Schuylkill County Human Services Block Grant Plan FY 2014-2015

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INTRODUCTION:

Schuylkill County was awarded its status as a Block Grant county on July 1, 2013. We received our Block Grant allocation as of January 1, 2014; we had one half year with traditional categorical funding as a single allocation combining the seven (7) categorical areas. Essentially we have only been a functioning Block Grant county for six (6) months. While the funding mechanism was delayed, the planning and coordination undertaken by the Human Service Executive Team was very active. That team is comprised of: Lisa Fishburn, MH/ID/EI and Block Grant Fiscal Officer; Melissa Chewey, Drug and Alcohol Director; Sharon Love, Human Service Department Manager; Lisa Stevens , Children and Youth Director; Georgene Fedoriska, Office of Senior Services Director and Daniel McGrory, Administrator of MH/DD/D&A Programs and Team Leader. This group has met on a consistent basis throughout this FY. Additionally there has been ongoing consultation with the Schuylkill County Commissioners and County Administrator. These sessions have collectively reaped what we believe is significant progress in more clearly defining the dimensions and responsibilities contained within the Block Grant structure.

The promise of the Block Grant is that it can act as a vehicle for this county to design and implement a human service system that addresses specifically this county's self-identified needs. As such we see three (3) components. 1). Administrative and Fiscal Management; 2). Agency's Service Models and 3). Service Delivery. Each of these areas must be explored specifically and each are interdependent.

1). Administrative and Fiscal Management-The county Commissioners have expressed a strong intention to examine the individual and collective agency structures to determine the development of coordinations and efficiencies. The task is to identify what are the natures and designs of these new structures; what efficiencies can be developed across and among all human service agencies; what are the barriers and unintended consequences. These are ongoing discussions that will have notable impact.

2). Agency's Service Models/Systems-The Team has spent the majority of its time discussing in detail the critical aspects of this component. We have determined the following aspects need to be resolved:

A). what services do each of the agencies provide; which are specific, mandated services and which have applicability to other agencies; how do state regulations/licensing impact the agency's service provision

B). are there areas of service/populations the agencies share; how and to what level are the services funded; what are the contractual obligations/limitations agencies have with their providers and what impact do these have on accessing services

C). how do we create an operating budget that balances the historical funding demands with the newly identified, shared areas of need; how can we coordinate funding to do joint projects, target populations to increase efficiencies.

D). what are the service areas/populations deemed of critical need that are underfunded

3). Service Delivery

A). how do we streamline access to and approval of essential services across agencies; how do we create the No Wrong Door.

B). how do we determine the critical populations and services in this era of limited and diminishing resources.

C). how do we tailor the services across our agencies populations to assure effectiveness and efficiencies.

We are quickly though incompletely learning at this early age that there is significant transition in thinking, planning and implementing the flexibilities within the Block Grant. Collectively we must simultaneously honor our historical commitments, satisfy those mandates outside the Block Grant, ponder and design a human service system based on shared populations and service needs and escape the rigid and categorical approaches we have employed for so long.

There are two (2) essential characteristics that must constitute the approaches the Team takes to address the responsibilities above. One rests with the Team and the other two (2) with the communities in which we live.

1). Team Decision Making

Each Team member must recognize that they are an equal, active agent that both represents their agency and constituents and the transition, creation and implementation of the Block Grant. We need to strive for consensus on the prioritizing populations and service needs, the operating budget and the amount and mechanisms of funding. We must also be open to the discussions on our own administrative and fiscal management and how coordination and efficiencies may be achieved.

2). Community Awareness and Input

The Team must reach out to the broad community to educate them on the Block Grant and to be educated by them on their perspectives and perceptions of Schuylkill County's human service systems. This goes beyond the Block Grant Advisory Board to include advocacy and stakeholder groups, civic organizations, ministeriums and the

general public. We will only be as effective and responsive as we are aware; they will only be as willing and able to partner with us as they are aware.

This introduction constitutes our reflections, discussions, and consultations on our venture with the Block Grant model and will act as a blueprint and workplan moving forward.

