

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

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## 1. Background:

Schuylkill County is a geographically large, rural county of 149,000 citizens. Fully 15% of our citizens qualify for Medicaid and another 18% are on Medicare. We historically have an unemployment rate above the state average. Within any one year more than 20% of the population will receive a service from a public human county agency and/or service provider; a percentage of this population will exhibit co-occurring disorders higher than the state average. Many of these families, children/adolescents, adults and older adults are simultaneously receiving services from several of the human service agencies; and many of these having been doing so for multiple generations. These citizens have been locked into a disconnected system of funding silos that prevents coordinated and targeted care. Each of the impacted agencies has historically worked very closely with one another to address the common and shared needs of our citizens but the siloed funding maintains barriers.

Schuylkill County originally applied for the Block Grant in 2012 recognizing the potentials for increased integration and flexibility. Due to the limitations of the initial legislation targeting only 20 counties, we were informed that we would have an increased opportunity for inclusion in the next fiscal year. We were informed on October 11, 2013 that we had been awarded entrance into the Block Grant.

We are especially pleased with this opportunity given the historical behavioral health and human service needs of our population, our limited state funding rates; the impact of the 10% cut to Base dollars and the impending implementation of the Affordable Care Act. Schuylkill County has suffered limited state funding based on the population formula that ignores the realities of our demographics and human service use and needs. These multiple pressures, we believe, can only be addressed through removing the regulatory limitations that create siloed program and service systems. This is best done at the local level through interagency planning and coordination; through the flexibility of jointly funding projects that address service gaps for our citizens across agencies; and with community participation, consultation and collaboration.

During this past year, Schuylkill County has continued the internal planning and consultation with our Commissioners, County Administrator, the impacted agencies and other stakeholders. We have included Office of Senior Services in these discussions. The purpose of these was to maintain the focus on coordination and collaboration. These are accomplishments not easily guaranteed; but they are necessary to pursue. The expectations of flexibility and joint problem solving often chafed against the realities of relinquishing the territoriality of money and control. And yet we are poised to do exactly that.

We have begun the difficult task of examining our service communities through each others eyes; defining the needs of our specific populations with the newly acquired understanding of these populations dynamics and the fluidity with which they move through and

among our individual agencies. Problems and service gaps that seem intractable for a single agency gain aspects of possible interventions when shared.

In this first Block Grant Plan, Schuylkill County hopes to present its perspective on the current designs of each agency; the history of and future planning for collaboration and integration; the current needs assessment and goals for addressing them and reiterate our commitment to this process.

## 2. Public Hearing Notice

The Schuylkill County Commissioners approved and conducted two (2) public meetings on the Block Grant Plan for FY 2013-2014. The meetings were scheduled to maximize public participation; to gather public input and feedback. The meetings were advertised in the local newspaper as required by the Sunshine Act. The public and stakeholders were also notified by emails through listserves, human service departments advisory boards and community forums. A proof of publication is included in Appendix C.

The first public meeting was held on Thursday, November 7<sup>th</sup> from 6 to 8 in the Schuylkill County Courthouse, Commissioners Board Room. This time was chosen to offer the general public the opportunity to attend a meeting outside of normal business hours. The second meeting was held on November 20<sup>th</sup> to coincide with the regular business meeting of the Commissioners to invite public input into the public record. The Assurance of Compliance was signed and approved at this time.

## 3. Waiver

Schuylkill County has budgeted 75% of the allocations to each of the seven (7) funding areas in this first year, consistent with the Block Grant legislation. It is our intention to use the Human Service Management Team to monitor spending in each of the areas with the assurance that in this first year each impacted agency will receive funding up to 100% of the historical allocation. The team is, however, committed to identifying current and ongoing service gaps and needs for joint funding. We do not anticipate the need for a waiver to exceed the 25% ceiling.

## 4. County Planning Team

There has been much discussion of how to structure the Human Service Block Grant Planning Team. We are acutely aware of how much there is to learn; our years of collaboration notwithstanding, each agency has operated within its own structures and engaged as situations required. Making the leap to an integrated, shared decision-making structure is challenging.

Equally, each agency has historically engaged the community and stakeholders, through both advisory boards and public meetings to obtain insight and feedback on their service

provision and operations. These have been, however, venues specific to agencies. As such, while we are clearly sensitive to and committed to community/stakeholder input, the creation of a Block Grant Advisory Board is a new venture.

Our intention in this first year is to create a three-tiered structure that assures the capacities for internal planning and multiple opportunities for stakeholder and community input and feedback.

A). Human Service Planning Team

This will be the executive structure and will be comprised of the County Administrator; Director of the Office of Community Development; Administrators of MH, DD and D & A Services, Children and Youth, Single County Authority, HSDF/HAP, and Aging, their fiscal officers and their designees; we will have ADHOC representatives from Service Access and Management's Intellectual Disabilities and Housing Departments, and Veteran's Affairs. This committee will perform as the primary decision-making body for the Block Grant.

B). Community Advisory Board

This will be the vehicle for stakeholder and community input and feedback. This Board will be comprised of existing advisory board members from each agency; Schuylkill Community Action; Career Link; Office of Vocational Rehabilitation; Medical Assistance Transportation Governing Board; families and peers; Manufacturers Association; ministerial; criminal justice/court systems and community leaders. This body will meet quarterly and will act in both advisory and quality assurance capacities.

C). Public Meetings:

We will schedule and hold three (3) public meetings per year to assure input and feedback from the general public. These will be held in various geographical locations and at various times in a day to encourage participation. There will be public announcements via the newspaper; flyers and radio advertisement in each locality chosen.

## Block Grant 2013-2014

### Needs Assessment:

Schuylkill County has employed a variety of means to conduct a community needs assessment. We have polled our community providers and stakeholder groups through established meetings (see Narrative Section), electronically, through the Human Service Planning Team and the Advisory Boards. A number of salient service needs and gaps have been identified but five (5) stand out as critical and shared issues. These are:

#### 1). Housing:

This has many components and is an area that has had shared focus and efforts for some time. It remains a critical need and will be an essential aspect for the Human Service Planning Team's Block Grant projects. The important components of the need are development of 1). Safe, affordable housing options in the public housing authorities and private landlord 2) diversionary and transitional housing and 3). A homeless shelter.

Historically, there are five (5) entities that share the responsibilities for these housing issues:

A). The Local Housing Option Team (LHOT); B). Schuylkill Community Action-the county housing agency, C). Housing department within Service Access and Management, the county contracted agency that provides case management, D). the Homeless Assistance Program/Human Service Development Funds, a county agency and E). Children and Youth Special Grants. There is considerable interaction between these entities, primarily through the LHOT; the LHOT also has extensive representation from the wider human service community, criminal justice/court system, both housing authorities, mental health and drug and alcohol providers, ministeriums, veterans services and regional housing centers. The LHOT has served, as a platform to express shared concerns and efforts focusing primarily on homelessness but has offered the opportunities to identify the characteristics of the other housing projects. We will continue to rely on the LHOT for input and coordination.

We will, however, transfer primary responsibilities for joint planning and funding to the Human Service Planning Team. While we have had limited success in forging collective projects, most notably Bridge Housing and co-shared MH and C & Y project, this structure will provide far more opportunities for concerted efforts.

#### 2). Transportation

Each agency, the provider communities, the peer and family stakeholders, and employment agencies all cited transportation as a consequential service gap. There are two (2) reasons: 1). The significant gap between funding levels, both through federal and

state funds and the level of need, and 2). The very rural nature of this county. The lack of available transportation has negative impacts on every service system and program. People are unable to get appointments in a timely and predictable fashion, if at all.

The county and the agencies have tried several solutions, to include, converting the County Transportation System to an authority structure to reduce overhead and administrative costs to re-invest those dollars into bus service. This authority also tried to redesign and market the shared ride programs; condense the bus routes and to open service to rural areas on a very limited basis. The providers have in the past created a subcontracted relationship with the Schuylkill County Transportation Authority within their business structure to provide transportation to high-risk populations and more isolated geographic areas.

The Planning Team will work with the authority to enhance the availability of bus services. We will also explore the possibilities of contracting directly with the local taxi service to provide services during off hour times and to places shared ride and/or public bus services are not available.

### 3). Transition Age Youth

This is a target population for every entity involved in the Block Grant funding to various degrees. This population is woefully underserved in the MH, D & A and C & Y systems because their needs are comprehensive and complex. Many of these individuals have spent time-in some cases multiple years-shuffling between community services limited in scope and inclusion, psychiatric inpatient stays, foster placement and residential treatment facilities. In many cases these kids need habilitative and supportive services as much or more than treatment.

The Human Service Planning Team has identified three (3) critical service needs and will explore the possibilities of developing programs to address them. We will do so by sharing resources across the Block Grant agencies and in partnership with our HealthChoices MCO. The areas are: 1). A crisis residential/diversion program to reduce hospital stays and would include intensive family therapy and reunification, 2). An intensive community based residential program based on recovery/resilience principles and practices, coupled with a supportive living program and 3). The development of peer support services. We recognize these as a significant challenge but are committed to the effort.

### 4). Coordinated Services:

There are two (2) aspects that have been identified; they are interrelated and interdependent. The two areas of coordination are: 1). Mental Health and Drug and Alcohol Services, and 2). Behavioral Health and Physical Health Services.

Schuylkill County has a high percentage of adults and families that are impacted by co-occurring disorders; this population spans the range of services provided by the agencies in the Block Grant. Too often, they receive these services in isolation from one another. The treatment services are siloed by design, regulation, payer and rules on confidentiality. There are multiple treatment plans. Supports services to the extent they are available are provided outside the treatment milieu. For those involved in the Children and Youth system there is the belief on their part that systems are anathema to one another; indeed that knowledge by C & Y of their involvement in MH or D&A they believe poses significant risks. To overcome this population needs to be involved in a system based on integration and inclusion. Through the Planning Team we are committed to designing and implementing a blended system. We will pursue and support willing providers /practitioners to become dually licensed or credentialed in both mental health and drug and alcohol services. We will initiate ongoing consultation and service system discussions at the agency head levels and with the provider agencies of each discipline by expanding on the design of the Forensics Subcommittee (see Narrative). We will develop a service systems committee to facilitate direct meetings of the practitioners, peers, families and other stakeholders. We recognize this as a complex, multi-year effort.

