2013, the County Program Office staff met with consumers of intellectual disability services, as well as members of a self-advocacy group, and self-advocacy board members. Participants shared how consumers prefer to engage in the Individual Service Plan (ISP) process and how support coordinators relate to them. As a result, the county program office will continue to engage in further discussion with the self-advocacy group membership and their board to develop actions to address these concerns.
- On May 29, 2013, the Erie County Office of Drug and Alcohol Abuse Advisory Board met. Included in the meeting was discussion regarding the Erie County's involvement in the Block Grant process, specifically the current year's experiences and plans for the future. The Board was pleased to see some additional flexibility via the Block Grant and the opportunities for it has created for consumers to gain access to treatment within the Drug and Alcohol system.

4. Needs Assessment

Consolidated Human Services Needs Assessment:

Erie County has always conducted needs assessments according to the various categorical requirements. In the effort to plan for the Block Grant for FY 2013-2014, the County has employed a variety of methods in order to assess human services needs:

- Analysis of service utilization data for each of the areas of funding within the block grant, as well as trends and issues indicated by utilization data in related areas (e.g., HealthChoices.) This information will be discussed further in each categorical section.
- Client demographic data.
- Recommendations from the various advisory boards and committees.
- Public comments obtained through town hall-style meetings and public hearings for this purpose.
- Public comments obtained through surveys, both personal and electronic.
- Data developed as part of the OCYF Needs Based Plan.
- Input from persons with physical disabilities and persons who are homeless, to ensure that their perspective is represented in the plan, despite the comparatively small percentage of persons in these categories who are served by the Block Grant funds in Erie County.
- Erie County-specific demographic, economic and social statistics.

All of this information will be used in the formulation of the Erie County Human Services Plan for FY 2013-2014.

5. Human Services Narrative

A. Mental Health Services:

- Needs Assessment

In Fiscal Year 2012-2013, it is projected that 3,023 unduplicated children will be provided with necessary community-based Mental Health services paid by the County's Mental Health Base allocation, and 10,827 unduplicated adults. It is to be noted that in Fiscal Year 2012-2013, it is projected that 5,171 unduplicated children will be provided with community-based Mental Health services, paid by Medical Assistance/HealthChoices funds, and 9,705 unduplicated adults. Children, youth and adults are served in the least restrictive, most appropriate level of care. The Mental Health and HealthChoices programs work as an integrated program at the administrative level. At the Care Management level, the services are co-located and coordinated to ensure that clients and families have available to them the most appropriate plan for service. The program also encourages development of other natural supports with the overall goal of supporting recovery and resiliency. Base funds are often utilized when individuals are returning for institutional care prior to determination of Medical Assistance benefits, and in a manner that ensures Base funds are the payer of last resort. Data mining, chart audits, fiscal reviews, and collaboration with providers and consumers ensure that the Base funds are used for priority populations in the most efficient and effective way.

- Outpatient Mental Health

The largest portion of Mental Health funds is spent on Outpatient Clinic services. These services are the foundation of our community Mental Health system and reach consumers in the least restrictive environment. Effective July 1, 2013, Blended Case Management (BCM) services for children and adults are being offered at all of the Outpatient Clinics as a part of a team-delivered approach in addition to providing increased consumer choice, and developing the foundation for a health home model of care, particularly for persons with

complex medical and behavioral health conditions.

For individuals with more complex needs, additional supports are available including Residential Supports (Residential Treatment Facility for Adults, Enhanced Personal Care Homes, Integrated Personal Care Homes), Administrative Case Management (ACM), Assertive Community Treatment (ACT) team, Representative Payee services, Peer Support, Crisis services, Crisis Residential Unit, Psychosocial Rehabilitation, Mobile Psych Rehabilitation, Mobile Medication, Family Based services, Emergency services, Drop-in Centers, Housing Supports, and Partial Hospitalization. Many of these services are utilized to divert or facilitate discharge from the State hospital setting, Residential Treatment Facilities, and incarceration.

- State Hospital Diversion and Discharge

In Fiscal Year 2012-2013, we averaged 49 consumers in the State hospital on a daily basis, which is 2 over the bed cap for Erie County. There is a gap in our continuum of care regarding housing options for this target population. We are looking at ways to move individuals from Personal Care Homes to permanent housing in order to open up availability for individuals discharging or being diverted from the State hospital. The ACT team is also utilized for this population. ACMs and High Risk Care Managers are at the local inpatient units every week to assist with diversions and stabilization.

- Residential Treatment Facility (RTF)

RTF utilization data shows that, while Erie County is not an outlier, there is room for improvement. A growing concern involves children who have more complex needs such as Autism Spectrum Disorder, Intellectual Disabilities, extreme behaviors, children without discharge resources, and disrupted adoptions. The High Fidelity Wraparound program is often relied on to address the needs of these youth and their families. ACMs are also utilizing the Joint Planning Team/CASSP protocol to facilitate meetings with this population's teams. We are also working with local RTF providers to partner with them by identifying these high risk placements in order to begin working with them as soon as possible. A protocol to ensure families remain engaged while the youth is in RTF has been implemented.

We support a Youth-In-Transition lodge, which is similar to a Fairweather Lodge. Independent Living services are available for youth who will be living on their own. Mobile Psych Rehabilitation and Peer Support services are also available for transitioning youth. Through youth representation on our Systems of Care and Youth Advisory Boards at OCYF, we continue to look for creative solutions for engaging transition-aged youth.

- Homelessness

Like many communities, Erie continues to struggle with the issues around homelessness in our priority population. A special unit of Administrative Case Managers works with this population and we have several shelters that work well with our consumers, but finding long-term permanent housing continues to be difficult. We are looking at ways we could engage these individuals and develop plans to move toward recovery and stability.

Collaborative committees include, but are not limited to: Cross Systems Integration (CSI), the Erie County Policy and Planning Council for Children and Families (PPC), Building Bridges (a sub-committee of the PPC), HealthChoices Advisory Committee (HAC), HealthChoices Provider Council, HealthChoices Leadership Team, Erie County Treatment Court, Service Area Planning, the Local Interagency Coordinating Council (LICC), the Maternal and Child Health Task Force, Child Death Review, Community Hospital Liaison Committee, Outpatient Consortium, RECOVERIE, Community Support Program (CSP), Peer Support Initiative (PSI), Spirituality Committee, Housing and Recovery Task Force (LHOT), Certified Peer Specialist Supervisory Committee, Criminal Justice Advisory Board (CJAB), and the County Leadership Team which leads the Erie County System of Care (SOC) Partnership Initiative.

▪ Older Adults

An Administrative Case Manager specializing in geriatric mental health is on staff at Erie County Care Management.

It is anticipated that the Decision Support Center (DSC) will offer a welcoming environment, in addition to peer support and computer decision aids that will support the active participation of consumers in their outpatient appointments related to use of medications. It is also expected to benefit consumers in managing their illness, improve communication between practitioners and consumers, and promote empowerment, wellness and support consumers in their recovery journey.

The one-page report generated by the software will help to enrich dialog, give a more holistic understanding of people in the context of their everyday lives and help to deepen a shared understanding of a person's concerns and an agreement on how to move forward with treatment. The report will also help to create efficiencies in the consultation by allowing the psychiatrist to focus more quickly on areas of concern to the person. It will help facilitate communication for the consumer who may also be more willing to disclose information via the computer. This reinvestment initiative, through the use of peer support services and computer decision aides, will provide effective tools for consumers receiving psychotropic medication monitoring to facilitate their individual recovery. Members will be supported and encouraged to participate in the DSC by specially trained DSC Peer Support Staff.

Outcomes to be measured are:

- Member utilization of the service (number of members, how often utilized)
- Member satisfaction
- Provider satisfaction
- Assessment (from pharmacy data) of member adherence to anti-psychotic medication regimens (frequency of refills)
- Assessment (from pharmacy data) of how often members change anti-psychotic medications

Through collaboration with the local Area Agency on Aging, there are many services and supports available. Services include Care Management, Domiciliary Care, Meals on

Wheels, Family Caregiver Support Program, Farmer's Market Nutrition Program, Adult Protective services, PDA waiver programs, Ombudsman and Senior Advocate. Some additional programs include the following: Home PLUS Project is designed to reduce risk factors and to stabilize housing. It provides assessment, case management including Mental Health services, and other aging services on-site to Housing Authority of the City of Erie. Partner Agency (Erie Center on Health and Aging) provides medical services. Foster Grandparent Program provides eligible persons, 55 years and older, with a modest stipend for volunteering with young children who have special needs. Retired and Senior Volunteer Program (RSVP), Senior Aides places low-income seniors, age 55 and older, into subsidized, part-time community service training opportunities leading to skill development and unsubsidized employment and Senior Center Services offer nutritional, recreational, educational, and social activities at 11 senior centers located throughout Erie city and county. Access to these sites is aided by transportation services purchased from the LIFT/ MATP. As the population continues to age and life expectancy increases, more of these services will be needed and, therefore, additional funds would be helpful to address these concerns.