COUNTY HUMAN SERVICES PLAN

PART I: COUNTY PLANNING PROCESS

The Schuylkill County Commissioners approved two (2) public meetings which were conducted on April 23, 2014 from 6:00PM to 8:00PM and May 13, 2014 from 9:30AM to 11:00AM (the announcement is in Appendix C). Both meetings had diverse interest groups in attendance and there were active discussions. The discussions spanned the nature of the Block Grant and programmatic and funding nature of the Block Grant and programmatic and funding dimensions of the services intended to address the needs identified in the 2013-2014 assessment.

In addition to the Public Meetings the Human Services Executive Team and this office engaged the broader community in several notable ways.

A. We conducted an online survey of the provider community asking that they respond to the categorical areas strengths and weaknesses as identified in the Human Service Narrative.
B. We engaged the Recovery Committee in a face to face 45 minute exchange using the same format as the survey.
C. We presented to representatives of community and civic groups and sought their perspectives, opinions and questions.
D. We had a detailed newspaper article published describing the nature, structure and implementation of the Block Grant.
E. We engaged the CASSP Committee that has wide representation that will be detailed under the Children's Section.
F. We formed the Advisory Board by choosing individuals with expertise in the five (5) areas of assessed needs. These individuals work in or represent agencies and/or entities that either provide direct services or have influence over services in the designated areas. We also selected family members, peers and system stakeholders to participate. The members are identified in Appendix D. We held our first meeting on June 2nd, 2014. We had wonderful participation, an active engaged discussion, very informed and insightful recommendations on using their expertise and influence to bring resources and decision makers together relative to the needs area. It was agreed that very specific projects with clear budgetary requirements to assure viability. We discussed some proposed models of projects focusing on housing and employment issues and how these needs vary from population to population served by the agencies. We also discussed what types and levels of resources could be/would be necessary

through our funding streams to bring leverage to a project. The Board Members expressed commitment to the efforts and an appreciation for their inclusion.

From these varied and informed sources came important and valuable insights, opinions and recommendations that will be incorporated into this plan.

Intended Use of County Funds/Block Grant

Schuylkill County received its first Block Grant allocation in mid-January 2014. In the first two quarters of the Fiscal Year 2013-2014 funding was received through the historical categorical allocations. The agencies funded their programs based on their contracts and service needs during those first six months. We tracked the agencies spending through those months to be able to create a Block Grant budget in January with the first allocation. Based on the spending patterns and the identified agency and community needs, the Block Grant Executive Team decided to retain the categorical allocations but to dedicate unused dollars in our categories toward joint projects. The projects were decided by the Team and addressed the five areas of assessed need.

We made no substantial programmatic or funding changes given the very brief Block Grant exercise in Schuylkill County. We were able to jointly fund several important projects but did so without shifting significant dollars between agencies or categories.

PART II: PUBLIC HEARING NOTICE

The two (2) public hearing meetings were held on April 23, 2014 from 6:00PM to 8:00PM and May 13, 2014 from 9:30 to 11:00AM. The evening meeting had a mix of service providers, family representatives and Advisory Board members from the human service agencies. I provided a handout of bullet points that gave a brief history of the intentions of the Block Grant as presented by the Corbett Administration and its legislative rollout. I introduced the Human Service Executive Planning Team; identified the five (5) assessed areas of need; and described the planning process and accomplishments to date. The questions and discussions that followed focused on the nature and types of joint projects, to address housing needs across the agencies; the formulation of a Block Grant operating budget and the differences with traditional allocations and potential for changes to existing services.

The second meeting was held on June 2, 2014 and had a diverse group of participants. While there were providers, we also had representatives from civic groups, manufacturers association, the business community and housing agencies. The format of my presentation was a copy of the first meeting but the discussions and questions

were on the mechanisms of the Block Grant itself; how would this work; how would team decisions be made; how were needs identified and prioritized and what were the expectations of the Commissioners. This moved into requests for details on the needs themselves. Who constitutes transition age youth and what are their needs; what type of employment is being pursued by each agency for its constituents; what type of housing projects were being considered –apartment buildings, single homes, etc; building or renovations and what type of funding would be available to move a project forward. It was a very positive and interesting discussion.

PART III: WAIVER

Schuylkill County is not requesting a waiver on the Block Grant allocation formula as identified by the state.

PART IV: HUMAN SERVICE NARRATIVE

A. Program Highlights

Consistent with our introduction the highlights we can point to fall into two (2) areas: 1). Process and 2). Projects. In this first six months the majority of our efforts have been focused on developing the relationships, decision-making structures and the knowledge base to allow those decisions to be grounded.