The coordination between behavioral health and physical health is taking a variety of forms in Schuylkill County and will be strengthened through the Block Grant and Planning Team. Several examples are: 1). The Block Grant agencies have played an active support role in the development of a Federally Qualified Health Center (FQHC) by engaging with Vision, a local collaborative developing strategic partnership, and The Commonwealth Medical College (TCMC) in applying for federal and foundation grants; 2). We have enlisted our provider networks and case managers in contacting and documenting coordination with PCP's and 3). One of the MH outpatient providers is in the process of receiving licensing linked to a rural health clinic.

We will continue our participation with Vision and TCMC. We will continue to encourage and support our direct service staffs in maintaining the crucial linkages with PCP's and make physical health discussions a standard aspect of the therapeutic and support relationship. We will explore options presented through the Affordable Care Act on engaging navigators for our populations. We will maintain the ongoing relationship with Geisinger Hospital System, our Managed Medicaid Physical Health Provider, and with Community Care Behavioral Health, our HealthChoices partner.

#### 5). Employment:

Schuylkill Count currently and historically runs an unemployment level several percentage points higher than both the national and state average. We have 11.8% persons below the poverty line (17,498) and 26,417 covered by Medicaid in a county

with a population of 148,289. While median income is \$43,000, average income is in mid \$20,000.

The Human Service Planning Team recognizes employment across our populations as a financially and emotional stabilizing endeavor that adds meaning and quality to lives. The needs of our populations, however, are significantly different and making the use of a common strategy unlikely. There are however cooperative steps that will be taken. We will include representatives from Career Link and Office of Vocational Rehabilitation on our Community Advisory Board. We will draw on their expertise and technical assistance as a standard agenda item of the Planning Team.

Projects developed through the Planning Team will need to be designed to address the demographics, needs and characteristics of discrete and specialized populations. The Team understands that these populations are currently receiving services across our agencies, for example, the transition age youth are in MH, C & Y, D & A and perhaps ID systems; the families involved in C & Y are likely receiving MH and/or D & A services. The Planning Team believes that the opportunities to discuss the shared populations will be the foundation for focused but joint projects.

Several of the projects we have identified for further development are: 1). Explore the use of ticket to work program targeting the eligible populations; 2). Engage work incentive planning and assistance to provide counseling on SSA Benefits; 3). Continue to fund community based work assessment with possible expansions to include job coaching/sharing. There are also existing programs that we will explore for expansion. These are the Vocational Rehabilitation Program, targeting MH and/or co-occurring clients in community based contracted employment and an employment program through a peer owned and operated Peer Specialist provider.

With the transition age youth, we need to include preparation for employment as a crucial part of their habilitative program and work with local manufacturers, businesses and employers to offer internships. Peer supports and clubhouse type services could hold significant benefits in this area.

## Human Service Narrative:

In this section we will describe the historical categories and valuable programming that now comprise the Block Grant. It is essential to note that these dollars are significantly made up of state base dollars and county match. These areas were the most impacted by the 10% cuts. Positions were lost and not replaced; services were limited or curtailed, not to be reopened, programs were defunded; waiting lists increased and discharges from hospitals and prisons had fewer options. While we are encouraged by the opportunities the Block Grant presents. We are very cognizant of the fact that no amount of flexibility makes up for the loss of resources. These dollars fund every support service provided in the public system across agencies, as we will see; they also fund critical therapy services, both inpatient and outpatient for a marginal population. We present this now as a caution. With tight budgets and the advent of the Affordable Care Act it is tempting to believe that state base dollars can be cut again. It has been demonstrated that the loss of these dollars causes identifiable fraying of the safety net. We do not do more with less; we do what we can with less, but it is less.

With our cautions and concerns identified we can also say that we believe the Block Grant provides the structure and design for long term joint planning among the human service agencies and with community and stakeholder input. Schuylkill County agencies have a history of cooperative projects using joint funding (Bridge Housing), partnering with our BH-MCO to fund evidence based and specialized services (MST, Pa Treatment), and to address the needs for safe housing (LHOT and Housing Dept.). These projects require consultation and joint decision making but are not as formalized as the Block Grant Planning Team structure. We look forward to this increased collaboration.

## Mental Health Services:

The monies now in the Block Grant allocation funded essential services in both the adult and children's service systems. These include administrative/operational costs, case management, residential/housing supports, outpatient treatment/medication management, crisis and emergency services, peer and family supports, respite, Clubhouse and employment. BHSI funds housing supports and treatment services. CHIPP dollars, now included in the Base, are the foundation for re-entry and diversion from state psychiatric hospitalization. These services and programs are fundamental ongoing funding demands.

### A). Adult:

Entry into the service continuum for this population is through the Administrative Case Management system. There were 1,078 individuals served in three (3) service categories; Administrative CM, Nursing Supports and RTF CM; in FY 2012-2013. The initial intake and financial review will determine the first referral into the continuum of care; the referral could be for only support services or any range of treatment services. The comprehensive assessment is grounded in gauging the full scope of needs within the context of personal responsibilities,

community and natural supports. Case management is both a conduit and support service. In addition to administrative there is Blended Case Management which follows the OMHSAS regulations. We had 1,057 individuals authorized for services with 582 receiving ongoing services. Schuylkill County contracts for all services through Service Access and Management (SAM) while maintaining an administrative office to design, manage and oversee the fiscal and programmatic service system.

#### Jail Diversion and Re-entry:

Our diversion/re-entry program is anchored in the Administrative Case Management Unit. This is so because individuals lose their Medicaid when entering prison. We have assigned a prison liaison person who visits the prison 1.5 days/week to work with the Mental Health Director in the prison. Together they identify individuals with SMI and co-occurring disorders who are both known and unknown to the systems. The liaisons responsibilities are to provide background on those known to the system, help arrange assessment and treatment while incarcerated and to act as the conduit to community based services upon re-entry. The remainder of his week is dedicated to the coordination and continuity of community based services, especially housing, employment and medication management. In this latter responsibility he works closely with the Housing Department and Forensics Subcommittee to be described later. We have found this service to be highly effective in expediting re-entry and reducing recidivism. Individuals reentering frequently enter the Blended Case Management, Certified Peer Specialists and outpatient services. The prison liaison will also coordinate substance abuse services with the Single County Authority and/or drug and alcohol outpatient service providers.

#### Essential Services:

The Block Grant funds will be used to provide a wide range of essential services, both treatment and supportive that I will outline here. The six (6) treatment services are: 1). Crisis, 2). Emergency, 3). Outpatient, 4). Crisis Residential, 5). Family Based and 6). Partial Hospitalization Program.

The two (2) services that receive the most demand collectively are Crisis/Emergency. We average 430 telephone calls, perform 170 mobile assessments and provide on average 35 delegate duties per month. We have calculated that there were 540 unduplicated individuals receiving phone services and 720 unduplicated individuals receiving mobile services. We also provide 765 delegate billable events to 383 individuals, all paid with base dollars.

Schuylkill County has six (6) outpatient service providers under contract with the county. We served approximately 6,000 individuals in outpatient services in 2012-2013, 507 of which received services through county funding. The remainder were paid for through Medicaid or Medicare.

We were able to divert or shorten an inpatient hospitalization for thirty-nine (39) individuals through the use of the Crisis Residential Program. This is, at least, an offset of 390 inpatient days (at an average cost of \$700.00) for stays in the community facility for, a daily rate of \$250.00. The cost of the inpatient for the non-insured may be transferable to Medicaid but may also be part of disproportionate share.

We have had no real demand for Partial Hospitalization Program services funded with base dollars. We served only one (1) individual in 2011-2012.

#### Support Services:

We fund a significant number of individuals and programs through what will now be Block Grant funds. These are: 1). Several types of employment programs; 2). Residential and housing supports; 3). Family Support Services; 4). Peer Specialist and 5). Clubhouse.

The employment programs are comprised of two (2) types: work assessment and preparation through agencies such as Goodwill and AHEED. We served twenty eight (28) individuals in this category. The second type is actual contracted work through programs such as, ReDCo Vocational Rehabilitation, Avenues and Recovery Edge; we served twenty-five (25) individuals in this category.

Residential and housing services span a continuum from Community Rehabilitative Residences (CRR's) in which we served forty-three (43) individuals. This residential model is the transitional living arrangement for many individuals reentering the community due to state and psychiatric hospitalizations and/or incarcerations and to address homelessness. Discharging from psychiatric hospitalizations is anchored in the Blended Case Management service and is a collaborative effort with the CRR providers, outpatient service providers and, as appropriate, Certified Peer Specialists. Average length of stay in the CRR is six (6) months; during the persons stay they are encouraged to work with the housing department staff to secure independent residences.

Additional housing supports are very nicely detailed in the housing department section. We served three hundred seventy five (375) individuals through those services and Supportive Living Services.

Certified Peer Specialists are funded with base dollars for those uninsured individuals. Due to the 10% cut to base we have had to more strictly manage the number of units an individual can receive but have included an appeals process for terminations based on need. CPS have proven very effective in maintaining individuals in treatment, reducing hospitalizations and lengths of stay and offering positive, recovery based services. One of our providers, Recovery Edge, is a consumer owned and operated corporation. We served twenty-nine (29) individuals in this service.

Several years ago Schuylkill County was fortunate to develop a Clubhouse; we were able to combine base dollars, reinvestment and then Medicaid dollars to transition from a Drop-In Center to an employment based, consumer run program. The program has grown consistently with now more than 60 active members and a daily average of 20 to 25 individuals. The payment structure allows Medicaid billing only during very specific program services and obviously does not pay for non-Medicaid individuals. We find this very effective and efficient program that receives very high praise from its members. We funded one hundred nine (109) individuals in this program in 2011-2012.

Schuylkill County has included the descriptions of three (3) entities that provide the structures for supportive services and community, interagency cooperation. These are: 1). Recovery Committee, 2). Forensics Subcommittee and 3). Housing Department.