Erie has a specialized outpatient clinic that works with the LGBTQI consumers. As a part of their mission, they have offered several well-attended trainings to the local provider community.

- Adults

The largest portion of Mental Health funds is spent on Outpatient Clinic services. These services are the foundation of our community Mental Health system and reach consumers in the least restrictive environment. Effective July 1, 2013, Blended Case Management (BCM) services for children and adults are being offered at all the Outpatient as a part of a team delivered approach in addition to providing consumer choice, and developing the foundation for a health home model of care particularly for persons with complex medical and behavioral health conditions.

For individuals with more complex needs, additional supports are available including Residential supports (Residential Treatment Facility for Adults, Enhanced Personal Care Homes, Integrated Personal Care Homes), Administrative Case Management (ACM), Assertive Community Treatment (ACT) team, Representative Payee services, Peer Support, Crisis services, Crisis Residential Unit, Psychosocial Rehabilitation, Mobile Psych Rehabilitation, Mobile Medication, Family Based services, Emergency services, Drop-in Centers, Housing Supports, and Partial Hospitalization. Many of these services are utilized to divert or facilitate discharge from the State hospital setting, Residential Treatment Facilities, and incarceration.

- Transition Age Youth

Erie has BCM services specifically targeted to transition-aged youth. We support a Youth-In-Transition lodge, which is similar to a Fairweather lodge. Independent Living Services are available for youth who will be living on their own. Mobile Psych Rehabilitation and Peer Support services are also available for transitioning youth. Through youth representation on our Systems of Care and Youth Advisory Boards at OCYF we continue

to look for creative solutions for engaging transition-aged youth. In FYE 2014, a Request for Proposal to hire a Youth Engagement Worker will be implemented with System of Care grant funds. The High Fidelity Wraparound program is often relied on to address the needs of youth who are transitioning to adult service level of care.

- Children

Erie has worked to decrease utilization of Behavioral Health Rehabilitation Services. Children who receive BHRS generally transition to less restrictive Outpatient services but some do require more intense services, such as, Family Based services prior to approving BHRS in the school, we are requesting that all appropriate supportive services available through the education system have been implemented. The Erie Outpatient providers offer satellite offices in all of the public and several private school buildings in Erie County. This has reduced the need for BHRS, increased compliance with appointments, and decreased time spent away from the school building. Erie has also engaged the Student Assistance Program (SAP) liaisons for each of the schools to increase awareness of all levels of services so that the least restrictive options are explored first.

RTF utilization data shows that, while Erie County is not an outlier, there is room for improvement. A growing concern involves children who have more complex needs such as Autism Spectrum Disorder, Intellectual Disabilities, extreme behaviors, children without discharge resources, and disrupted adoptions. The High Fidelity Wraparound program is often relied on to address the needs of these youth and their families. ACMs are also utilizing the Joint Planning Team/CASSP protocol to facilitate meetings with this population's teams. We are also working with local RTF providers to partner with them by identifying these high risk placements in order to begin working with them as soon as possible. A protocol to ensure families remain engaged while the youth is in RTF has been implemented.

- Special/Underserved Populations

Individuals transitioning out of State Hospitals in Fiscal Year 2012-2013, averaged 50 consumers in the State Hospital on a daily basis through the end of January 2013, which is 3 over the bed cap for Erie County. They had 47 patients at WSH on a daily basis since February, 2013. There is a gap in our Continuum of Care regarding housing options for this target population. We are looking at ways to move individuals from Personal Care Homes to permanent housing in order to open up availability for individuals discharging or being diverted from the State hospital. The ACT team is also utilized for this population. ACM's and High Risk Care Managers are at the local inpatient units every week to assist with diversions and stabilization.

Co-Occurring MH Administrative Case Managers are co-located at Erie County Care Management (ECCM) with Supports Coordinators for persons with Intellectual Disabilities for purposes of partnering and planning for the delivery of services for person with ID and MI. Monthly meeting involving staff from the HealthChoices MCO, as well as the Offices of Drug and Alcohol Abuse and MH/MR are convened to assure progressive delivery of services for persons with co-occurring mental illness and

Substance Abuse problems. One agency that provides BCM services to over 500 clients specializes in serving hard to serve consumers who are often managing significant histories of substance abuse, which may have influenced their involvement with criminal justice.

Justice Involved Individuals

Erie has a variant of programs to address the needs of justice involved persons. We have forensic specialists who work in our ACM program that monitor individuals who are currently incarcerated and assist in discharge planning and implementation. Outpatient services and medications are funded in the prison setting and upon discharge the same provider offers a Forensic Outpatient clinic with services and supports tailored to these individuals needs and to assist with reintegration. Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA) services are also available to assist in transition of dually diagnosed parolees from the State Correctional system. Likewise, the STEP (Supportive Transitional Extension Program) provides transitional housing and support to CROMISA clients leaving the criminal justice system and also seeking treatment for substance abuse. Forensic Certified Peer Specialists were trained in May 2011 to help prepare Certified Peer Specialists to use their Peer Support skills to assist individuals with mental illness and/or co-occurring substance use disorders who are navigating the criminal justice system. One agency that provides BCM services to over 500 clients specializes in serving hard to serve consumers who are often managing serious mental illness which may have influenced their involvement with the prison system, parole and probation. The Erie County Criminal Justice Administrative Board (CJAB) sponsored a 2 day Cross-System mapping workshop focused on persons with mental illness. The workshop has spawned task forces aimed at enhancing communication between the various arms of criminal justice including police, the Courts and human services. Another task force focused on Re-entry is planned in order to take better advantage of government grants available for Re-entry support and coordination efforts aimed at reducing prison recidivism.

Veterans

Erie has a Veterans Administration (VA) facility that has behavioral health services for veterans. Erie works with the VA to assist recent and long standing veterans.

In FYE 2014, the National Alliance on Mental Illness (NAMI) of Erie County plans to again offer the Family-to-Family program to help families learn and understand mental illness. This 12 week course helps family members and caregivers, whose loved ones are facing the challenges of a mental illness. This course increases empowerment, reduces burden in the home and increases family stability. Family-to-Family also provides education about mental illness, understanding the mental health system and self-care for the family member.

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

In 2011, Erie welcomed a specialized Outpatient clinic for this special population. As a part of their mission, they offered several very well attended trainings to our current services providers. Our office has been able to fund the clinic to provide outreach,

information and referral services, and public education.

Racial/Ethnic/Linguistic Minorities

Erie is one of the largest rural Federal Refugee relocation sites. As a result, we have encountered some challenges with meeting the needs of these consumers. As a result, we have created a cross system work group to identify and appropriately address the needs. We have also created a centralized contract with interpretation agencies through our BH-MCO in order to ensure that consumers with interpretation needs are able to access services. This includes individuals with sign language needs. We continue to learn more about this population's needs and attempt to address them. Our office has established and convened the International Interdisciplinary Support Development Team in order to gather staff from the various local helping agencies involved with refugees to assure cross training and exchange of information, as well as access to mental health and related human services.

▪ Recovery Oriented System Transformation

Erie County providers have begun participating in a Recovery Learning Collaborative based on Pat Deegan's work. A CommonGround Decision Support Center (DSC) partners computer assisted technology and peer support to help engage shared decision making within the context of medication management appointments. DSCs allow behavioral health providers to further promote a more consumer-driven, recovery-oriented service system in Erie County. The CommonGround Approach supports consumer self-determination, increased access to resources, links consumers with peer support, and allows for collaborative relationships between consumers and their practitioners.

Timeline - This project began in the fall of 2012 with a recovery conference and has been ongoing since then, with providers participating in a Recovery Learning Collaborative. The instruction and mentoring program will culminate in the DSC to be up and running in at least one outpatient facility by January of 2014 with a full roll out anticipated in 2014.

Fiscal resource - for this fiscal year we anticipate utilizing about 38,000 of reinvestment funds.