1). Process:

At the request of the Schuylkill County Commissioners the directors and managers of the human service agencies began informal meetings with our first application to become a Block Grant county. These meetings, chaired by the County Administrator, were to explore the outlines of the Block Grant. Not having been selected in the first round, this group then consulted with counties who were selected, after a six or eight month hiatus, to garner what changed had taken place within their oversight structures and financial organizations. We found encouraging variations; while each county had a vestige of a human service model, a discrete Block Grant account, and an executive team, who constituted the team and the hierarchical structures had notable differences.

With our approval as a Block Grant county the Commissioners formally designated the membership of the Human Services Executive Team (as described above). The Commissioners chose to appoint a team leader. We then convened meetings beginning in October following the announcement; we schedule meetings twice per month. The meetings focused on agency service

models and systems. Our workplan is detailed in the introduction. To that end we had each agency give extended descriptions of the service areas impacted by the Block Grant, including a budget showing their spending patterns. We then cross referenced the presentations across agencies to determine the services, populations, and systems where the agencies overlapped. We then explored what contractual obligations, regulatory restrictions and licensing requirements impacted accessing services across agencies; limitations of the funding mechanisms and the movement of dollars between historical categories. We found a number of hurdles and quite conflicting assessments from the state on what flexibilities we had and through which funding areas. An example is HSDF; in looking for a vehicle to fund a housing project we were stymied because our intent did not fit into the limiting categorical definitions. We will continue to examine our options.

We also invited a cross section of our provider networks to our meetings giving them the opportunity to describe their service array; their intake and authorization process; who they could accept as payers and their capacities to accommodate new populations.

We also developed a Block Grant budget detailing each of the areas of categorical funding by agency, the corresponding county match to calculate a total operational document. We developed a mechanism to track spending by line item to allow us to discover where and how flexibilities could be realized. This allowed us to shift dollars between line items to fund existing programs with new dollars freeing up Block Grant dollars for other project.

2). Projects:

We have three (3) notable projects that we will invest in this year and will be able to generate retained revenue to fund projects early in next fiscal year.

We are working with a private corporate arm of the Pottsville Housing Authority (Barefield Corporation) to develop four (4) apartments on Centre Street in Pottsville. We will do this as a joint project with the Office of Children and Youth. We will use Block Grant dollars to pay for renovations, creating three (3) one bedroom apartments and one two bedroom apartment to accommodate a C&Y family. Barefield has taken ownership of the property and are developing renovation plans.

The Human Service Executive Team approved unanimously a grant to the Servants to All Homeless Shelter that ran for three (3) months during the winter. In addition, each of the agencies provided trainings and/or consultations with the executive staff and volunteers. These trainings included interview and screening

techniques, referral processes to human services; suicide awareness and prevention, mental illness and drug/alcohol symptomology; verbal de-escalation and intervention techniques and service systems regulations.

The third project is our ability to transfer dollars to the Drug and Alcohol Program to further enhance community reentry from the county prison and to maintain both outpatient and inpatient treatment services through the end of this fiscal year.

MENTAL HEALTH SERVICES

Older Adults

B. Strengths and Unmet Needs

The strengths and unmet needs will fall into two (2) funding categories-strengths on the clinical and treatment side, where there are clearly identifiable and relatively predictable payers; and unmet needs which are primarily supportive,, rehabilitative/habilitative in nature, funded with state base dollars which are less predictable. It is their unpredictable aspect that retards long term planning and development. Counties have been very creative with these funds and acutely sensitive to the importance-the necessity-of the supportive services they fund. The overview is as follows:

- **Strengths**

The Office of Mental Health, Developmental Services and Drug and Alcohol Program (MH, DS, D&A) and the Office of Senior Services (OSS) have a very detailed Memorandum of Understanding that delineates the range and types of services comprising each system, describes and commits each agency to cross referrals and intake; access to services; coordination and cooperation of the case management services; collaborative outreach and conflict resolution. Couples with this are the joint efforts to provide outpatient treatment services through mobile therapy to the homebound seniors; two (2) of our six (6) outpatient providers are credentialed to provide this service. OSS addresses this need through their outcome and performance measures which the number of consumers and the severity of their mental health issues. OSS also has a professional services contract with a credentialed counselor who works in collaboration with OSS case management.