## The Schuylkill County Recovery Team

The Schuylkill County Recovery Team was formed in the summer of 2006. The genesis of the organization came from A Call for Change, a paper that OMHSAS adopted in 2005. The County Mental Health Office met with both providers and stake holders in the community and charged them with developing a program that embraced the concept of recovery and emphasized the belief that if a person is in a health-care system, there should be some expectation that the person will become better.

In the ensuing formative months, the core group of members would meet several times a month to begin to develop a vision and mission statement that could be embraced by consumers, providers and administrators. Over 20 people began the team and presented this to the County MH/DS/D & A Administrator:

- That recovery is a deeply personal journey that is demanding and unique to the individual.
- That the primary responsibility and capacity for defining and implementing recovery rests with the individual.
- That the service system has a clear and integral responsibility to collaborate with the stakeholders in revealing the definition and implementation through education, training and consultation.
- That service system must transform itself from treatment dominated medical model to a supportive system based on community integration and personal growth.
- That the entire stakeholder community must recognize and embrace our independence in creating and fostering the principles and practices of recovery both structurally and in terms of the individual.

The form and concept of the team was immediately accepted by the provider community and the community at large. Within a year, of forming, attendance more than doubled. Meetings initially started as quarterly, quickly became monthly. Meetings began to present informative topics for both consumers and providers.

The team formed two sub-committees. One dealt with education and legislation and the second with outreach. Both committees work together in presentations that are done at large in the community. Usually during Mental Health Month in May, the Team has worked in the past to present speakers, to do a film series and to present various programs. Community organizations and businesses have donated time, space and items to help the Team's outreach. We have also put an emphasis on having family involvement in system improvement.

Today the monthly meetings draw an average of 45 participants. We meet at the Hidden River Clubhouse and a lunch is provided for all attending. The Team continues to provide an emphasis on consumer education with recent programs on changes in the health care system, needs within the consumer community and presentations from managed care providers.

## The Schuylkill County Forensic Interagency Task Force

The Task Force began in December 2005. It began as a sub-committee of the Schuylkill County Criminal Justice Advisory Board (CJAB). During CJAB meetings, there were often sidebars pertaining to specific forensic cases dealing with mental health consumers. There was a recognized need for more interaction between the two systems (mental health and criminal justice) for members to learn more about each other's systems. The initial task force was composed of members of the District Attorney's Office, Adult Probation, the Public Defender's Office, the Warden of the county prison, local police officials, the county drug & alcohol office and the county mental health office. As the Task Force grew, membership grew and began to include the Court Administrator's Office, mental health providers, the county Sheriff's Office and the state police.

The Task Force meets monthly. Currently the Task Force is comprised of over 40 members and approximately 20-25 members attend each meeting. An early aspect of the Task Force was focused on educating mental health providers on the criminal justice system. A presentation was developed for a team comprised of a member of adult probation and the county mental health office developed a power point presentation showing how consumers may enter the legal system and the barriers and avenues they may encounter.

The Task Force also began an annual community presentation called "When Mental Health Meets the Criminal Justice System". This is a panel discussion usually done in conjunction with a local college and their criminal justice program. It is done in the evening and open to the community. It has done very well and is covered by local news, etc. We have had judges, District Attorney, magisterial district judges, county prison staff and mental health providers involved.

The Task Force has had several grants and recently began developing a program in the Mental Health Matters grant. A combined panel of both mental health providers, consumers and family members will join with criminal justice professionals to discuss ways the system has impacted lives, ways to navigate the system and opportunities for changes. The Task Force will also do a presentation in a local high school that addresses co-occurring disorders and will involve the local drug & alcohol office.

The Task Force's monthly meetings feature presentation from neighboring county programs and discussions on differences, updates from members departments and also collaborations on cases needing attention from both mental health and criminal justice expertise.

The Task Force has developed into an integral part of the county CJAB. Many members belong to both organizations. The Task Force presents at each of the quarterly CJAB meetings. PCCS representation is done with both organizations as well as Forensic Peer Specialists joining the Task Force in the past few years.

## Children's Services:

The primary payer for children's services is Medicaid but there are more important services paid for with base dollars. These are 1). Family Based 2). Administrative Case Management 3). Family Support Services and 4). Student Assistance Program.

Family Based Services are highly structured, evidence-based interventions that are designed to address the comprehensive bio psychosocial aspects of families dealing with behavioral health needs. The service has proven effective in reducing out of home placements to TFC's and RTF's, maintain family integrity and decrease psychiatric hospitalizations. Schuylkill County served four (4) families using base dollars in 2012-2012.

Administrative Case Management is a composite service that includes intake/financial assessment, non-reimbursable nursing services in outpatient service, and an RTF outreach worker providing specialized, supportive services. This was originally a BCM position but the CMS/OMHSAS change in billing for travel required us to move it to base funding. We did so because the positive results we saw in reducing admission/recidivism to RTF's was dramatic. We historically averaged in the mid 30's the number of kids in RTF's per month. With the advent of this program that number dropped into the low 20's and our latest figures show only 15 kids currently in an RTF. We served four (4) families in this service once we converted from BCM to Administrative. We served a total of 415 children paid for with base dollars.

Student Assistance Program (SAP) is jointly funded with MH and D&A base dollars. SAP serves all 13 school districts, working closely with school personnel, families and students on behavioral health issues. They participate in all in-school team meetings, provide assessments and screenings and consultations directly with the students, families and school personnel. This is a very effective collaboration between schools and community based behavioral health services; the single greatest barrier to inclusion of students in services is the parent's unwillingness to sign consents. Fully 30% across the districts of referrals made to SAP do not receive services and in some districts it is higher than that. Parents that do sign consents are far more willing to agree to a mental health service than a drug and alcohol, even when the precipitating event has a drug/alcohol component. Parents have gone so far as to withdraw their child from school sponsored events to avoid involvement. Even with these barriers the SAP liaisons conducted 350 assessments, 117 screenings, participated in 280 core team consultations and 2172 parent/teacher consultations in 2012-2013.

Schuylkill County has a very active and effective Child and Adolescent Service System Program. Schuylkill County has expanded the participation and scope of the original design to include system review, development and education. The CASSP Committee has standard attendance from Children and Youth (C&Y), MH and/or ID Case Management, IU29, home school districts, families and children, Community Care Behavioral Health, clinical and support service providers, and, as needed and appropriate, Student Assistance Program, Juvenile Justice and Drug and Alcohol. We have used this vehicle to not only address the presenting problems but to examine and address services system issues, such as, gaps in services, lack of coordination or cooperation among services, and service payment

issues. What has evolved from these discussions have been joint efforts to bring the School Based Behavioral Health Program (SBBH), Multi-Systemic Therapy, PA Treatment and Healing and two new Therapeutic Foster Homes into our continuum of care. SBBH is a joint project between the MH office and the schools; the latter three are joint efforts including funding between the MH office and C & Y. Additionally, the CASSP Committee has developed and presents Cross-Systems Training on a quarterly basis to any participating entity and the community as a whole.

## A). Adults, Older Adults and Special Populations

Schuylkill County has a full continuum of care in treatment, supportive and preventive services. The various sections within the Mental Health Services Narrative describe the committees and workgroups we have that focus on one or more of the areas of treatment, housing, employment, forensics and reentry programs, and recovery. I have detailed in the Needs Assessment our collective agreements on those areas presenting our greatest challenges. I will address each area specifically.

### I. Consumer Run Peer Services

Schuylkill County has the largest and most active peer owned and operated service in the state; Recovery Edge. I will detail their activities under the transformation heading. What I can note here is their vision and commitment to collaboration and integration across the spectrum is noteworthy.

In addition, we have two other certified peer service providers-Redco and NHS-and while provider based, the service division is consumer directed.

### II. Clubhouse/Employment:

We have approached the significant need with the lack of employment opportunities for our population in a number of ways. Our situation is clearly exacerbated by the overall unemployment problems for the general population here. Our efforts include:

1. Contracts with AHEAD, Goodwill and Avenues; private entities either providing job training/coaching/shadowing; job readiness assessments or actual work experiences.
2. Contracts with Redco and Recovery Edge for vocational rehabilitation and community involvement through privately contracted work experience, as a critical component of reentry and reintegration.
3. Contract with Community Services Group (CSG) to provide community based job placement/coaching/sharing employment and internally as an essential element of the functioning Clubhouse.

The Clubhouse has been a very effective and important addition to our continuum of services.

### III. Treatment Services

Schuylkill County has an extensive array of providers and services. As notes we have six (6) providers of outpatient services that provide individual, group, intensive outpatient, medication management/consultation and nursing supports to 6,000 participants per year. Redco, an OP provider, provides common ground/shared decision making through a grant from CCBH, the BHMCO.

I have described the other treatment services under essential services, which include Crisis, Emergency, Crisis Residential, Family Based and Prison Diversion/Reentry. Schuylkill

Seniors are an important focus of our Suicide Task Force given our demographics and the high rate of attempts and completion within that age group. Efforts are made through awareness/wellness campaigns to address prevention and through treatment and crisis services to address intervention. We provide on-going programming at five (5) nutrition centers in the various geographic sites throughout the county. While we do not have specifically credentialed staff, we have included certified peer services as supportive enhancements related to this area and in general as a result of team meetings.

Finally, Schuylkill County has been awarded two (2) CHIPP slots to move two seniors from Danville and into the community.

#### **Inpatient Psychiatric Services for Non-MA Population**

**Schuylkill Medical Center is the local provider of inpatient psychiatric services for children/adolescents, adults and older adults. This office has approached Schuylkill Medical Center on several occasions to initiate a contract; they have refused to sign a contract. They have instead committed to serving any citizen of Schuylkill County needing inpatient psychiatric care whether the individual has insurance or not. They have historically accepted and complied with that responsibility; services have not been refused. As such, we 1). Have no contract through which to pay for a non-MA reimbursed inpatient stay and 2). Have never been approached by the hospital for such a payment. Accordingly we do not then designate specific dollars to pay for this service. Should the situation arise that payment was necessary we would adjust our services allocation to cover these costs. These costs would then be reflected in the Block Grant fiscal report and dollars would be specifically allocated in subsequent years.**

#### **B). Special Populations**

Schuylkill County has made every effort to address the needs of special populations; it has proven a difficult and creative task. That we are a rural county has added difficulties because of the scarcity of specialized services for certain populations but we have tried to compensate for these through collaborative agreements.