Tracking of priorities - Outcomes to be measured are:

- Member utilization of the service (number of members, how often utilized)
- Member satisfaction
- Provider satisfaction
- Assessment (from pharmacy data) of member adherence to anti-psychotic medication regimens (frequency of refills)
- Assessment (from pharmacy data) of how often members change anti-psychotic medications

B. Intellectual Disabilities:

The Erie County MH/MR Office offers the full array of Base-funded services detailed in "Developmental Programs Bulletin 00-12-05, Individual Supports Plan (ISPs), Manual

for Individuals with Intellectual Disabilities.”

- Needs Assessment information

Based upon the HCSIS, PUNS Management Report, Table 1 details the number of people waiting for service. Table 1 illustrates the number of people who need a service each year. People with an Emergency Need are currently in life situations in which they need services now. People with a Critical Need need services in one to three years. While the total number of people waiting for service has decreased slightly over the past year, the number of people in the Emergency Need category increased by 20 people. This is most likely due to a lack of new funds to serve people on the waiting list, and over time, people’s needs have increased from a Critical to Emergency Need. Information regarding the number of people needing services was collected from the Office of Developmental Programs, Home and Community Services Information System (HCSIS), and the PUNS report dated May 14, 2013.

All Persons Waiting for Service (Fiscal Year Comparison)			
	FYE		
	2011	2012	2013
Emergency Need	165	185	204
Critical Need	347	319	298
Total	512	504	502

Table 1

Also using the PUNS Management Report, Table 2 details the types of services people reported they need. Over half of the people on the waiting list stated they need a facility based day program and respite services. Approximately 14% of persons on the PUNS list requested Community Residential services or Family Living services. Other services represent a variety of community based day and Employment services. Transportation has become a growing need with 19% of persons requesting the service.

Needed Services for Persons with Intellectual Disabilities	
State Cost Center	Unfunded Services
Community Habilitation	343
Community Residential Services	53
Employment Services	76
Family Living	18
Home and Community Services	57
Pre-Vocational Services	50
Respite Services	275
Specialized Supports	19
Transportation	97

Table 2

Of those waiting for service, some are aging out of an alternate service system and need services to continue as referenced in Table 3. These include:

- Special education graduates.
- Young adults aging out of Early Periodic Screening, Diagnosis, and Treatment (EPSDT). This is a federal program designed to address physical, mental, and developmental health needs. Screening services "to detect physical and mental conditions" must be covered at periodic intervals, as well as diagnostic and treatment coverage. Eligible persons can receive these services until their 21st birthday. Thereafter, services are transitioned into the respective funding options including Medical Assistance (MA) for medical and therapy needs and Mental Retardation services for developmental needs.
- Persons who are transitioning from the Criminal Justice system, Residential Treatment Facilities for Children (RTF), and Office of Children and Youth.
- Older persons who have been identified by Adult Protective Services (APS), and need Mental Retardation services.
- Persons who will be discharged from State psychiatric hospitals.
- Persons who would like to leave State centers.
- Persons with older care givers.

People Aging-Out of Alternate Service Systems	
Category Type	
Special Education Graduates	67
EPSDT Age-Out	4
Jail	8
RTF	11
APS	0
C&Y	0
State Hospital	1
State Center	24
Older Care Giver	18
Total	133

Table 3

▪ Quality Assurance Plan

Annually, the County Program Office prepares a Quality Assurance plan to the Office of Developmental Programs (ODP). The plan addresses:

- Administrative Self- Review
Measures county Program Office Compliance with Administrative Entity Agreement.
- Contract Management
Measures utilization of Base-funded services to provider contracts.
- Critical Incidents
Measures adherence to ODP defined dignity and rights priorities.
- Independent Monitoring for 4 Quality (IM4Q)
Measures consumer satisfaction of services; which includes services received or waiting.
- Risk Management
Measures the level of consumer abuse, exploitation, neglect and restraint as defined by ODP.
- Provider Monitoring
Measures provider compliance with the Provider Agreement.
- Provider Qualifications
Assures provider compliance to ODP minimal standards for offering services

▪ Current Utilization:

Table 4 details the number of persons served using Base funds in FY 12-13 and the projected number of persons to be served in FY 13-14. In total 63 people will be served from the waiting list in FY 13-14. These persons can be served due to attrition.

Current Utilization	Estimated/Actual Individuals Served in FY 12-13	Projected Individuals to be Served in FY 13-14
Supported Employment	11	11
Sheltered Workshop	11	11
Adult Training Facility	7	7
Base Funded Supports Coordination	1,340	1,370
Residential (6400)	3	1
Lifesharing (6500)	1	1
PDS/AWC	29	42
PDS/VF	0	0
Family Driven Family Support Services	857	887
Self-Advocacy	10	10

Table 4

Generally, Block Grant funds serve as a starting point for eligible persons who have no services at all. Funds purchase a smaller amount of service for a large number of people so as not to create a situation of the haves and have-nots. Typically, services are community-based, allowing the consumer to integrate into the community and provide some care-giving relief. Service delivery is based upon consumer selection of provider(s). As Waiver capacity becomes available, persons are enrolled in the Consolidated or Person/Family Directed Supports Waivers. These fund sources generally enable persons to receive additional units of service or more types of services. Currently, the County Program Office has the capacity to service 601 people through the Consolidated Waiver and 352 people through the Person Family Directed Supports Waiver. This includes a recent Office of Developmental Programs (ODP) initiative to enroll an additional 47 special education graduates whose school year ended June 2012. Regardless of fund source, decisions to authorize services for people are based upon the ODP waiting list tool, Prioritization of Urgency of Need (PUNS).

- Prioritization of Urgency of Needs (PUNS)

Supported Employment

Currently, there are 89 persons receiving on the job training, Supported Employment, or who go on work crews in the community, Transitional Employment. These services are purchased with all three fund sources: Base, Consolidated, and PFDS Waivers. All persons recently completing their high school program are given the option to participate in Employment Services.

Life Sharing Options Currently, there are 66 persons residing in Life Sharing

homes. Life Sharing refers to a living situation between a family or individual who wishes to share their home and day-to-day experiences that are typical of living with family. These services are purchased with all three fund sources: Base, Consolidated,

and PFDS Waivers. Establishment of rates in a responsible and timely manner for new service locations needs to be a priority for the Department of Public Welfare.

Base Funded Supports Coordination

Anyone presenting at the Supports Coordination Office and requesting Intellectual Disability services is afforded the option of an intake and eligibility review. If found eligible for ODP funded services, the person is given the choice of a supports coordinator who completes a Prioritization of Urgency of Need for Services (PUNS) assessment. The PUNS assessment determines the urgency of need; emergency, critical, and planning. The supports coordinator reviews the PUNS status for persons waiting for service on an annual basis. The support coordinator participates at least in semi-annual service reviews for persons in service and more often as needed. Additional supports are provided to persons who have a county parole officer.

Cross Systems Communications and Training

There have been no instances of State Center placements for at least the past 10 years. Providers are interested in serving persons with dual diagnoses and challenging behaviors. The greatest challenge is returning dually diagnosed persons from State Hospitals to the community. Barriers include:

- The PUNS process and lack of sufficient Waiver capacity most often results in serving persons from the community,
- Restrictions of the life sharing service definitions to allow for variations in this service delivery model to accommodate individual needs,
- Lack of adequate life sharing rates, and
- Extended delays getting ODP rates approved in the PROMISE billing system.

Collaborative protocols are in place and used between State Hospital, Mental Health and Intellectual Disabilities supports coordination offices. As a result of the barriers mentioned above, local Inpatient hospital personnel have no confidence in the public Mental Health/Intellectual Disabilities programs to respond in a reasonable timeline that is consistent with a hospital discharge plan.

Emergency Supports

The county program office follows the ODP policy of maintaining a 15 day reserve of Base funds which would be used to provide respite and day services to persons in an emergency crisis, also defined by ODP. In the event of such a crisis, the county program authorizes 15 days of Base funded respite and day services. If there is capacity with the county program, the person will be enrolled in either Base or Waiver funded services so that the person is out of harm's way and fully served. In the event there is not capacity or the person cannot be fully served, the county program office will contact the Western Region Office of the Developmental Programs. In such an instance, and defined by ODP Informational Memo, the Office of Developmental Programs is responsible for increasing the Erie County Program Office Waiver capacity to assure the person is not in harm's way and the person is fully served.

Administrative Funding

The Erie County Mental Retardation Program Office performs waiver Administrative Entity (AE) functions collaboratively with Erie County Care Management (ECCM). To manage and monitor both delegated and County Program Office functions, joint bi-weekly management meetings are held to define and review policy and procedure implementation. Additionally, both the County Program Office and ECCM conduct annual self-reviews to assure compliance with the Consolidated and Person/Family Directed Supports Waivers. Specific AE functions are delegated to ECCM. The document describing the details of this delegation is on record with the Western Region, Office of Developmental Programs.