Seniors are a particularly important focus of the Suicide Prevention Task Force. The Task Force is a cross-systems entity with strong community and ministerial participation. Educational outreach programming is provided at the senior resource

center in 5 locations across the county. Additional educational programs are offered addressing mental health and drug and alcohol issues.

Housing services are a mixed bag with this population. The strengths are very robust housing options through Pottsville and Schuylkill County Housing Authority's both in high rises and vouchered units. Schuylkill County has benefited from several tax credit enhance unit developments throughout the county. This population is also a target group for Schuylkill Community Action, our government based housing entity. There remains, however, a very difficult population to place in suitable housing. The demographics and reasons vary. These folks often experience homelessness. OSS and this office work together to rent motel rooms until housing can be found.

Compared to most counties our present transportation system is successful in serving a large number of the elderly who have access to the established public transportation routes and demand response system.

Schuylkill County has through the OSS, the Senior Employment Program which has been successful in integrating seniors into non-profit and public agencies. They are paid minimum wage and the salary is subsidized. We currently only have seven (7) slots.

- **Unmet Needs**

Clinically critical unmet needs exist for Medicare only or dual eligible (Medicare/Medicaid) for behavioral health services. The credentialing levels are extreme (LCSW) and deeply so for a rural county and the reimbursements are very low (generally 55% of costs). This is a federal issues primarily with the state and counties held hostage to the regulations. The regulations governing the provision of behavioral health services negatively impacts both community based services and those in nursing homes.

Available emergency housing options include a homeless shelter. Utilization of motels is costly. We are exploring working with a wider group of entities to pool our resources to provide temporary housing units and shelters.

Areas of unmet needs identified in our outreach at the Recovery Committee include: the absence of a Drop-In Center available on evenings and weekends; and the limited reach of community bases in home services. While in home therapeutic services are available, they do not and cannot meet the needs of a large rural county with a significant aged and aging population. Other suggestions were for informational pamphlets and advertisements geared to this population dealing with the symptoms of mental illness and substance use and the availability and accessing of these services. Transportation is also an unmet need. While STS works well for those on fixed routes, public buses/vans to and from the outlying, more rural areas are not available on any

regular basis; in some cases, not at all. There is no public transformation after 4:30PM. MATP has significant service gaps.

- **Adults**
  Strengths

The service system for adults, much like that for older adults, has as its backbone a strong case management system with cross systems coordinations and collaborations. The intake and referral screens for and makes referrals to full range of human service needs but is not sophisticated nor formally linked to be thought of as a No Wrong Door System. This latter is a goal of the Human Service Executive Team. We have Administrative and Blended Case Managers (BCM) that provide services to well over 1200 individuals, acting as both a conduit to and support of other services.

There is a forensics case manager whose responsibilities entail jail diversion and re-entry. This individual works closely with the prison, Adult Probation, the housing authorities and all other human service agencies the individuals are engaged with to facilitate either the diversion or re-entry.

Our service system used Block Grant dollars to fund six (6) essential treatment services: 1). Crisis, 2). Emergency, 3). Outpatient, 4). Crisis Residential, 5). Family Based and 6). Partial Hospitalization Program. Base dollars are used to fund these services in the absence of a public or private insurance payer. It is important to note that the use of base dollars to pay for clinical services, while essential, constitutes a very small proportion of the total funds. This is why the supposition that Healthy PA or the ACA will support a significant decrease in state base dollars is misguided. There is a significant disconnect between this assumption and what base dollars actually pay for. This will become clearer as we discuss support services.

Schuylkill County has served approximately 6000 individuals in our outpatient services, about 8% of which receive base funding. All individuals receiving emergency services are paid for with base dollars and approximately half of the citizens receiving mobile services; the numbers are respectively approximately 600 in emergency and more than 1100 in crisis services.

We fund twenty (20) individuals for a total of 232 bed days at Crisis Residentialing/Safe Haven Program with base dollars.

We have had no requests for PHP services in this fiscal year.

An area of strength is our support services. This is an area of particular importance because in truth only about 25% of interventions are clinical; the 75% are supportive. Supportive Services are what maintain individuals in the community. They

are by nature and design integrative and inclusive; they open the wider community to the individual, offering meaningful opportunities for involvement and natural supports. Supportive services are funded almost exclusively with base dollars. The 10% cut to these funds had significant impact then and has continued its negative ripple since. The dire predictions were accurate.