Schuylkill County contracts with Service Access and Management for case management and contract services within the mental health areas. We have made it a standard of our contract with them that provisions must be made for deaf and hard of hearing, interpreters for Spanish speaking populations and sexual minorities. Provider share in the responsibilities of providing specialized services; it is a contractual, internal policy and licensing requirement. While each provider has addressed these needs within their own practices there are these commonalities: 1) subcontracting with private entities –interpreters from contiguous counties; deaf services through IU 29, as examples; 2) hiring individuals with specific expertise and/or experience /sensitivities to populations-sexual minorities; Spanish speaking; 3) shared resources of entities and/or individuals who can meet specific needs, and 4) a collective agreement to direct individuals/families to a provider with the required resources.

Schuylkill County has a dramatically high rate of co-occurring individuals that populate our collective services. Many enter the services either through Crisis/Emergency or the forensics avenues. Too few who enter through these doors remain in services. There are a myriad of reasons that are cultural, generational and personal. There is also unmistakably the stark disconnectedness among the service systems themselves driven by licensing, philosophy, territoriality and structure. We have identified this, and the area of Behavioral Health and Physical Health, in the top five (5) needs. We have identified steps we will continue to make in developing coordination and collaboration and pledge our efforts to improve the delivery of services.

In its participation with the County Administrators Association (PACAMHDS) and as a member of the North Central Zone HealthChoices, contract. Schuylkill County has participated in the assessment of the needs of dual diagnosed individuals and pursued solutions. To that end, in conjugation with Community Care Behavioral Health, Schuylkill County as part of the 23 county contract worked to establish the Dual Diagnosed Treatment Teams (DDTT), one of which is anchored in this county. This team accepts referrals from both MH and ID entities. Each team is comprised of a program director, a behavioral specialist, a consulting psychiatrist, a nurse, two (2) service coordinators, and a consulting pharmacist. There are two (2) teams state-wide. The team members will conduct a detailed assessment of the individual, including history, will provide direct service to the enrolled individual; consultation training and/or supports with direct service staff; will help transition the individual into and out of inpatient and/or incarcerations and maintain active engagement for between 12 and 18 months based on acuity and need. This service is just over one (1) year old but the early data demonstrates a reduction in ED visits, hospitalizations and incarcerations and positive feedback from direct service staff.

#### Recovery Oriented Systems Transformation

Schuylkill County is dedicated to maintaining a service system defined by the principles, policies and practices of Recovery and Resilience. We have designed and implemented treatment and supportive services that embrace recovery and resilience and have done so in full partnership with all stakeholders within the systems. I have detailed the make-up and purposes of the Recovery and Forensics Committees and described their integration into the overall systems. There are additional examples:

We have integrated Certified Peer Specialist services into every facet of the service systems, either as direct support providers or as ancillary supportive services. Peers accompany individuals to medication management appointments upon request to act as an advocate. In addition, the peer, peer specialist, therapist and at times, nurse/doctor, will meet jointly to create a service plan. More importantly perhaps is that the peers help assure that individuals keep their appointments and follow the treatment protocols. This exists across the six (6) outpatient service providers. The Certified Peers in two (2) entities-Redco and Recovery Edge-either supervise work crews, provide work through private contracts or both.

Recovery Edge has enhanced this service by coupling it with prison reentry. They provide peer services in the prison and use these as a conduit to housing and employment for a limited number of individuals. The individual must commit to participate on the work crew, do community volunteering in exchange for rent free housing for one month or until personal resources come available. This program has been endorsed by both Adult Probation Office and the court system.

The two (2) certified peer service providers, Recovery Edge and Redco, work collaboratively with the Supportive Living Programs and SAM case management services. NHS, a CRR and supportive living provider, has integrated CPS into those residential programs.

The entire provider community is equally committed to the principles and practices of recovery and resilience. It is not only that there are written policies-there are; it is instead the efforts the provider community exerts to design and implement services that are inclusive of the individuals receiving services in a partnership. This is evidence by Redco's participation in the common ground/shared decision making project designed by Community Care Behavioral Health. It is also reflected in the joint projects between New Beginnings and Recovery Edge to integrate community based, value added activities-workcrew, volunteerism, gardening, etc.-to every treatment plan. These activities are designed by the person in services and coordinated through Recovery Edge. These two (2) entities are also working on a web-based, password protected program that links the service team as defined by the consumer for those periods of time when the individual is not actively engaged in an appointment.

These examples demonstrate the values and mission of the provider community; that the person best able to define what is in their best interest is the individual requesting services. The more collaborative the relationship between person and practitioner the greater the commitment to the goal set, the greater the sense of self-confidence and competency and the greater the opportunity for success. We recognize this in the creation of WRAP and advance directives and the incorporation of these across the service systems, from case management to outpatient to crisis/emergency.

This office in collaboration with several provider agencies have sponsored four (4) Mental Health First Aide sessions. Between these agencies this county has three (3) trainers who have anchored the presentations. Each of the sessions were full. We have also sponsored a community presentation as part of Mental Health Matters grant and have two (2) additional presentations planned, one in a school district for the students and staff and one at a community college for students, staff and the general community. We have also conducted wellness activities that included presentations, press releases and stories, and radio broadcasts.

On the children's service side, we have significantly reduced the use of Residential Treatment Facilities (RTF) and Therapeutic Foster Homes by enhancing our services with families, providing additional supports primarily through our SAM case management system. We have a very active CASSP system and Cross Systems Trainings and consultations. As I

described, that has garnered collaboration and cooperation across the spectrum. We recognize, however, that we have a serious service gap with the transitional age group, roughly 14 to 21 years, and we need to focus our attention and resources toward a solution. This will be the most obvious area for timelines and mechanisms to track implementation. Working together within the Block Grant and our HealthChoices partner, CCBH, it will be important to monitor what services we can afford and implement within the next year and one-half.

I do not think in terms of timelines with Recovery Oriented Systems Transformation; it is more of a constant effort and monitoring to continually maintain and improve the very good work we have accomplished. The services systems are living things; they are comprised of people-peers, families, and practitioners. We must be consciously aware and respectful of this fact and behave accordingly. We should each day be better than the day before; we cannot allow difficulties, doubts, frustrations, cynicism to influence us in our vision and mission.

The funding mechanisms are state base dollars, federal block grant funds, and Medicaid/Medicare. The largest payor is Medicaid through the HealthChoices model; the most vulnerable and in many ways essential dollars are state base-now block grant dollars. These dollars directly fund all of the support services I have described from housing to employment, underwrites the costs of the functioning committees and cross-systems trainings and consultations, and are used to purchase treatment services for the un and under-insured. Even with the advent of the Healthy PA the need for base/block grant dollars will only grow.

## Intellectual Disabilities

### Overview:

The estimated population of Schuylkill County is 147,000. Of that number there are approximately 650 cases open to the Intellectual Disability Program representing .4% of the population. This number ranges in age from 3 years up to 90 plus. In the current Fiscal Year close to 400 people are served through the Home and Community Based Waiver Program and 150 people are funded with Base Dollars. Locally, Schuylkill County is the home of a variety of services and provider agencies. For several years, this provider network adequately covered the needs of people with Intellectual Disabilities, although a few people have resided in neighboring counties. Local services range from Day Support Services such as vocational workshops, Adult Training to Family Support and In-Home Supports. The County also has a variety of options for Residential Care including Lifesharing, and Group Homes. Employment has also been and continues to be a large focus in the County.

In recent years, this Schuylkill County network became challenged due to greater and more intense service needs. During this two-year period, three people were admitted to PA State Centers. All of the effected individuals had waiver capacity and available funding, however, no provider in the network was comfortable serving them. In all cases the statewide vacancy list was used with no success. All of these individuals were unfortunately admitted to State Centers; two of which remain there today.

Another interesting dynamic which occurred over the past two years is an influx of transfers from other Counties. Most were a result of local residential vacancies being filled by individuals from other Counties. Many of them had mental health concerns and exhibited extremely challenging behaviors. All of those people transferred with Waiver Slots and were somewhat settled. Others were in difficult situations and proved to be quite taxing on the local Supports Coordination Organization as well as the provider network. Administrative Entity Staff closely collaborate with the sending Counties and the ODP Region to evaluate transfer information more closely.

Many of the children presenting for intake into the ID System continue to be children on the Autism Spectrum. Obtaining the necessary eligibility information is especially challenging, as IQ testing, is unavailable for many of these children. The same holds true for some adults that are referred after graduating from school or further into adult life. Making a change from an SCO based intake system to an AE based system has helped to ensure a more thorough process. Personal and intensive assistance can be provided as necessary.

Other interesting facts are as follows: one person is currently incarcerated, approximately three children are involved in Children and Youth Services and two are set to age out within the next year. There are currently three children in RTF placement that will require intensive ID services upon discharge. Currently there are around 650 open cases in total. There is capacity in the Consolidated Waiver to serve 218 individuals and 173 in the Person/Family Directed Support Waiver for a total of 391. Utilizing Prioritization of

Urgency of Need (PUNS) Information in HCSIS is considered prior to assigning all new capacity, as per ODP Policy. The 150 individuals receiving Base Funded Services last year will need to continue in 2013/2014. These services range from residential services for 3 people ineligible for Waiver and MA, Day Supports for approximately 10 as well as transportation. These are again people ineligible for the waiver due to financial reasons or due to their living arrangement. Many are people residing in Nursing Homes. Neither the nursing home nor Aging can pay for such services even if people are over the age of 65. It is necessary for the program to provide funding to these individuals considered to require "Specialized Services" under the OBRA Funding Stream. Several years ago this was transferred into the Base Maintenance Category.