The intent of this Plan is to manage the Intellectual Disabilities portion of the Human Services Block Grant in the same manner as the initial Fiscal Year 2012-2013 allocation from the Office of Developmental Programs. Employment, especially for people recently completing their high schools program, and Life Sharing will continue to be priorities. IM4Q will continue as defined and funded by the Office of Developmental Programs. Erie County will continue to dutifully execute its Administrative Entity responsibilities.

C. Homeless Assistance Programs:

The Erie County Department of Human Service, Office of Mental Health/Mental Retardation (MH/MR) serves as the collaborative applicant for US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) application for the City and County of Erie CoC PA-605. MH/MR currently chairs the planning and development consortium for the homeless delivery system, the Home Team, and also chairs the local Federal Emergency Management Agency (FEMA) Emergency Food and Shelter (EF&S) board. The Home Team is comprised of representatives from Federal, State and local government, service providers, people who are homeless or formerly homeless, advocates, community leaders, local businesses, and other interested Stakeholders that meet to plan, develop, and monitor projects that assist people who are homeless or near homeless. The EF&S board is comprised of the local food bank, Erie United Way, American Red Cross, Inter Church Ministries, local Jewish Foundation, formerly homeless individuals, and state and local government representatives that meet to allocate funds for food, shelter, hotel/motel, energy, and homeless prevention funds and monitor compliance with guidelines. MH/MR blends PATH, FEMA, HUD, Homeless Assistance Program (HAP), Emergency Solutions Grant (ESG), State Mental Health (MH), and State Drug and Alcohol (D&A) funds in the homeless delivery system in Erie County. Our CoC consists of: homeless prevention, outreach and assessment, emergency shelter, transitional and permanent housing, and rapid re-housing activities utilizing a no-wrong door policy in assisting people who are homeless or near homeless. The goals of the CoC are to prevent homelessness wherever possible, engage people who are homeless with transitional housing and supportive services when necessary and appropriate enabling them to obtain and maintain permanent housing in the community.

Homeless prevention and rapid re-housing activities are funded through HAP and D&A. Homeless prevention funds assist people with one month's rent in arrears and some

utility assistance to remain stably housed and provided they are able to meet future payments. The assistance to participants who are homeless is first month's rent and security deposits and utility assistance provided that they are able to make future rent and utility payments to remain in permanent housing.

Homeless outreach and assessment services are funded through MH, PATH and HUD programs. Outreach works serve people living on the street, in emergency shelters, or places not meant to be used for human habitation and assist people in accessing shelter or mainstream resources to break the cycle of homelessness. They also assess people's strengths and weaknesses to formulate a goal plan to ensure they receive the services that are needed and the housing component that best fits their needs at the time.

Emergency shelter services are funded through HAP, MH, ESG, HSDF, and FEMA funds. HAP, MH, HSDF, and FEMA funds are allocated to shelter providers to provide shelter and supportive services on a unit per night basis and ESG funds are awarded competitively for moderate rehabilitation and operations of shelters and transitional housing components. People in shelters are assisted in accessing mainstream resources and increase their incomes in order for them to be better able to obtain and maintain either subsidized or fair market permanent housing. People in shelters who are unable to overcome barriers to permanent housing are referred to transitional housing provider where they are able to live at, up to 24 months.

Transitional housing is funded primarily through HUD. Transitional housing is offered for specific populations such as victims of domestic violence, women and children, traditional families, veterans, and single men. Participants in transitional housing work with case managers, other supportive services, and mainstream resources to break down the barriers to permanent housing and issues that may have contributed to their homelessness.

Permanent housing options are funded through HUD Continuum of Care process. Currently we have 111 HUD Shelter Plus Care units under contract for people who are homeless and have a mental illness and/or substance abuse diagnoses and 18 units are dedicated for people who are chronically homeless. We have 24 units that are for families that are homeless with two Supportive Housing Program projects approved by HUD for families and 8 units for forensic populations. In the Shelter Plus Care and Supportive Housing Program options people pay 30% of their income for rent and the project pays the remainder. Shelter Plus Care projects are matched dollar for dollar with support services funded through the mainstream mental health and D&A programs while the Supportive Housing Programs have 25% match requirement.

All of the agencies, except for domestic violence providers, input participant specific data to our local Homeless Management Information System (HMIS). The reporting requirements are based on the HUD Annual Progress Report that include but are not limited to universal data elements and participation in mainstream resources.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	44	47
Case Management	500	500
Rental Assistance	1,566	1,600
Emergency Shelter	238	240
Other Housing Supports	0	0

Bridge Housing

(Describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided.)

There is currently 1 location for bridge housing in Erie County that is an 18 bed facility with 5 units with separate bedrooms and common areas. This project serves homeless women who are victims of domestic violence and their children. These women must be low income and be able to demonstrate that they are in need of temporary housing and supportive services while preparing to live independently. The ability to live in a communal setting is required. Preference is given to women with children, and those women who are attempting to regain custody of their children. In 2010-2011, we served 20 women and 19 children for a total of 39 individuals. We provided 4,995 nights of transitional shelter service. No changes from previous year.

Case Management

(Describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided.)

Case Management services include the following:

1. Outreach
2. Identification of target population
3. Assessment/Evaluation
4. Referral
5. Monitoring
6. Coordination with Service Providers
7. Client Advocacy
8. Authorization of Service for Temporary Shelter
9. Accompaniment to appointments

The Homeless Case Management Team serves homeless populations in shelters, on the street, and other places not fit for human habitation. The team does an assessment of needs and assists people in assessing emergency shelter and permanent housing.

No changes from previous year.

Rental Assistance

(Describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided.)

Rent assistance applies to people who are in arrears on their rent, first month's rent and security deposit for people who are homeless, mortgage assistance for people facing foreclosures, and utility assistance for people who are in arrears and facing shut offs. No payments are made directly to clients. Agencies collaborate with the County Assistance Office for people eligible for emergency shelter assistance through DPW. The client's serves are up to 150% median income and receive no more than \$1,000 for an individual and \$1,500 for a family over the course of 2 years.

No changes proposed for the current year.

Emergency Shelter

(Describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided, list emergency shelters and the population served.)

Emergency shelter is short term (30 days or less). During this time, needs are assessed and Case Managers will address causes of homelessness and make appropriate referrals to other main stream agencies.

Below are a list of shelters and their target population:

- Community of Caring - Individuals with mental illnesses
- Community Shelter Services - Individuals and families
- Hospitality House - Women and children fleeing domestic violence
- The Refuge - Families
- Safe Journeys - Women and children fleeing domestic violence
- Saint Patrick's Haven - Single men

No changes proposed for the current year.

Other Housing Supports

(Describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided.)

Other housing supports are not provided because our emergency shelters, transitional housing and homeless team works with mainstream providers to access those services for people who are homeless.

All homeless providers report client specific data to HMIS except for domestic violence providers who are categorically excluded from reporting.

D. Children and Youth:

Erie County's Child Welfare Agency is a subdivision of the county's larger Human Services Department. Incorporating the agency under the auspices of the Human Services umbrella lends itself to better access and overall success in service provision to the child welfare recipients. Each of the systems' staff is readily accessible to one another, and communication among the agencies facilitates routing children and families in the best direction. To date, this incorporation and collaboration has been one of our systems best successes.

Child Welfare Special Grants provide for the following services with the Special Grants Allocation. Please note that, with no change in funding levels, we are anticipating the same costs and service levels in 13/14.

- Evidenced Based program: Multi-Systemic Therapy

This program serves youth age 12-18 who are exhibiting delinquent/externalizing behavior and who reside with a caregiver that is willing to participate in services. MST-PSB (Problem Sexual Behaviors) is a service for youth (not diagnosed with Pervasive Developmental Disorder) age 10-18 who have committed a sexual offense and who reside with a caregiver that is willing to participate in services.

Expected outcomes include stronger family functioning and placement prevention of youth. Also, MST is initiated prior to placement discharge in order to promote successful community re-entry, thus preventing re-entry.

Youth receiving MST will be diverted from out of home care, dependant or delinquent community residential services, or reunited successfully with their families following out of home care.

Targeted outcomes include an 85% completion rate with 85 to 88% of youth remaining in the home, 85% attending school and 85% receiving no new charges. It is a goal for 10% to 12% or less of youth to be placed. Outcomes are measured by completion of a Discharge Review Form with collaboration from the family, school, and referral source.