Schuylkill County has three (3) types of support services: 1). Residential Programs; 2). Supportive Living Services; 3). Employment

Residential services comprise three (3) types: 1). Community Residential Residences (CRR) 2). Public/Private Housing through the housing authorities and 3). Personal Care Homes. The CRR program serves, on average, forty (40) individuals per year. It is designed as transitional housing focusing on individuals reentering the community from local or state hospitalizations or prison. Entry into the CRR is anchored in the BCM service who assure the connections with the CRR staff, outpatient services and certified peer specialists, as appropriate.

A critical element of the ability to transition individuals out of the CRR and into public/private subsidized housing was the close working relationships with both the Pottsville and Schuylkill Housing Authorities. These are a natural outlet for our populations. We have been given access to public housing and vouchers and have also combined resources, notable reinvestment dollars, to develop private apartment units with Barefield Development and NHS. These have given us some very valuable flexibilities but have not had a smooth or ongoing benefit.

A third important aspect of residential services are the Supportive Living Programs. Once individuals move into their own apartments/houses it is essential to provide the community based supports to maintain their living arrangement. Study after study has confirmed that personal living space is a critical component of community integration. We provide these services to more than 350 individuals and have confirmed increased participation with clinical services, decreased community and state hospitalizations and decreased incarceration. We have also seen a much quicker re-entry to the community when hospitalizations occur.

The Personal Care Home Model is an important component of our housing spectrum. We have an aged and aging population who need this level of care. We have also used an enhanced model in CHIPP's projects to move folks out of the state hospital.

The fourth support service is employment. We have contracts with both Goodwill and AHEDD to provide A). work assessment and readiness, B). benefit counseling to assure individuals that they can work and retain benefits and C). inclusion in Ticket to Work. We also have two (2) providers-REDCo and Avenues-that present employment

opportunities. ReDCo has a vocational program that negotiates private contracts or customers and hires people in services to perform the work; Avenues is a sheltered workshop experience. We have also addressed the employment issue through the development of the Clubhouse which has work duties contained within the daily functioning/operations and a transitional employment component with private employers.

- **Unmet Needs:**

The areas of unmet needs identified by the public hearings and outreach to the Recovery Committee are as follows: A). Housing hit the perfect storm. The Corbett Administration 10% cut coincided with the federal sequestration which dried up significant dollars from public housing and vouchers. The mobility we had developed from CRR to community ground to a halt. The state cut forced us to abandon additional investment in public/private development partnerships. We have continued to experience this lack of mobility through the subsequent budget years. As a result there is no movement out of the community psychiatric hospitals which has resulted in increased placements and referrals so state hospitals; Schuylkill County has been over its bed cap through this fiscal year because we have so few housing options. The same is true for those ready for reentry from prison. The Recovery Community stressed the rippling impacts with the absence of housing options and the limited availability of supportive living services. There were a range of recommendations for expanded supportive services to include, a drop-in center; a warmline; expanded certified peer services to non-Medicaid individuals; a consumer website and enhanced employment opportunities. Each of these has at its foundation the availability of base dollars. With the 10% cute we closed the drop-in center and the warmline. We can not restore them. It also became necessary to limit the units of CPS paid for with base dollars. There is a floor we begin with and encourage the provider to apply for additional units as necessary; there is a cap. We will explore the development of a consumer website as a project within the Clubhouse in cooperation with the Recovery Committee. The discussion above on the significant gaps in MATP impacts the adult population with the same, and somewhat greater, difficulties as the older adults. The adults seek to access a wider range of services and at various times throughout the day/week. MATP services gaps limits or eliminates these options by its inability to reach sections of the county more than once or twice per week; if at all.

There are several recommendations for expanded clinical services. These are 1). An assertive community treatment team; 2). An expansion of Safehaven/Crisis Residential Program; 3). Credentialed clinicians to provide services for eating disorders; and 4). Co-occurring services. Each of these would entail the use of base dollars for non-MA individuals and, in the case of ACT cost reconciliation; under current conditions the first two are prohibitive. We have engaged individual practitioners credentialed with

CCBH and licensed MH outpatient providers to explore the possibilities of dual licensing to address the co-occurring population. There is significant need for coordinated care with this population and it is a chasm as an unmet need. Many individuals cannot successfully straddle two (2) treatment regiments and providers. Because of the considerable barriers with confidentiality truly collaborative treatment is generally unattainable.