Moving forward it is anticipated that at least 150 people will require Base Funded Services. Three will require continued residential support; two in Group Home Placement and one in Lifesharing. Another 10-15 will require Base Funded Day Supports Services. The remainder will require in-home/community services such as respite, home and community habilitation, companion and assistive technology. Some of these people will only require a small amount of funding; however, in most cases it is enough to maintain the family unit. Without this support many of these individuals would require more expensive and more restrictive services.

In 2013/2014, ODP's policy will remain as such that Waiver Capacity will no longer be provided to AE's for children aging out of EPSDT. Schuylkill County has not been affected by this policy to date, since most of these children have already been placed into a Waiver Slot. If a child unknown to the system presents to the system, the Schuylkill AE may be forced to fund medical services through Base Funding. Services for these children tend to be high cost and involve many hours of nursing. One child is due to age out in the next year. Planning will begin early in attempt to alleviate potential funding issues. There is at least one child said to be "at risk" for leaving the Children and Youth System, and there are at least two children aging out of RTF Placement. One person is also anticipated to return to the community from County Prison. All will require intensive and at times specialized ID and MH Supports. Again, if ODP does not provide the AE with additional waiver capacity, the only alternative will be to fund these supports with Base Funding. The other target group identified in the plan is individuals residing in State Centers. Schuylkill County is responsible for transitioning one remaining individual into community placement. Waiver Capacity is already reserved and should not involve Base Funding other than initial, but very intensive, Supports Coordination Transition Planning.

In addition to supports and services, the AE participates in a Health Care Quality Unit Consortium with several Central Region Counties. Geisinger is the provider and neighboring Northumberland County is the managing AE. Even though Schuylkill County does not directly receive HCQU Funds, the local system benefits from this support enormously. In fiscal year 2012/2013, more than 230 local trainings were provided to over 3,000 people. This was all completed by a nurse dedicated to Schuylkill County, working with local providers, Support Teams, individuals, families and the

medical community. With such an aging population and more intense medical needs of individuals in local programs, this support is essential and greatly appreciated.

Schuylkill County remains committed to the Independent Monitoring for Quality (IM4Q) Initiative which has provided a third party/independent look at the lives of people participating in ID services for approximately 15 years. This statewide project examines individual and family satisfaction, level of privacy, respect, choice, control and quality in their lives as a result of the services they receive. All funds are passed to a provider, currently the ARC of Schuylkill County, to complete and process surveys, develop considerations and follow through to ensure identified concerns are addressed. If this funding is rolled into the Human Services Block Grant, the current amount will be needed in order to comply with the level of participation required by ODP.

Monitoring all of these requirements is a tedious job. In order to fully participate and benefit from waiver funding, the AE must comply with all requirements set forth in the AE/ODP Waiver Operating Agreement. In Schuylkill County, the MH/DS Program remains in control of all waiver decisions, authorization and plan authority and contracts with an entity for completion of all delegated functions. Through a contract with Service Access and Management, Inc. all day to day functions of the AE Operating Agreement are completed. This arrangement is approved by ODP and the Schuylkill AE is kept apprised of all necessary information. All funding used to fund this Waiver Administration has been directed to the Human Services Block Grant. It is essential to the success of the local waiver program that funds are directed to this contract at the current funding level. Without this support, it is doubtful that Schuylkill County MH/DS will be able to maintain local waiver compliance and continuously examine system quality.

In addition to maintaining waiver compliance, AE Staff participate in and develop community groups in order to work through local issues and to enhance quality. Staff actively participates in the Local Education Task Force, Transition Council, they coordinate a Local Provider Quality Group, a Positive Approaches Committee, and various training and staff development opportunities. Staff also coordinate a Risk Management Committee and works with the local Dual Diagnosis Treatment Team in order to break system barriers to improve quality of life for people with MH and ID. Since 2012, there have been several local system-wide Positive Approaches Training Days held. The group works together to develop resources and solve issues in a coordinated manner. A Medicaid Infrastructure Grant was also awarded last year for the purpose of organizing an employment event. This created a renewed interest in employment, as many partners (OVR, Education and ID Providers, and Families) are working together to enhance such supports. This interest continues today but is not without struggles. The AE Quality Manager, SCO Representative and Employment Providers collaborate with OVR to develop a more seamless referral system. Despite issues, there are currently about 40 people employed and we aim to increase this number through these efforts. The staff will also continue efforts to share resources with individuals, their families and the community. They will also participate in Job Fairs, Resource Days, School In-services and other activities as invited.

Other Quality Initiatives that are a focus in the system are:

1. Incident Management - Maintain a low number of restraints in the provider network. Work with Agencies to help build resources to more effectively manage challenging behaviors. And work to reduce the numbers of individual to individual abuse occurring in day and residential settings.
2. Communication - Develop more effective ways for individuals to communicate when they are unable to verbalize wants, needs and feelings.
3. Community Opportunity - Develop additional resources for Employment Supports and Lifesharing to increase numbers of people living and working in the Community of their choice.
4. Improved Documentation for increased waiver compliance - Monitoring initiatives are in place to ensure proper documentation is maintained in HCSIS and Provider Files. This also ensures proper follow-up and initiation of required activities.
5. Decrease Numbers of Psychiatric Hospitalizations - Collaborate with Providers, ODP and local supports made available through the Positive Approaches Committee, the HCQU and the Dual Diagnosis Treatment Team to maintain people in their home and avoid psychiatric placements.

Overall, the local ID system looks forward to the opportunity to work with its Human Service Partners to break system barriers and reducing duplication in the system. In review, the following numbers apply to the ID System currently.

Total Served	2012/2013 Totals	Anticipated # for 2013/2014
# of Base Funded Individuals	150	150
Day Supports	10	10
Employment Supports	10	12
Residential (6400)	2	2
Lifesharing (6500)	1	1
Base Funded Supports Coordination	150	150
C&Y Age Outs	1	1
EPSDT Age-Outs	2	1
Released from Prison	2	1
Discharged from RTF	2	1
State Centers Discharge Placements	1	1

## **Drug and Alcohol Services**

The Schuylkill County Drug and Alcohol Program is responsible for the administration of Act 152 and BHSI funds, as well as other state and federal funds distributed through the Department of Drug & Alcohol Programs (DDAP) and the PA Commission on Crime and Delinquency (PCCD). Treatment funds are available for uninsured or under insured county residents. The Schuylkill SCA provides all levels of treatment to include; screening and assessment, case coordination, outpatient, intensive outpatient (drug-free and Medication Assisted Therapy), partial hospitalization, hospital and non-hospital inpatient service, halfway and recovery housing. The SCA also provides prevention and intervention services within the county.

Act 152 funds are utilized for clients that have applied for and been deemed eligible for Medical Assistance, but remain in a fee-for-service status, prior to their receiving managed care benefits. These funds can be used for inpatient drug and alcohol services; detox and rehabilitation and Administrative costs.

During FY 2012-2013, the SCA utilized Act 152 funds to offer the following services:

27 clients received 109 days of detox totaling \$22,492, and 32 clients received 476 days of inpatient non-hospital rehabilitation (Regular and Co-occurring) totaling \$ 88,047. The SCA also used \$ 16,474 of the Act 152 funds for Administration.

BHSI (Behavioral Health Service Initiative) funds are utilized for clients who are employed but are uninsured; or who are insured but lack coverage for the services they require or for those who are not eligible for medical assistance benefits.

In FY 2012-2013 BHSI funds, which can be used to cover all levels of care, were utilized in the following manner:

24 clients received case coordination services totaling \$1,904  
139 clients received Screening/Assessment totaling \$ 22,240  
124 clients received drug-free outpatient services totaling \$ 33,298  
5 clients received medication assisted outpatient services totaling \$ 8,347  
21 clients received intensive outpatient services totaling \$ 13,319  
1 client received partial hospitalization services totaling \$ 1,030  
24 clients received hospital or non-hospital detoxification totaling \$ 23,063  
32 clients received inpatient (regular or co-occurring) rehabilitation services totaling \$ 103,785

Approximately 90 clients were eligible to receive client services consisting of bus tickets to and from treatment or urine screens while in treatment totaling \$ 1,586

The SCA currently contracts with four licensed in-county outpatient treatment providers and two licensed out-of-county outpatient treatment providers who are responsible for screening/assessment, referral and case coordination. The SCA contracts with ten providers, most having several treatment facilities within their networks whom specialize in adult, adolescent and women with children populations. Services range from inpatient hospital and non-hospital detox and rehabilitation, halfway house, partial hospitalization, outpatient, intensive outpatient and recovery housing.

The SCA participates in many community meetings with other human service agencies, for example, CASSP, CJAB, Forensic Taskforce, Child Death Review, Act 33 and MDT through C&Y and Suicide Prevention Task Force, to name a few, which offers the SCA an opportunity to collaborate with other agencies and discuss drug and alcohol issues and possible solutions. The SCA works closely with the county Probation/Parole Department, Children and Youth, MH/ID provider (Service Access and Management) as well as the Schuylkill County Prison and are always looking at ways to make services available and effective for that population and engage our outpatient providers in these conversations and task them with developing or implementing appropriate programs. A recent area of interest is offering this population, involved in the criminal justice system, evidence based programming; which studies show demonstrate better outcomes than more traditional programs.

Schuylkill County has recently seen an increase in the use of Bath Salts. The trend emerged approximately two years ago, while still legal to purchase at convenience stores. There was a decline in clients admitted usage of the substance when legislation was passed making possession illegal, however, recently there has been an increase of client reported use, which complicates treatment. Unlike treatment in the past, there are more inpatient providers willing to treat clients using Bath Salts. The recent pattern in the county seems to occur in "pockets" with many in certain communities claiming daily use of the substance. The difficulty in treating this client is the effects of using for a period of time but also seems to be addictive in nature. The SCA sponsored training on Bath Salts and K2 (Spice), when the substances first arrived on the scene, to give our community professionals more information on the substances and what to look for and how to respond. The SCA is looking to offer more training opportunities on these emerging trends.