Service Providers: Family Services of Northwestern PA and Harborcreek Youth Services

- 12/13 Cost: \$207,588 Successfully Served: 126
- 13/14 Cost: \$207,588 Anticipated Served: 126

- Evidenced Based program: Functional Family Therapy

This program serves youth between the ages of 10 and 18 who are exhibiting externalizing behaviors such as physical and verbal aggression, truancy, drug/alcohol use, etc.

Outcome/Benchmarks: By June 30, 2013, the FFT program will successfully close 70% of cases as defined by attaining a 3 or above composite score on TOM, COM-P, and COM-A assessments.

Service Providers: Family Services of Northwestern PA

- 12/13 Cost: \$44,820 Successfully Served: 77
- 13/14 Cost: \$44,820 Anticipated Served: 77

▪ Promising Practices Dependent, Project First Step

This program is for expectant mothers who are managing mental illness, mental retardation, drug and/or alcohol addictions, physical impairments, and those at risk of having a medically fragile child; and women and families who are at high risk of abuse, neglect, and/or placement of their child in out of home care due to the parents' disability, environmental challenges, or family factors that determine a weakened family structure such as domestic violence, homelessness, or poverty.

Outcomes: Project First Step/Doula Care Services promotes healthy bonding and a safe, healthy home environment for newborns.

Services will prevent involvement in the child welfare system, as a result of abuse and neglect of children born to high risk parents and parents with disabilities.

Services will provide comprehensive family support while promoting the health and safety of expectant mothers and unborn child.

Parents will develop the competencies to access the formal and informal resources specific to their own and their child's needs.

Families will have the medical technology and safety devices necessary to promote the health and well being of themselves and their children.

Measures will be documented in case notes and ongoing assessments. Additionally, quarterly reports will be submitted to the Mercyhurst Civic Institute in line with the evaluation plan.

Service Providers: Erie Homes for Children

- 12/13 Cost: \$86,400 Successfully Served: 45
- 13/14 Cost: \$86,400 Anticipated Served: 45

▪ Promising Practices Delinquent, Collaborative Intensive Community Treatment Program

This program serves 12-18 year olds involved with JPO/OCY, with the goal of decreasing the likelihood children are placed in out-of-home placements and reducing the number of days youth spend in out-of-home placement.

Outcome 1: Permanency:

- to decrease the likelihood children are placed in out-of-home placements
- to decrease the number of day youth spend in out of home placement

Outcome 2: Reunification and Re-entry:

- to decrease the likelihood children will enter or re-enter the juvenile justice system
- to decrease the likelihood children will recidivate once services are completed

Outcome 3: Safety and Well-being:

- to increase the child’s attachment to school and overall well-being

Outcomes will be tracked by the Mercyhurst College Civic Institute through a formalized evaluation plan. The provider, Perseus House, will provide the Civic Institute data on a quarterly basis and reports will be generated in order to track the effectiveness of the program.

- 12/13 Cost: \$366,951 Successfully Served: 93
- 13/14 Cost: \$366,951 Anticipated Served: 93

- Housing Initiative:

These are monies spent on direct necessities to keep a child’s home habitable by all family members, in the interest of avoiding placement on the basis of home conditions alone. This includes the purchase of appliances, beds, bedding, or paying a heat bill during the winter months.

Outcomes anticipated: Family stabilization and reunification. The availability of these funds was vital for preserving family life for 197 families during FYE 2012. Critical payments for rent, utilities, and furniture were made possible in order that family preservation and reunification could occur.

- 12/13 Cost: \$99,600 Successfully Served: 209
- 13/14 Cost: \$99,600 Anticipated Served: 209

- Alternatives to Truancy:

These services provide diversion from truancy focusing on Erie’s atypically high immigrant population. Services include assisting families in prioritizing education, providing individualized plans for assistance with graduated interventions and sanctions, and promoting the child and family’s engagement in the community and school environment.

Goals include the following:

1. Make education a top priority for families
2. Provide individualized plans tailored to the particular needs of child and family
3. Provide immediate or graduated intervention and sanctions approach
4. Reduce truancy and increase academic performance, self esteem.
5. Promote the child and family’s engagement in necessary behavioral health, parenting and boundary setting classes, and/or necessary developmental disability services.

- 12/13 Cost: \$180,000 Successfully Served: 70
- 13/14 Cost: \$180,000 Anticipated Served: 70

▪ Family Group Decision Making

Targeted toward children who are abused/neglected and their family groups, FGDM is an innovative approach that positions the “family group” as leaders in decision making about their children’s safety, permanency, and well-being. Children and their parents are nested in a broader family group: those people to whom they are connected through kinship and other relationships. Agency decision-making practices that are planned and dominated by professionals and focused narrowly on children and parents can deprive those children and parents of the support and assistance of their family group—and can deprive agencies of key partners in the child welfare process.

Expected outcomes include family preservation, kinship resources for children as opposed to stranger care in foster homes, assistance in planning for youth exiting placement and “aging out”, and assistance with family reunification, and family preservation that prevents out of home care.

- 12/13 Cost: \$326,993 Successfully Served: 149
- 13/14 Cost: \$326,993 Anticipated Served: 149

These evidenced based and promising practices programs are a very small part of the overall service system utilized by Children and Youth to assure safety, child permanency and child well-being. Mechanisms such as the multi-disciplinary team meetings and triage team meetings are systemic meetings designed to assist child welfare workers in accessing whatever services, across all systems, might best meet a child and family’s needs.

E. Drug and Alcohol Services:

The mission of the Erie County Single County Authority is to develop and maintain a comprehensive drug & alcohol delivery system that makes available all necessary prevention, intervention, treatment and recovery-focused services to the citizens of Erie County with substance abuse problems.

The Erie County Office of Drug and Alcohol Abuse monitors programmatic and fiscal components of the treatment provider contracts on an annual basis. Additionally, the Erie County SCA is monitored annually by the Department of Drug and Alcohol Programs.

Systemically, Erie County Office of Drug and Alcohol Abuse has available via contract all PCPC levels of care to its residents (with the vast majority being delivered within the County). Waiting lists are infrequent but can occur for those seeking halfway house. Erie County has adequate capacity for its own residents but beds are often utilized by consumers from surrounding counties as well.

Erie County Office of Drug and Alcohol Abuse is well integrated into the community’s systems. Currently working relationships/programs are in place with OCY, Juvenile and Adult Probation, State Parole, Mental Health, Developmental Disabilities, the County Prison, County CCC and the State CCC.

- **BHSI Funding**
 Behavioral Health Service Initiative (BHSI) funds are used to serve those individuals who are uninsured, who do not have insurance that covers the service they need, or who cannot obtain Medical Assistance benefits. Types of Service (and providers) that may be covered by this funding source can include:
 - Detoxification – Gaudenzia and Millcreek Community Hospital
 - Residential: Short and Long-Term – Gaudenzia, Deerfield, Gateway, Turning Point, Pyramid, Cove Forge
 - Halfway House – Gaudenzia
 - Partial Hospitalization – Pyramid
 - Outpatient and Intensive Outpatient – Pyramid, Stairways, Gateway, Cove Forge, Catholic Charities and Gaudenzia

- **Act 152 Funding**
 Act 152 provides funding for Non-Hospital Residential Detoxification and Rehabilitation services for persons eligible for MA. Act 152 provides funds to bridge the gap between the time a consumer presents for services and eligibility for Medical Assistance is obtained. Non-Hospital services (and providers) that may be covered by this funding source can include:
 - Detoxification – Gaudenzia
 - Residential: Short and Long-Term – Gaudenzia, Deerfield, Gateway, Turning Point, Pyramid, Cove Forge
 - Halfway House – Gaudenzia

Older Adults (ages 60 and above)

Describes the current services for this population and how funding from this plan will support services for this population. Our SCA Policies and Procedures assure services for all population groups.

Adults (ages 18 to 55)

Describes the current services for this population and how funding from this plan will support services for this population. Our SCA Policies and Procedures assure services for all population groups.

Transition-Age Youth (ages 18 through 26)

Describes the current services for this population and how funding from this plan will support services for this population. Our SCA Policies and Procedures assure services for all population groups.

Adolescents (under 18)

Describes the current services for this population and how funding from this plan will support services for this population. Our SCA Policies and Procedures assure services for all population groups.