There are only two (2) credentialed therapists treating eating disorders in Schuylkill County; we have been unsuccessful in recruiting others.

Transition-Age Youth (Ages 18-26)

Schuylkill County generally considers this group to include the ages of as early as 14 years to 21 years of age. The early age is driven by the fact that a portion of children entering institutions (inpatient psychiatric facilities and RTF's) do not return home to their natural or extended families. Focusing on the ages listed above changes how our system addresses this populations needs. We would consider an individual 21 years or older to be integrated into the adult service system. The grouping of the ages has resulted in barriers to maintaining individuals in both clinical and supportive services because the range and types of needs are so different. We continue to try to develop a service array that is more attuned to this age group needs.

Strengths:

This is a population that has presented unique challenges. We have fashioned as best we can a continuum across school and agency service systems to develop a safety net and to pursue smooth transitions. The anchors of this process are the CASSP system and Blended Case Management (BCM).

The transition-age youth are generally well known to the human service systems, having had involvement with Mental Health, Drug and Alcohol, Children & Youth and perhaps JPO. Their demographics are unnervingly similar with multiple hospitalizations, TFC, RTF's and other out of home experiences. We have worked through the school representatives in the CASSP system to target these folks while still in school with tutoring supports, mentors and work experiences. A successful program has been the Career Link In School Youth Program, which provides work readiness trainings, internships, and access to private employers. In addition, we are consulting with AHEDD on a service newly targeting this population; services include benefits counseling, community based work assessments, supported employment and paid employment. AHEDD will also sponsor four (4) work incentive seminars in the community. Also through CASSP we have incorporated the BCM services to act as conduits to clinical and supportive services; to establish and maintain a positive and helpful relationship. As these individuals transition into the adult system we strive to

use those services and relationships as a smooth and seamless handoff. We have worked with our outpatient providers to make weekend appointments available and have coordinated with our Crisis System Call Center as needs present themselves. We have also greatly expanded our outpatient services in the schools and have done consultations with the local colleges/universities on early identification and interventions.

Unmet Needs:

The unmet needs are a consensus of the Human Service Executive Team, the Recovery Committee and the CASSP Team. The Recovery Committee did add a few not identified by others, most notably, fun safety education and gun control. This latter was an exclusionary factor in purchasing firearms.

The consensus areas: 1). Housing and employment, and 2). Age specific clinical and supportive services.

Housing is a multi-faceted recommendation that includes a transitional, CRR-like facility that can offer on-site treatment, supports and habilitation training for independent living skill development. Schuylkill County had such a housing option but it had difficulties maintaining financial viability due, the provider said, to licensing regulations. We have not been successful in recruiting another provider to date but will renew our efforts through the Human Service Executive Team. We recognize this as a significant service gap that has cross-systems and too generational negative impacts. Housing also entails access to public housing with supportive services involved. Many of these individuals are living on disability payments which significantly limit their housing options. Their ability to secure personal housing in the short and long run is contingent upon their ability to obtain and maintain employment. We need to very early establish a work ethic, hence the school programs. If not developed early we need to engage them in work readiness programs. To that end we invited a representative from OVR and the Manufacturers and Employers Council, Inc. to sit on the Block Grant Community Advisory Board. This latter entity gives us access to both the YES and in school and post school jobs readiness and training program and employment opportunities in the public/private marketplace.

Age Specific Clinical/Supportive Services

The feedback we have received from inpatient and outpatient providers and from the age group is that traditional services, especially age integrated groups, do not address their needs. We are working with the providers, CASSP system, schools and the age group to explore other service options to include Drop-In Center Mobile Psychiatric Rehabilitation and support groups. These have been difficult to arrange; the difficulties have financial reasons, logistical/transportation issues and frankly commitment to the process.

Children's Services:

Strengths:

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.

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. That number has climbed over the past year because of the restrictions by the Travel Bulletin and the limitations in coordinating services with the BCM.

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, 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 252 assessments, 232 screenings, participated in 281 core team consultations and 1820 parent/teacher consultations through the third (3rd) quarter of this school year.

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.

Needs:

The CASSP Committee and the stakeholders identified two (2) areas of need: 1). A short term family focused RTF program and 2). Increased availability of trauma specialized services.