Homelessness has always been an issue with the drug and alcohol population. The SCA currently funds Recovery House/Transitional Living; which is helpful but due to the size of the facility and the length of the program, there is not availability to handle the

community demand. A common need of all agencies involved in the Block Grant is housing. The collaboration and communication with agencies involved in the Block Grant will allow us to look for long-term solutions for this need.

Older Adults – During FY 12/13, the SCA funded 26 clients aged 60-69 years old. The services provided included; screening/assessment, outpatient (drug-free), intensive outpatient and outpatient (MAT). According to outpatient providers, there has been a slight increase in referrals with this population. If the trend continues there may be a need to offer specific outpatient programming as well as determining transportation needs, which the Block Grant would allow further discussion between agencies.

Adults – During FY 12/13, the SCA funded 544 clients aged 20-59 for case management; specifically screening/assessment with referrals being made to all levels of care. Additional funds from the Block Grant will allow the SCA to increase lengths of stay on inpatient treatment. The communication between agencies included in the Block Grant will allow the SCA to determine further needs in the drug and alcohol system.

Co-Occurring population – It is estimated that over 40 percent of the clients currently enrolled in treatment have a co-occurring diagnosis. Since Schuylkill County does not have one provider that is licensed to treat MH and Drug & Alcohol, we shuffle this population between separate providers. Our providers are tasked with case coordination to keep open communication that will benefit the client. We do have a provider that is piloting a co-occurring group to help the client better understand the correlation between their addiction and their MH diagnosis. We will be observing outcome from this group to see if and what changes may be necessary.

Recovery Oriented Services – The SCA offers assistance with transportation to and from treatment at this time. We will be serving approximately 200 clients by purchasing bus tickets for them to get to and from drug and alcohol treatment. Our contracted treatment providers will be responsible to distributing and monitoring the tickets and submitting monthly reports to the SCA. Two of the areas, identified by Block Grant participants, as areas of need are housing and transportation. The SCA would like to reach out to their provider network to further discuss transportation and what they feel needs to change and what services would enable clients to get to and complete treatment. Two Drug & Alcohol providers are receiving reinvestment dollars through CCBH to fund both case coordination and recovery support. The SCA would be willing to continue funding once the reinvestment funding ends. The SCA is also fortunate to have reinvestment funds available through CCBH for Recovery Housing. Unfortunately,

this is a lengthy process, but the SCA is looking to establish a male and a female house in the county.

## Introduction

Individuals who reside in Schuylkill County and who are challenged with mental health illnesses have many needs. A primary need is safe, affordable housing. Even before other, more complex needs may be addressed, it is quite important to ensure that each and every individual who is diagnosed with a mental health illness is living in a safe environment. Even though the physical structures in which persons reside are critical, other resources contribute to the overall provision of housing and the delivery of successful housing services.

## Supported Housing Options

Ultimately, we want all individuals to live independently in their own homes and apartments. However, total independence is often not possible. The City of Pottsville Housing Authority and the Schuylkill County Housing Authority have become true advocates in addressing the housing needs of persons with mental health illnesses. Individuals who are interested in securing public housing and/or a Housing Choice Voucher (Section 8), and are enrolled in mental health services through Service Access and Management, Inc., receive assistance in completing and submitting their applications by members of the Housing staff. Once housed, staff support continues.

Persons with mental health illnesses living in Schuylkill County also have the opportunity to reside in permanent supportive housing apartments. These apartments provide for an independent living experience; however, supports are available upon request. In addition, a Housing Specialist is assigned oversight of these units. The Housing Specialist is the single point of contact for the tenants. Should a tenant have any concern or any question, the tenant may simply contact the Housing Specialist who will facilitate resolution.

The Bridge House Program is a transitional housing program operated by Schuylkill Community Action for residents of Schuylkill County who are homeless or at imminent risk of homelessness. Residency is limited to three to twelve months. Residents must follow rules, attend programs and participate with case management and goal plans. The Bridge House Program is a good match for individuals with mental health illnesses.

## Support Through Housing Staff

A variety of Housing staff support the housing needs of individuals with mental health illnesses. Overseeing the administrative and financial functions of the department is the Housing Director. A Housing Supervisor provides direct support to all mental health staff members so that, together, they are able to resolve housing issues. A Housing Specialist focuses on individuals who are tenants in the permanent supportive housing apartments and public housing. The Housing Specialist assists with the acquisition and retention of apartments. The PATH Casemanager (Projects for Assistance in Transition from Homelessness) focuses efforts on housing individuals who are literally homeless or at imminent risk of homelessness.

In addition to the aforementioned housing staff, other support staff are available. Staff members from both the Supported Living Program and Transitional Living Coordinator Program provide guided support in the actual homes and apartments of individuals who need help with daily living skills. The goal is to teach independent living skills rather than being a continuous support.

### Financial Supports

One of the primary impediments to safe, affordable housing are financial limitations. To assist with the acquisition of an apartment, we often provide rental assistance for individuals with mental illnesses. When an individual with a serious and persistent mental illness is enrolled in Service Access and Management, Inc. and suddenly becomes homeless or is at imminent risk of homelessness, monies, set aside in a program entitled Fast Track, may be used in helping that individual secure an apartment. Fast Track monies pay for some or all of these costs: (a) first month's rent, (b) security deposit and (c) rent in arrears. In some cases, rents may also be paid during the second and third months. If the team of professionals who are working with the individual determine that the individual needs assistance to move into an apartment, and that the individual can then later pay his/her own housing expenses, then Fast Track becomes an option.

At times, emergency housing is needed for individuals who have a mental health illness and are homeless. Because there is no emergency homeless shelter in Schuylkill County, Service Access and Management, Inc. provides assistance for individuals who have a mental health illness and are homeless by providing motel vouchers. While residing in a motel with an emergency voucher, Service Access and Management, Inc. Housing staff quickly respond to the individual's housing needs and work to move that individual into a more stable housing environment.

As we assess the overall needs of an individual who is scheduled to move into an apartment, we often put together an emergency move-in package. It may contain items such as dishes, towels, soaps, bed sheets, pots and pans. This move-in package is often supplemented with vouchers for emergency groceries if local food banks are not available at the time of move-in.

### Housing Related Professional Network

Housing staff rely upon a network of other professionals to further enhance housing supports. Descriptions of housing related professional networks are described below.

The LHOT (Local Housing Options Team) is composed of local professionals who have an interest in housing matters, specifically housing matters related to individuals who have a mental health illness. The LHOT members develop projects and problem solve housing issues.

Schuylkill County's membership in the HUD Continuum of Care (CoC) Program is with the Northeast Regional Homeless Advisory Board (RHAB) – Allentown/Northeast Region Continuum of Care PA-509. The Service Access and Management, Inc. Housing Director and Housing Specialist serve on the Continuum of Care RHAB. The RHAB assists communities in

the Northeast Region Continuum of Care to develop the capacity to envision, organize and plan comprehensive long-term solutions to address the problem of homelessness.

The Point-in-Time Count is a federally mandated count of sheltered and unsheltered homeless persons that is conducted on a single night in January. For the first time, in January 2013, Schuylkill County conducted a Point-in-Time Count of unsheltered homeless persons. A wide variety of human service entities participated in the January 30, 2013, Point-in-Time Count of unsheltered homeless persons. Eight teams covered all areas of the county.

Service Access and Management, Inc. works in partnership with Opportunity House, located in Reading, Pennsylvania, to provide housing assistance to veterans and their families in Schuylkill and Berks counties. The Supportive Services for Veterans Families grant provides staff and funding to assist veterans and their families when confronted with housing issues.

The process of outreach utilizes strategies aimed at engaging persons who are homeless and bringing them into services. The PATH Casemanager and Housing Specialist participate in outreach activities. Active outreach is defined as face-to-face interaction with people who are literally homeless and living in the streets. Outreach may also include "inreach". Through inreach, staff visit soup kitchens or community resource centers resulting in direct, face-to-face interactions. Other methods include distribution of flyers and other written information, public service announcements and other indirect methods.

### Summary

During the past few years, Schuylkill County has built a commendable resource of housing options and services. Maintaining and enhancing this level of service in a small, rural county is a challenge. Because Schuylkill County lacks a homeless shelter, creative and aggressive strategies to house those who are homeless or at imminent risk of homelessness will continue to weigh heavily upon our current resources.

## **HOMELESS ASSISTANCE PROGRAM**

Schuylkill County will use Homeless Assistance funds for Bridge Housing services. Bridge Housing is a transitional living facility that provides comprehensive case management services and individualized support services. The Program provides a supportive, safe environment in which to live for a period of three to twelve months. Prospective Bridge Housing clients must be a (permanent or temporary) resident of Schuylkill County, without permanent housing, in financial need and free of convictions from a violent crime.

Potential clients are referred to Bridge Housing by a variety of human service agencies. After an intake and comprehensive client assessment, a profile of the client will be developed and sent to the Screening Committee, who will meet with the prospective client to discuss the program and the client's commitment to attain self-sufficiency. The Screening Committee is made up of representatives from County human service agencies. Program participants will sign a lease with the Housing Authority and will pay thirty percent of their income to the Housing Authority for monthly rent. If they have no income at the time of admission, Bridge Housing will subsidize their rent until an income is established. If an individual is not accepted into the Program, the established Appeal process will be offered to the applicant, and if requested, will be followed within the timeframes identified.

Staffing of Bridge Housing consists of a Program Supervisor who monitors day-to-day operations, aids in the development and implementation of program policy, screens clients and acts as a liaison between the Bridge Housing Program and other agencies in the County. Case Managers develop and monitor case management plans and coordinate all supportive services needed by program participants. Part-time staff includes Residential Workers who monitor client and program operations during evening, weekend and holiday hours as the budget allows.

Clients must be willing to live in a drug, alcohol and violence free environment, and must display a strong motivation to attain independent living and be willing to share and assume responsibility for communal areas with other residents. A comprehensive goal plan will be developed and implemented. This goal plan will detail the steps necessary to attain long term self-sufficiency. The Case Manager will monitor client progress through constant contact with each client in his or her apartment and in the office.