Individuals with Co-occurring psychiatric and substance use disorders

Describes the current services for this population and how funding from this plan will support services for this population. Our SCA Policies and Procedures assure services for all population groups. Current contracts are in place with Outpatient and Inpatient providers that offer mental health and substance abuse services. Additionally, within the past 12 months we have been contracting with a local provider of Acute Partial services which provides additional psychiatric support.

Recovery-Oriented Services

Describes the current or proposed recovery support services and how the proposed recovery supports will enhance the existing system or address any service gaps identified.

Our local service providers have embraced the ROSC philosophy by focusing on the non-treatment needs of the client and incorporating these needs/solutions into the treatment plan. At the time of the assessment, information is provided regarding treatment, accessible services, continuing care and recovery support (GED, NA, AA, etc.)

The SCA and MCO Community Care Behavioral Health have been exploring the training components necessary for Certification of Recovery Specialists. We hope that this process can be completed within the next Fiscal Year.

F. Human Services Development Fund:

Human Services Development Fund (HSDF) traditionally was used to support needed community services that fell outside the mainstream Department of Human Services (DHS) area. As funds decreased, it was decided that Erie would focus on services that were vital for people to survive: food, shelter and transportation for people with disabilities. Clients meet the monthly gross income levels as set by the Human Services Development Fund requirements.

- Food programs
For home delivered meals and congregate meals for people aged 60 and older. Each client is delivered two meals per day, five days per week. Home delivered meals are for people with disabilities and congregate meals are delivered for people utilizing services in the Erie County at senior citizens centers.
- Shelter services
Protective services for homeless persons. Funded services are on a unit basis that reimburses the agencies for a night of stay for people who are homeless and have a mental illness. The services allows for people to be safe while a goals plan is developed for permanent housing. We currently contract with 4 local homeless shelters. Case Managers address causes of homelessness and make appropriate referrals to other main stream agencies.

- Transportation services
Funded for people with disabilities that need transportation to medical appointments, rehabilitation services, and/or employment. Individuals do not all qualify for free or reduced services depending on the Medical Assistance HMO that they signed up for and the costs of getting to the appointments would cause an undue burden on their limited resources.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Adult Services	474	475
Aging Services	291	300
Generic Services	0	0
Specialized Services	0	0

- Adult Services
In Erie County HSDF funded services for adults focus on transportation and shelter, as mentioned above.
- Aging Services
The Erie County Human Services Block Grant serves the aging population by providing transportation services and congregate meals. Erie County utilizes funds for transportation services to assist The Foster Grandparent Program. The program currently consists of fifty-five (55) volunteers who are within a low-income, category and fifty-five (55) years old and older. Each Foster Grandparent will volunteer fifteen to forty (15-40) hours a week at a specified volunteer station that works with children who are at risk. Seniors are recruited and then interviewed to determine appropriateness and eligibility for participation in the program. Once hired, seniors receive approximately twenty (20) hours of pre-service training. These funds enable Foster Grandparents to use either the LIFT (MATP) services or be reimbursed for transportation to and from their volunteer stations. The Human Services Development Fund will pay for some of the estimated 21,000 total trips FGPs make each year. Congregate meals are provided by a local nonprofit at all of the senior citizen locations in Erie County. All meals are prepared by all State and Federal guidelines and people receive a snack to take home with them.

No changes are proposed for HSDF funded services for the current year. There are no current or anticipated funds used for Generic Services or Specialized Services, or interagency coordination.

Appendix C

**APPENDIX C
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
MENTAL HEALTH SERVICES						
ACT and CTT	18		208,942	0	748	0
Administrator's Office	0		0	0	0	0
Administrative Management	7,216		1,665,165	88,784	4,370	0
Adult Developmental Training	0		0	0	0	0
Children's Evidence Based Practices	0		0	0	0	0
Children's Psychosocial Rehab	377		222,215	0	18,596	0
Community Employment	0		0	0	0	0
Community Residential Services	261		3,300,541	0	80,088	0
Community Services	2,801		308,765	95,441	772	0
Consumer Driven Services	3,567		247,241	0	12,322	0
Crisis Intervention	1,525		1,178,567	0	27,497	0
Emergency Services	543		238,076	0	19,924	0
Facility Based Vocational Rehab	0		0	0	0	0
Family Based Services	96		474,277	0	39,691	0
Family Support Services	2,363		313,656	0	25,830	0
Housing Support	205		97,230	0	8,137	0
Other	0		0	0	0	0
Outpatient	8,871		3,853,077	0	141,256	0
Partial Hospitalization	2		923	0	77	0
Peer Support	549		136,273	0	8,050	0
Psychiatric Inpatient Hospitalization	0		0	0	0	0
Psychiatric Rehabilitation	0		0	0	0	0
Social Rehab Services	1,426		854,837	0	27,506	0
Targeted Case Management	672		1,111,344	0	24,940	0
Transitional and Community Integration	0		0	0	0	0
TOTAL MH SERVICES	30,492	14,483,021	14,211,129	184,225	439,804	0
INTELLECTUAL DISABILITIES SERVICES						
Admin Office	316		207,495	0	5,974	0
Case Management	410		485,235	0	40,398	0
Community Residential Services	4		245,613	0	4,661	0
Community Based Services	1,046		1,645,195	0	111,712	0
Other	0	3,949,116	281,938	0	28,537	0
TOTAL ID SERVICES	1,776	3,949,116	2,865,476	0	191,282	0

APPENDIX C

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
----------------	-------------------	-------------------------------------	---	------------------------------	--------------	----------------------------

HOMELESS ASSISTANCE SERVICES

Bridge Housing	47		73,810	0	0	0
Case Management	0		0	0	0	0
Rental Assistance	1,600		451,822	0	0	0
Emergency Shelter	240		50,795	0	0	0
Other Housing Supports	69	773,864	167,099	0	0	0
TOTAL HAP SERVICES	1,956	773,864	743,526	0	0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	352		564,652	0	14,749	0
Promising Practice	138		408,016	0	45,335	0
Alternatives to Truancy	70		162,000	0	18,000	0
Housing	213	1,206,578	71,910	0	27,690	0
TOTAL C & Y SERVICES	773	1,206,578	1,206,578	0	105,774	0

DRUG AND ALCOHOL SERVICES

Inpatient non hospital	302		941,000	0	0	0
Inpatient Hospital	8		72,000	0	0	0
Partial Hospitalization	43		66,000	0	0	0
Outpatient/IOP	434		150,000	0	0	0
Medication Assisted Therapy	0		0	0	0	0
Recovery Support Services	291		95,000	0	0	0
Prevention	0	1,422,185	0	0	0	0
TOTAL DRUG AND ALCOHOL SERVICES	1,078	1,422,185	1,324,000	0	0	0

HUMAN SERVICES AND SUPPORTS

Adult Services	475		202,012	0	0	0
Aging Services	300		89,212	0	0	0
Generic Services	0		0	0	0	0
Specialized Services	0		0	0	0	0
Interagency Coordination	0	323,582	0	0	0	0
TOTAL HUMAN SERVICES AND SUPPORTS	775	323,582	291,224	0	0	0

COUNTY BLOCK GRANT ADMINISTRATION			1,516,413		63,140	
--	--	--	-----------	--	--------	--

APPENDIX C

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
GRAND TOTAL	36,850	22,158,346	22,158,346	184,225	800,000	0

Attachments

**Erie County Human Service Block Grant Public Hearing
May 30, 2013
Raymond M. Blasco, M.D. Memorial Library, Admiral Room
SUMMARY**

Dave Jeannerat, Mental Health Team Leader for the Erie County Office of Mental Health/Mental Retardation, opened the hearing at 5:03 P.M. and welcomed attendees. Eight persons signed in as attendees. Dave explained that the public hearing was the first of two that will be held regarding the Block Grant, which will be submitted in June of 2013. He made the audience aware that they had three options for feedback or questions: slips of paper provided at the hearing, e-mail, or an opportunity for discussion after the presentation.

Dave next started the presentation. Erie County is entering its second year of participation in the Block Grant. The County's next Block Grant Plan will be very similar to the one being used in the current fiscal year (2012-2013).

What differences has the Block Grant made on service delivery during its first year of implementation? It has offered the County some additional flexibility with funding, which has been exercised to provide additional funds in a few important areas. The first is services for individual and families who are homeless, and the second is to assure summer camp services for children and youth with autism. Homelessness has become an increasing problem for Erie's individuals and families, and the County considers this to be a priority population. Erie is also focusing on other populations with special needs, such as refugees, those with English as a Second Language (ESL), LGBTI, and veterans.