The first area has been part of the BHARP consultations with CCBH on service system expansion over this past year. It has been recognized by the BHARP Governing Board as a priority. It is contingent upon the availability of reinvestment dollars (RI) to cover startup costs; we have agreed to move forward with this project once RI dollars are confirmed.

The second area depends on individual practitioners and other stakeholders in the children's system (teachers, school social workers) pursuing credentialing. This office was able to sponsor a 10 week training through Drexel that attracted a wide range of professionals; it was well received. We need additional outlets for this training and need to support clinicians in receiving the full credentialing.

Individuals transitioning out of state hospital:

Strengths:

We have a dedicated case manager who works in close collaboration with the Deputy MH/DS Administrator to maintain connections with the state hospital staff in effecting the reentry of individuals back into the community. My Deputy conducts all the CSP meetings for our individuals. This gives us a strong foundation to work from in reintegrating individuals consistent with their wants and needs.

We have developed a flexible and responsive infrastructure of supportive services using CHIPP and base dollars. The service spectrum includes the housing options I have described in other sections, supportive living services, Certified Peer Specialists and Clubhouse; these latter two (2) will be expanded on in Section C.

Clinically we are able to reintegrate individuals known to the system with their therapist and doctor. This is part of the case managers responsibilities and is supported by the CSP. For individuals coming into the system for the first time, we will schedule intake appointments with case management and outpatient providers to coincide with a trial visit so the individual is linked prior to discharge.

Unmet Needs:

The unmet needs are detailed in the Older Adult and Adult sections above. The basic fact is that demand far outstrips the availability. I have described the backlog caused by the lack of appropriate housing and the limits based on funding on new individuals entering supportive living.

The recent Bulletin on eliminating travel as a reimbursable service for case managers has had a significant impact on engagement and maintaining individuals in services once in the community. Our large, rural county with limited MATP transportation was historically supplemented with transportation provided by a case manager. That largely can no longer occur if the provider is to remain fiscally viable. This has created a significant service gap and has undermined the fundamental nature and purpose of case management.

Co-occurring Mental Health/Substance Abuse:

Strengths:

If there are strengths, they are that we have a large outpatient service system in both the MH and D&A arenas. Because of the prevalence of drug and alcohol in our communities and the comorbidity with mental health issues, each agency has staff who have some expertise in dealing with the co-occurring needs. It is not, however, treatment addressing the collective diseases in a comprehensive manner. Each arena must, by license and regulation, focus on their particular silo. While some psychosocial education and referral can take place, the therapist and clinic must stay within well-defined boundaries.

We do have several inpatient facilities that are willing and able to deal with the co-occurring population but there are very few. Many facilities who market as co-occurring will not accept the SMI population.

Unmet Needs:

The most salient unmet need is the absence of a dual licensed community based outpatient provider who could deliver comprehensive, coherent co-occurring services. This would eliminate the need for individuals to straddle two (2) service systems to have their needs met. Many, many of these individuals leave one or the other or both service systems too soon and then relapse to both diseases. Many faced with the choice of two (2) systems don't enter either. The outcomes are increased hospitalizations, legal troubles and/or incarcerations.

There is also a lack of natural supports and support groups in this county, especially for the SMI population. There are a very limited number of AA/NA groups and no Alanon groups. Many need to travel to contiguous counties to attend which is compounded by the lack of transportation.

Justice-Involved Individuals

Strengths:

We have a dedicated forensics case manager who works closely with the prison, Adult Probation and the legal system. His responsibilities include making contact with the individual once incarcerated and a serious mental health issue is identified; arranging for counseling with an LCSW as needed while in prison; working with prison staff to monitor the individuals stability; and refer to any other services available and appropriate. As point of release nears, he begins the application for Medicaid if eligible and sets intake dates with case management and outpatient providers.

We have an active CJAB and a very active Interagency Forensic Task Force, a sub-committee of CJAB. This 40 member group meets monthly with representatives from MH, D&A, Crisis/Emergency, Court System, DA and PD Offices, APO, CPS, Advocates and community members. The primary goal of this task force is to keep strong lines of communication and problem-solving at the intersections of behavioral health and the criminal justices systems. It has been very effective.