Bridge Housing services may be terminated in one of two ways. Graduation is when the client successfully completes the Bridge Housing Program and moves from the Bridge Housing unit to other permanent housing. This may be in another Housing Authority unit or in another housing option appropriate for the client. At this time the client will also be enrolled in Project Care, an aftercare program intended to prevent the recurrence of homelessness and promote long term self-sufficiency. A Negative Termination is when a client does not comply with program regulations. Bridge Housing services will be terminated and he/she will be required to leave the Bridge Housing Unit.

Bridge Housing is a coordinated effort funded by the Homeless Assistance Program, the Human Services Development Fund and Schuylkill County Drug & Alcohol. Coordination with the Pottsville Housing Authority is a key component of the program. Clients are clients of both the Bridge Housing Program and the Pottsville Housing Authority.

Schuylkill Community Action, the agency that manages Bridge Housing, enters Bridge Housing client data into HMIS.

	Estimated/Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	16	17
Case Management	0	0
Rental Assistance	0	0
Emergency Shelter	0	0
Other Housing Supports	0	0

### **HUMAN SERVICES DEVELOPMENT FUND**

In Schuylkill County funds from the Human Services Development Fund support specialized services and categorical services (including services to adults aged 18 to 59). The Manager of Block Grant Programs assumes responsibility for administration and monitoring of contracts with provider agencies for specialized and adult services funded by the HSDF. Categorical services funded by the HSDF are monitored by the responsible categorical agency.

Schuylkill County uses these guidelines in determining local priorities: (1) fund programs or services which promote and encourage the coordination of human services at a county-wide level, (2) fund programs or services which fill gaps in the services "categorical" agencies (public or private) provide. Services to low-income adults aged 18 to 59 are considered categorical services, (3) to fund new and innovative services if they: a) enhance the human services system in the county, b) serve multiple needy clients or those who might fall through gaps in existing services, and c) meet previously unmet service needs.

Services are provided to eligible persons for the purpose of: (1) achieving or maintaining economic self-support to prevent, reduce or eliminate dependency; (2) achieving or maintaining self-sufficiency, including reduction or prevention of dependency; (3) preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families; (4) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

**Service Coordination:**

A small portion of HSDF funding is used to offset some of the categorical agencies expenses for the Community Volunteers in Action program. Also included in Service Coordination is funding for the Schuylkill Regional Resource Center. Clients can come to this facility, in the northern part of the County, to learn about, sign up for and receive services without having to come to the County seat. The Human Services Courier, funded through Service Coordination and 6 other County agencies, transports mail from agency to agency, and also to and from the County Courthouse, local Service Providers and Rest Haven. The daily mail run allows for faster distribution of paperwork between agencies and/or service providers.

Community Volunteers in Action (CVIA) is a volunteer recruitment program sponsored by the Schuylkill County Commissioners through the Block Grant Programs. The mission of CVIA is to give individuals the opportunity to build community awareness and encourage their involvement in the provision of volunteer service to those persons and communities in need. CVIA provides a central clearing house of information on current volunteer opportunities in human services and on volunteers who are referred to the various agencies. Information in the database is used to make referrals that best match the volunteers' interests and abilities with the agencies' needs. The CVIA Advisory Committee is made up of representatives from each agency in the County's Human Services, the United Way and The Red Cross. The purpose of the Committee is to provide agency and community representation in order to

steer, direct and advise the efforts of CVIA in identifying volunteer needs and promoting volunteerism within Human Service programs. The CVIA Director facilitates the County's Make A Difference Day and the Community Contacts program. Community Contacts is a program that trains community volunteers to be contacts in their communities for residents needing information about the County's human services programs. Both programs have won multiple awards.

**Categorical Services:**

- **Adult Services**
  - Home Delivered Meals: provides meals, which are prepared in a central location, to homebound individuals in their own homes.
  - Homemaker/Personal Care: this service provides non-medical personal care, and in some cases homemaker services, to individuals who are functionally unable to perform life-essential tasks of daily living.
- **Homeless Assistance Services**
  - Case Management: funding for case management services through the Bridge Housing Program.

**Specialized Services:**

- Outreach Case Management: provides residents of the Shenandoah, Mahanoy City and Tamaqua areas with comprehensive information regarding programs available through Schuylkill County Human Services agencies, while also facilitating access to those programs. The Online Human Services Directory will also be updated through this program.
- Project CARE: promotes self-sufficiency and prevents the recurrence of homelessness. This service provides support and interventions required to facilitate the transition of Bridge Housing graduates to permanent housing and to effectively establish these persons in their new communities. Program services such as counseling, crisis intervention and home visits will be provided.
- Transportation: provides mileage reimbursement, bus tickets and/or paratransit service to those clients without medical assistance to get to their medical appointments. Priority goes to dialysis recipients.

	Estimated / Actual Individuals served in FY 12- 13	Projected Individuals to be served in FY 13-14
Adult Services	10	15
Aging Services	0	0
Generic Services	6	8
Specialized Services	4614	4520
Children & Youth	10	0
HAP	1	0

## Children & Youth Special Grants

### MST ( Multi- Systemic Therapy):

MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact at risk youth, their homes and families, schools and teachers, neighborhoods and friends. MST is geared towards a target population of youth ages 11-17 that are at risk of out of home placement. This program works with the Juvenile Delinquent population and also high end pre-delinquent youth. The program offers an intensive home based worker who assists the parents at setting appropriate boundaries and addressing issues using the MST approved model. The County is currently contracted with Community Solutions Inc. to provide the approved MST model. This program is time limited and is designed to offer an intensive service for a 6-8 month period.

For fiscal year 12/13 there was 32 referrals to the service. The program is eligible for MA billing through CCBH. The total funding used for fiscal year 12/13 was \$45,125. For fiscal year 13/14 the agency anticipates serving 45 clients with estimated expenses of \$40,000.

The agency expects to achieve the following outcomes through the use of the MST model;

A reduction in the use of congregate care placements by 5% in fiscal year 13/14, A reduction in the number of youth re-entering placement within one year of discharge by 10%, A reduction in the number of youth entering the Juvenile Probation system by 10%.

### FGDM (Family Group Decision Making):

Family Group Decision Making is a practice that focuses on the strengths of the family and empowers families by allowing them to draw on family experiences, knowledge and resources to create and implement plans that provide for the safety, permanency and well-being of their family. When families are the decision-makers, it allows them to be invested in a plan for positive change and promotes a future of decreased involvement in formal systems.

The County currently uses KidsPeace as the FGDM provider. They are able to coordinate the family members and schedule the family conference. In addition they facilitate the meeting in order to assist the family in the development of their family plan.

For fiscal year 12/13 there was 55 referrals to the service. The total funding used for fiscal year 12/13 was \$65,186. For fiscal year 13/14 the agency anticipates serving 65 clients with estimated expenses of \$93,000.

The agency expects to achieve the following outcomes through the use of Family Group Decision Making; Increase the number of Juvenile Probation cases to the program by 10%, Increase the safe closure of cases through the use of FGDM by 10%, and utilize FGDM for older youth transitional meetings.

### Alternatives to Truancy:

The agency has been addressing the issue of truancy through the Mentor/Advocate program. This service is provided through Access Services. There has been a collaborative effort between the agency, mentor provider and school districts in order to make the service successful. The mentor/advocate work with the truants to first identify the issues that result in missed days and also assist with eliminating barriers for a youth to be successful in school. The mentor will attend school meetings, monitor grades and assist with getting students involved in extra-curricular activities. In addition the mentor focuses on building a students social skills by participating in group activities outside of their family home.

For fiscal year 12/13 there was 90 referrals to the service. The total funding used for fiscal year 12/13 was \$234,000. For fiscal year 13/14 the agency anticipates serving 110 clients with estimated expenses of \$260,000.

The agency expects to achieve the following outcomes in the truancy program;

A reduction in the number of days truant by youth participating in the program by 20%, For 50% of the target population to improve or maintain their previous letter grade, An increase of 30% of youth to participate in an extra-curricular activity.

**Housing Initiative:**

The agency continues to utilize the housing funding to address a variety of needs for families. The overall goal is to use the funds in order to prevent placement, for a housing related issue. There have been many ways in which the funding has been utilized; rent, hotel stays, oil/utility payments, professional cleaning service are a few examples. In addition the agency was able to secure an apartment, to be used as a temporary shelter for families. There is a monthly rental fee in the amount of \$650. This allows us to use the apartment as we need.

For fiscal year 12/13 there was 72 families that were assisted with these funds. The total funding used for fiscal year 12/13 was \$50,831. For fiscal year 13/14 the agency anticipates serving 80 clients with estimated expenses of \$60,000.

The agency expects to achieve the following outcomes through the use of the housing grant;

A reduction in the number of out of home placements due to housing by 10%, the next outcome/goal is to establish a community shelter program. The final outcome is to assist older youth in establishing independent housing with use of these funds by 10%.