In order to determine those populations with the biggest needs, the County has used three methods. The first is analysis of the large amount of data the County receives. The second is surveys of case management staff at Erie County Care Management (ECCM), the Office of Children and Youth, and the Office of Drug and Alcohol—staff that have direct face-to-face contact with individuals in the community. The third method is inviting feedback from advisory boards and other groups, such as the HealthChoices Advisory Committee (HAC), the D&A Commission, and the MH/MR Board.

Next, Dave discussed the amount of funding in question. Last year, there was a significant reduction in funds. These funds have not been restored in the Governor's proposed budget for FY 2013-2014. Dave broke Erie County's \$22 million budget down into six areas: Mental Health Base (\$13,877,657), Intellectual Disabilities Base (\$3,949,116), Behavioral Health Services Initiative (\$1,227,763), Homeless Assistance Program (\$773,863), Human Services Development Fund (\$323,582), Child Welfare Special Grants (\$1,206,578), and Drug and Alcohol Act 152 (\$799,786). Dave also noted that the Block Grant funding is not the only mechanism for purchasing services; there is also a large amount of funding available through HealthChoices, for which about 55,000 people are eligible in Erie County. The County also benefits from child welfare funds and various federal grants.

At the conclusion of the presentation, Erie County staff including Shari Gross, Dave Jeannerat, and John DiMaggio took questions from the public. These questions involved issues such as the payer of last resort, the flexibility of Block Grant funds, transitional facilities and treatment options for the homeless, difficulties with treatment noncompliance, and drop-in facilities.

The next Block Grant Public Hearing will take place on Tuesday, June 4, 2013 at the Raymond M. Blasco, M.D. Memorial Library at 12:30 P.M.

**Erie County Human Service Block Grant Public Hearing
June 4, 2013
Raymond M. Blasco, M.D. Memorial Library, Admiral Room
SUMMARY**

Lana Rees, Mental Health Team Leader for the Erie County Office of Mental Health/Mental Retardation, opened the hearing at 12:30 p.m. in the Admiral Room at the Blasco Library, Erie, Pa. Several staff from the MH/MR Office were in attendance. A powerpoint presentation on the Erie County Human Services Block Grant and a "Question and Answer" period were planned.

There were no attendees from the public at the meeting. The meeting ended at 1:30 p.m.

Mental Health Work Group Meeting

Erie County Department of Health: Community Health Improvement Planning Process

Erie County Department of Human Services: Block Grant Planning Process

March 26, 2013 1:30 p.m. at the Blasco Library

Facilitators:

Denise Kolivoski, National Alliance for the Mentally Ill Shari Gross, Erie County DHS Director

Attendees:

Dr. Anthony Snow, Community Health Net	Agnes Priscaro, MHEDS
Jon Evans, Safe Harbor Behavioral Health	William McCarthy, Stairways
Mary Kelly, Millcreek Community Hospital	Anne Pedersen, UPMC Hamot
Daniel Hesch, Saint Vincent Behavioral Health	Colleen Hammon, Erie County Care Mngmt
Sue Bennett, Lake Shore community Services	Bill Grove, Mental Health Assoc. of NW PA
Many Fauble, Safe Harbor Behavioral Health	Tom Vinca, Family Services

Agenda and Discussion:

1. Introductions: Members were invited to introduce themselves.
2. DOH Community Health Improvement Planning Process:
 - a. Shari and Denise gave an overview of the Department of Health's current planning process. Some members had participated in earlier meetings within the process.
 - b. This MH Work Group meeting would also serve to inform the Planning Process for the Erie County Human Services Block Grant for the areas of need to be discussed.
3. Community Health Assessment:

The results revealed two areas of concern with regard to Mental Health:

 - a. Mental Health Problems related to economic adversity
 - b. Concern regarding suicide
4. Points for discussion:
 - a. ***What is the group's perception of how economic adversity in Erie has increased mental health problems in Erie Citizens? (Summary of Responses):***

- i. Reductions in pay and benefits and increases in employer demands is a nationwide phenomenon, increasing individual anxiety.
- ii. Loss of cash assistance and budget cuts cause economic deprivation.
- iii. People with Serious and Persistent Mental Illness are economically marginalized, which provokes acuity.
- iv. Loss of job can lead to depression, substance abuse, suicidal ideation and acts.
- v. Low income leads to substandard housing, poor nutrition and exposure to environmental contaminants, which influences the disease process.
- vi. Domestic violence and educational barriers are also related to these factors.
- vii. Public policy reinforces poverty as a cycle with no end.
- viii. Physical health and behavioral health are interrelated.
- ix. Public Mental Health Services require a long, serious decline before one is eligible for them.
- x. Primary Care physicians are reluctant to treat a serious MH condition.
- xi. Emergency Rooms are primary care providers for the poor.
- xii. Recovery from Mental illness is a luxury. Basic needs must be met first.
- xiii. Homelessness in Erie County has increased significantly, more shelter needed.
- xiv. Refugees are very vulnerable in our community because of trauma.
- xv. Public policy is lacking a comprehensive plan that can effectively address the cycle of poverty and how it drives health.

b. With regard to the topic of suicide in our community, are there particular circumstances or at-risk groups that require a community focus or effort? (Summary of Responses):

- i. Youth, particularly LGBTQ youth are at risk as well as those who abuse substances, young males, and veterans.
- ii. It should be noted that wealthy people commit suicide too. Wealth alone does not ensure happiness and health. Public policy must examine what people need to be happy and healthy to fundamentally address suicide in our society.
- iii. Economic marginalization leads to disconnection from others.
- iv. Some local schools discourage discussion regarding suicidal feelings and suicide.
- v. Gay youth (or those perceived as gay) are subjected to bullying.
- vi. Refugees often have cultural issues that inhibit discussion of suicide.
- vii. Drugs and alcohol figure prominently in suicide attempts.
- viii. Our culture is desensitized to violence and trauma due to emphasis on gaming and other media.
- ix. Returning veterans have acute trauma and are often heavily armed, high risk for suicide and violence. Weapon security is an issue.
- x. Schools and Districts must be encouraged to share their data regarding youth suicide, and must adopt more progressive policies toward addressing the concern over suicide in schools.

c. What resources exist to address these concerns? (Summary of Responses):

- i. Youth/Family Suicide training forums by DOH and others
- ii. NAMI Family to Family/Peer to Peer Trainings
- iii. 24 hour/7 day per week Mobile Crisis Services
- iv. Safe Harbor's Bullying Safeline
- v. Suicide Task Force
- vi. Persad Center's LGBT Counseling, outreach and education
- vii. Applied Suicide Prevention Skills Training Specialists at Safe Harbor
- viii. The Erie County Mental Health System serves over 13,000 people each year.

d. Are the current approaches and resources sufficient? What resources are missing or in insufficient quantity or quality to address these concerns? (Brief responses, as time was limited):

- i. Our community does have services for those in crisis, but people are not always directed to those services for intervention or they do not always choose to use them.
- ii. More homeless services and shelter beds needed
- iii. Different approaches and collaboration with community supports in schools needed.
- iv. New partnerships/collaborations.
- v. Additional funding to address underlying causes of poverty and poor health.
- vi. The Medical/Clinical Home model might provide better care for special populations as it is implemented in the future in PA.

e. If we could make anything happen to improve these health issues, what would it be? (Brief responses, as time was limited):

- i. People must be connected to their communities and not just to paid resources.
- ii. Individual agencies must also be connected to community efforts to avoid being overwhelmed with need and acuity.

5. Recommendation (Action Plan):

The Group had inadequate time to address planning recommendations. A future work group meeting will be convened to revisit discussion about the adequacy of current approaches, gaps in resources, and the need/recommendation for new approaches.