# Appendix A

Appendix A  
Fiscal Year 2013-2014

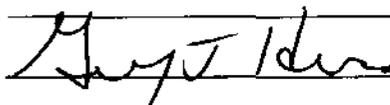
**COUNTY HUMAN SERVICES PLAN**  
**ASSURANCE OF COMPLIANCE**

**COUNTY OF:** SCHUYLKILL

- 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>	
	Frank Staudenmeier	Date: <u>11-20-13</u>
	George F. Halcovage, Jr.	Date: _____
	Gary Hess	Date: <u>11-20-13</u>

# Appendix B

**APPENDIX - 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						
Administrator's Office						
Administrative Management	1,200					
Adult Developmental Training	1					
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	40		21,100		800	
Community Residential Services	20		60,000	47,000	41,700	
Community Services	800		6,500	15,000	1,200	
Consumer Driven Services						
Crisis Intervention	1,215		300,000		0	
Emergency Services	700		170,000		7,000	
Facility Based Vocational Rehab	10		10,000		700	
Family Based Services	2		10,000		0	
Family Support Services	14		10,000		0	
Housing Support	300		600,410	31,500	20,000	
Other						
Outpatient	600		230,000		4,000	
Partial Hospitalization	1		0		0	
Peer Support	30		0,000		0	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	141		100,000		0	
Social Rehab Services	1		0		41	
Targeted Case Management	640		400,000		0	
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>5,349</b>	<b>4,283,398</b>	<b>4,283,398</b>	<b>93,601</b>	<b>127,223</b>	<b>0</b>

**APPENDIX - 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>
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**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			44,877		44,877	
Case Management	10		2,100	174,500	0	
Community Residential Services	11		2,000		0	
Community Based Services	15		25,000	17,100	38,700	
Other						
<b>TOTAL ID SERVICES</b>	<b>300</b>	<b>1,289,167</b>	<b>1,289,167</b>	<b>191,688</b>	<b>80,000</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	16		128,672			
Case Management	0		8,000			
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	<b>16</b>	<b>128,172</b>	<b>133,672</b>		<b>0</b>	<b>0</b>

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	110		128,350		41,650	
Promising Practice						
Alternatives to Truancy	110		20,000		20,000	
Housing	90		9,300		9,300	
<b>TOTAL C &amp; Y SERVICES</b>	<b>300</b>	<b>411,350</b>	<b>411,350</b>		<b>41,650</b>	<b>0</b>

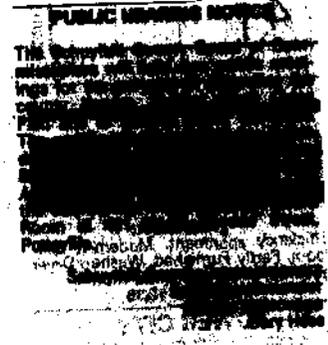
**APPENDIX - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<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	150		25,000			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	150		25,000			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	150		25,000			
Other Intervention						
Prevention						
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>612</b>	<b>341,819</b>	<b>308,039</b>		<b>0</b>	<b>0</b>
<b>HUMAN SERVICES AND SUPPORTS</b>						
Adult Services	15		25,000			
Aging Services						
Generic Services	0		2,000			
Specialized Services	4,339		42,000			
Interagency Coordination	1		27,114			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>4,544</b>	<b>118,114</b>	<b>100,614</b>		<b>0</b>	<b>0</b>
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			<b>45780</b>		<b>0</b>	
<b>GRAND TOTAL</b>	<b>11,121</b>	<b>6,072,020</b>	<b>6,072,020</b>	<b>293,250</b>	<b>248,873</b>	<b>0</b>

# Appendix C

The Republican-Herald (Under act P.L. 877 No 160. July 9,1976)  
Commonwealth of Pennsylvania, County of Schuylkill

SCHUYLKILL COUNTY MH & MR  
108 S CLAUDE A LORD BLVD  
ATTN: LISA FISHBURN POTTSVILLE PA 17901



Account # 160474  
Order # 81371927  
Ad Price: 219.50

**PUBLIC MTG 11/7 & 11/20**

Joanne Leffler

Being duly sworn according to law deposes and says that she is Billing clerk for The Republican-Herald, owner and publisher of The Republican-Herald, a newspaper of general circulation, established in 1884, published in the city of Pottsville, county and state aforesaid, and that the printed notice or publication hereto attached is exactly as printed in the regular editions of the said newspaper on the following dates:

11/01/2013 11/02/2013

Affiant further deposes and says that neither the affiant nor The Republican-Herald is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as time, place and character or publication are true Joanne M. Leffler.

Sworn and subscribed to before me  
this 4th day of November A.D., 2013

Michele Andregic  
(Notary Public)

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Michele Andregic, Notary Public  
City of Pottsville, Schuylkill County  
My Commission Expires June 16, 2017

# Appendix D



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**COMMUNITY SERVICES**

475 Morgan Highway, P.O. Box 1103 · Scranton, PA 18501-1103  
Phone 570-341-4641 · Fax 570-348-1298 · [alliedservices.org](http://alliedservices.org)

November 7, 2013

Dan McGrory, Administrator  
Schuylkill County Administrative Offices of  
Mental Health/Developmental Services &  
Drug and Alcohol Programs  
108 S. Claude A. Lord Boulevard – 2<sup>nd</sup> Fl.  
Pottsville, PA 17901-1729

**RE: Allied Services Behavioral Health Division/Comments for Public Hearing on  
Human Services 11/7/13 and 11/20/13**

Dear Mr. McGrory,

Thank you for the opportunity to provide input for the public comments process on the use of Department of Public Welfare funds in Schuylkill County. As you've requested, we've framed our comments into three (3) priority areas, and respectfully submit this input for the consideration of the Schuylkill County MH/DS/D&A Programs as it engages in resource planning for supports and services.

Allied Services believes that Human Services planning works best not only when it is localized to meet the specific needs of a community, but also when it is well coordinated with established state-county initiatives. And, that community Human Services needs are best met when county administration collaborates with experienced, qualified service providers to maintain a stable array of high quality supports for our most vulnerable citizens. It's been our experience that this is certainly the case in Schuylkill County, but this process can often be jeopardized by continued funding cuts and new state policy mandates.

**Priority 1: Maintain CHIPP funding for its intended use**

Developing and maintaining a network of services is no easy task, particularly when new mandates on the State level may not always align with a particular communities needs, nor even with the States previously stated priorities, such as the establishment of CHIPP funding for state hospital downsizing.

A case in point is the States current Human Service Block Grant Program and its' failure to protect CHIPP funding from the process. CHIPP funds have been a vital element in providing necessary and continued supports for individuals with mental illness who are being deinstitutionalized and returning to their home communities. These funds have historically been used to "follow the consumer" in the progression through recovery, more independent living and community integration.

We believe that as the Block Grant process proceeds, it is vital that CHIPP funding be utilized for its' intended purpose of providing quality, reliable community programs and supports for these individuals.

**Priority 2: Prioritize Behavioral Health Funding on Critical System Supports and Best Practice Models**

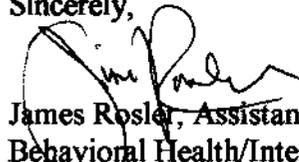
Our general recommendation for Behavioral Health is that we plan and focus our resources on the most pressing needs of the seriously mentally ill, which are well documented by the Office of Mental Health and Substance Abuse, (OMHSAS), the Behavioral Health Alliance of Rural Pennsylvania, (BHARP), and previous Schuylkill County Plan priorities. All recognize the need for better access to treatment, and "best practices" in Behavioral Health Recovery, such as Supported Housing and Residential Services, Psychiatric Rehabilitation, and Drop-In Centers.

**Priority 3: Continue to Plan and Develop an array of Housing Options**

Safe, affordable housing is also a priority for almost every mental health services system, as it provides the stability for people to participate in services and work toward recovery. At present Schuylkill County's Public Housing has significant waiting lists and there is a need for more options, particularly for our constituents. We hope to continue collaborative work with Schuylkill County in developing opportunities to expand housing options for consumers of Behavioral Health Services, and to encourage more landlords to create or rehab, new housing options in the county, while also broadening the tax base.

Allied Services appreciates the opportunity to provide comment and suggestions in this planning process, and we look forward to continued collaboration with Schuylkill County MH/DS/D&A Programs in these efforts.

Sincerely,



James Rosler, Assistant Vice President  
Behavioral Health/Intellectual Disabilities  
Divisions

cc: Bob Ames

**APPENDIX - 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						
Administrator's Office			384,373		16,229	
Administrative Management	1,348		542,593		22,905	
Adult Developmental Training	1		480		20	
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	45		21,109		891	
Community Residential Services	48		989,266	47,023	41,768	
Community Services	205		57,347	15,000	2,421	
Consumer Driven Services						
Crisis Intervention	1,316		360,299		0	
Emergency Services	765		178,465		7,535	
Facility Based Vocational Rehab	13		52,271		729	
Family Based Services	2		15,000		0	
Family Support Services	14		10,075		425	
Housing Support	368		803,410	31,578	29,979	
Other						
Outpatient	507		234,290		4,260	
Partial Hospitalization	1		480		20	
Peer Support	29		40,000		0	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	141		150,000		0	
Social Rehab Services	1		959		41	
Targeted Case Management	545		442,981		0	
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>5,349</b>	<b>4,283,398</b>	<b>4,283,398</b>	<b>93,601</b>	<b>127,223</b>	<b>0</b>

**APPENDIX - 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>
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**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			544,877		44,272	
Case Management	157		173,109	174,532	0	
Community Residential Services	11		236,675		0	
Community Based Services	132		334,506	17,156	35,728	
Other						
<b>TOTAL ID SERVICES</b>	<b>300</b>	<b>1,289,167</b>	<b>1,289,167</b>	<b>191,688</b>	<b>80,000</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	16		125,672			
Case Management	0		8,000			
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	<b>16</b>	<b>128,172</b>	<b>133,672</b>		<b>0</b>	<b>0</b>

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	110		126,350		6,650	
Promising Practice						
Alternatives to Truancy	110		234,000		26,000	
Housing	80		51,000		9,000	
<b>TOTAL C &amp; Y SERVICES</b>	<b>300</b>	<b>411,350</b>	<b>411,350</b>		<b>41,650</b>	<b>0</b>

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

<i>County:</i>	<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><i>DRUG AND ALCOHOL SERVICES</i></b>						
Inpatient non hospital	105		225,539			
Inpatient Hospital	1		6,000			
Partial Hospitalization	1		1,000			
Outpatient/IOP	150		43,743			
Medication Assisted Therapy	5		8,000			
Recovery Support Services	200		1,500			
Case/Care Management	150		22,257			
Other Intervention						
Prevention						
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>612</b>	<b>341,819</b>	<b>308,039</b>		<b>0</b>	<b>0</b>
<b><i>HUMAN SERVICES AND SUPPORTS</i></b>						
Adult Services	15		29,000			
Aging Services						
Generic Services	8		2,500			
Specialized Services	4,520		42,000			
Interagency Coordination	1		27,114			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>4,544</b>	<b>118,114</b>	<b>100,614</b>		<b>0</b>	<b>0</b>
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			<b>45,780</b>		<b>0</b>	
<b>GRAND TOTAL</b>	<b>11,121</b>	<b>6,572,020</b>	<b>6,572,020</b>	<b>285,289</b>	<b>248,873</b>	<b>0</b>