Block Grant Input Session

Tuesday, May 14, 2013

Please print your name

NAME

Johanna Conking, Director ADD

Ronda Wolff, Office Manager ADD

Jeffrey Hinspeter

Hope Noblit

Pearl Taylor

Matt Nelson

Patty Nelson

STEPHANIE FABIANI

Christopher Cherry, ECU/Supervisor

Sally Wurst, monitor IM40

Dick Anderson

Proof of Publication

RECEIVED

2013 JUN -4 AM 11: 55

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS
COMBINATION EDITION

Dept. of Human Services
Erie County, PA

RECEIVED
MAY 30 2013
OFFICE OF CHILDREN & YOUTH
ERIE, PENNSYLVANIA

ERIE COUNTY HUMAN SERVICES
154 W 9TH ST
ERIE PA 16501-1303

REFERENCE: L0002208 FISCAL MEETINGS 2013
0001173494 PUBLICNOTICEOFPLANNI

STATE OF PENNSYLVANIA)
COUNTY OF *ERIE) SS:

Lisa L. Frampton, being duly sworn, deposes and says that: (1) she is a designated agent of the Times Publishing Company (TPC) to execute Proofs of Publication on behalf of the TPC; (2) the TPC, whose principal place of business is at 205 W. 12th Street, Erie, Pennsylvania, owns and publishes the Erie Times-News, established October 2, 2000, a daily newspaper of general circulation, and published at Erie, Erie County Pennsylvania; (3) the subject notice or advertisement, a true and correct copy of which is attached, was published in the regular edition(s) of said newspaper on the date(s) referred to below. Affiant further deposes that he/she is duly authorized by the TPC, owner and publisher of the Erie Times-News, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLISHED ON: 05/22 05/28

TOTAL COST: 259.00 AD SPACE: 42 LINE
FILED ON: 05/28/13

Public Notice of Planning Meeting for the Pennsylvania Department of Public Welfare Consolidated Human Services Block Grant
The Erie County Department of Human Services will hold two public meetings to gather input and to make known its plan regarding services for Fiscal Year: 2013-2014. The meetings will be held on Thursday, May 30, 2013 from 5:00 pm until 6:30 pm and Tuesday, June 4, 2013 from 12:30 pm until 2:00 pm in the Admiral Room at the Blasco Library building, 160 E. Front Street, Erie, PA 16507. The public is invited to attend to provide input on the consolidated planning for Mental Health, Community Base Funded Services, Behavioral Health Services Initiative, Intellectual Disabilities, Community Base Funded Services, Child Welfare Special Grants, Drug and Alcohol, Act 152 Funding, Homeless Assistance Program, Funding, and Human Services Development Funds.
Shari Gross
DHS Director
MH/MR Administrator
(5-1173494-NT-22-28)

Sworn to and subscribed before me this

28th day of May 2013 Affiant: *Lisa L. Frampton*

NOTARY: *Barbara J. Moore*

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Barbara J. Moore, Notary Public
City of Erie, Erie County
My Commission Expires March 23, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Additional information received from Erie County based on the Department review of the County Plan

Erie County Response to HSBG questions on 8/6/2013:

MH Services: The estimated client count for Fiscal Year 2012-13 MH Outpatient Services (6,297) was based on 06/30/12 encounter data with a manual adjustment for program-funded contracts. We were able to use current encounters because the HSBG Plan was due October 1, 2012. The estimated client count for Fiscal Year 2013-14 MH Outpatient Services (11,670) was also based on 06/30/12 encounter data because the HSBG Plan was due June 13, 2013 or prior to fiscal year end. However, additional adjustments to estimated clients were made for non-encounter program-funded contracts, phased out billing codes for Per-Member Per-Month (PMPM), new billing codes for Complex Med Check and Case Coordination, and Medicare billings. These changes to billing codes also account for the expenditure variance between fiscal years. Now that fiscal year end is nearly closed, we have updated the estimated client count for Fiscal Year 2013-14 MH Outpatient Services (8,871) based on 06/30/13 encounter data. This information is included on the revised Appendix C.

Please also see the attached measures document that was requested.

D/A Services: Per our review we have discovered that there was a keying error in the client data for D/A. Here are the revised and correct figures:

- Inpatient non hospital – 302
- Inpatient Hospital – 8
- Partial Hospitalization – 43
- Outpatient/IOP – 434
- Recovery Support Services – 291 (**this is Case Management services not Recovery Support.** In FY 12-13 there was Client Related Services where these individuals were captured)
- Total Client Count should be 1078

We have also corrected this on the Appendix C, see attached.

C&Y Services: The Appendix C has been revised to correct for the expenditures not matching the narrative. We had an incorrect County match calculation, now the combined figures match the narrative.

5. Human Services Narrative

A. Mental Health Services:

- **Needs Assessment**

The majority of Base-funded services, in terms of unduplicated clients receiving services and units of service delivered, are tracked using data generated by Erie County Care Management's claims and authorization information systems. This data is imported into County databases and analyzed using iDashboards, as well as with additional studies as needed. This procedure permits the County to monitor service utilization in light of the budgeting/contracting process.

- **Outpatient Mental Health**

The FYE 2014 contracting process required all Base-funded agencies to submit outcome measures for the two highest funded program service areas. The five public Mental Health clinics submitted the following outcomes which will be monitored by County staff at the 4-month monitoring in September, and the 7-month monitoring in January.

Specific outcome measures include the following:

- Outpatient treatment plan is signed within fourteen days of completing the intake assessment.
- 90% of Outpatient clients will attend their scheduled psychiatric evaluation.
- 95% of walk-in consumers who are eligible for services will be seen for an intake assessment the day they present for services.
- 90% of consumers will wait less than two hours from the completion of their financial intake to the start of their psychosocial assessment.
- Clients will have at least nine sessions with the same therapist within the first 90 days of treatment.
- Increased access to services within 24 hours.
- Improved behavioral and physical health with an integrated, comprehensive plan.

- **State Hospital Diversion and Discharge**

Outcome measures focus on Administrative Case Managers' ability to divert and discharge State Hospital patients in order that the number of patients at Warren State Hospital does not exceed the 47 person cap.

- **Residential Treatment Facility (RTF)**

The outcome for RTF is similar to that for residents of Personal Care Homes: residents will experience improved physical and/or mental well-being. An example is that 79% of the PCH residents who implement a wellness plan will report improvement in at least one of the Eight Dimensions of Wellness.

- **Homelessness**

100% of clients meet with a case manager by the time of discharge to permanent residence.

A mentor provides emotional support and works with 100% of clients.

A written goal plan becomes part of 100% of clients' records.

90% of clients identify available resources and use them 30 days before discharge to permanent residence.

- **Older Adults**

(See HS Block Grant Plan page 6, paragraph 4.)

- **Adults**

Data about adults receiving behavioral health services is imported into County databases and analyzed using iDashboards, as well as with additional studies as needed. Outcomes such as admissions to Inpatient care, need for Assertive Community Treatment services, admission to Warren State Hospital, and admissions to Crisis Residential Unit are indicators of wellness and stability outcomes experienced by individuals.

- **Transition Age Youth**

Data is manually analyzed regarding youth who are enrolled in the High Fidelity Wrap process. Specific outcomes focus on the increased development of families' informal supports, and the decreased reliance upon formal support services. Additional outcomes address incidence of Inpatient care, RTF, Juvenile Court involvement, and successful transition to adulthood.

- **Children**

Data about children receiving behavioral health services is imported into County databases and analyzed using iDashboards, as well as with additional studies as needed. Outcomes such as admissions to Inpatient care, admissions to acute partial services, involvement with Juvenile Justice, and admissions to RTF are indicators of wellness and stability outcomes experienced by children and youth.

- **Special/Underserved Populations**

Data about adults receiving behavioral health services is imported into County databases and analyzed using iDashboards, as well as with additional studies as needed. Outcomes such as admissions to homeless shelters, Inpatient care, need for Assertive Community Treatment services, admission to Warren State Hospital, and admissions to Crisis Residential Unit are indicators of wellness and stability outcomes experienced by individuals who are part of a special/underserved population.

- **Justice Involved Individuals**

Staff participate on the Criminal Justice Advisory Board (CJAB) where information about the prevalence of persons with mental illness who are incarcerated is shared. Information is also obtained from staff at Stairways Behavioral Health who operate the Forensic Outpatient clinic and the Prison program for mental health services. Trends and patterns are monitored with special attention to persons' successful integration into the community when discharged from prison.

- **Veterans, LGBTQI, and Racial/Ethnic/Linguistic Minorities**

Specific outcomes are not monitored, however staff participate on various ad-hoc committees, grant writing efforts, and advisory boards that provide information regarding these special populations.

Erie County HSBG Administration
 Fiscal Year 2013-14

Program Area	HSBG Allocation	County Match	Total
Mental Health	271,892	10,196	282,088
Intellectual Disabilities	1,083,640	52,944	1,136,584
Homeless Assistance	30,338	0	30,338
Children and Youth	0	0	0
Drug and Alcohol	98,185	0	98,185
Human Services	32,358	0	32,358
Total	1,516,413	63,140	1,579,553

	HSBG Allocation	County Match	Total
Intellectual Disabilities			
Planned Expenditures	2,865,476	222,056	3,087,532
County Administration	1,083,640	52,944	1,136,584
Total	3,949,116	275,000	4,224,116