Unmet Needs:

Three (3) areas stand out for this population 1). Housing, 2). Reactivating Medicaid and 3). Employment. Individuals leaving prison must be released to a "safe address" which often means they cannot return to the place they were in prior to incarceration. The housing difficulties overall are compounded for these individuals because many landlords don't want to rent to them. In other cases their offenses limit or bar their access to public housing. We have tried several avenues. First, through the Housing Department at Service Access and Management we have recruited several landlords with multiple properties. We work with the landlord to build in safeguards and assurances that the system will be available to them to resolve issues that arise. We

use contingency funds to pay first month's rent and security deposits; we will also purchase furnishings and kitchenware as needed. We then wrap supportive services around the project, either through BCM, CPS or the Supportive Living Program; or a combination of all three.

Secondly, because of our close working relationship with the Housing Authorities we have gained access to their Appeals Process. While this is generally available our advantage is that we have a familiar and proven system in place for quick and deliberate response. If the offense falls outside the categories of barring access we have had reasonable success through this means.

2). Reactivating Medicaid-Unlike the D&A population, the MH population does not have an Expedited Plus Plus process. The time lapse between release and an activated payer poses at times great difficulties in securing clinical services, especially medications. While base funds can, and are, used during this transition period they are limited and under great strain. Individuals do not have access to MATP and if they do not live on/near a fixed bus route it makes accessing services very difficult. The travel bulletin for case management has exacerbated this problem.

3). Employment/Constructive Daily Activities-We work with the individuals prior to release, as possible, in linking them with former employers or Career Link. We are acutely aware that the first 60 to 90 days are a critical period for a successful reintegration. Once in the community we direct them, through clinician, CPS or case management, to Clubhouse, volunteer work, Vocational Rehabilitation crew or to one of our employment readiness providers. With unemployment in Schuylkill County still higher that the state and national average this is a service gap.

Veterans

Strengths:

A survey of our service system shows that the services most active with our veterans are crisis/emergency and supportive services, specifically housing and Supportive Living. We have very few veterans in outpatient services. We have a close working relationship with both Lebanon and Wilkes Barre VA's and transition individuals to these facilities for therapy and medication management, as the veterans system dictates.

Crisis/Emergency is available to any individual at any time. We provide crisis counseling by phone, mobile face to face and as necessary, hospitalization. We will contact the VA system first to determine the availability of an inpatient psychiatric bed. If none are available we will search community hospitals that we have used before with a track record of serving veterans.

Service Access and Management Housing Department works in partnership with Opportunity House to provide housing assistance to veterans and their families. The Supportive Services for Veteran's Families (SSVF) grant provides the funding. An eligible participant must be a veteran or family member where the head of the household is a veteran. SAM provides these services through our Housing Specialist, who is the direct link to Opportunity House and the SSVF grant. This assistance may include intensive case management; rental assistance in the form of security deposits; first month's rent or arrears; moving expenses; basic household necessities; child care expenses, and assistance with utility payments.

Unmet Needs:

The needs determined in the assessment are endemic to every population; housing, transportation and employment are the major areas. The need far outstrips the availability of resources but we continue to address needs as best we can.

An area of difficulty for this population is the inpatient system. The VA system does not provide for long term care on an inpatient basis. Veterans in community hospitals are then referred to state psychiatric facilities which often bill them directly for the cost of their stay. We have been successful in some cases of waiving the cost but it requires a financial means determination and the outcome is uncertain.

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

Self-disclosing a sexual identity or orientation is an extremely personal decision and one that is treated with the utmost confidentiality. Its nature and impact on the therapeutic milieu and relationship between individual and therapist must be carefully explored. It is for the individual to reveal who they are and what place, if any, their sexuality plays in their seeking therapy. There is a considerable responsibility on the part of the therapist, psychiatrist and nurse to control their impulse to assume conflicts where not exist that there is a homogeneity across and among these individuals or to question "why". The need for basic respect, positive regard and openness is paramount. There is a depth and complexity to the dynamics involved that requires considerable patience and sensitivities. Our strengths are that we have clinicians in each of the outpatient communities who are willing and able to open themselves to the challenge. They have demonstrated their willingness to become trained in the impacts of trauma through a life cycle and its presence in the here and now and have begun asking the right questions of themselves in seeking skill development.

Unmet Needs:

The unmet needs are, at this time, there are far more questions and demands than there are answers and resources. We are aware of the daunting research

evidence with this wide population; the increased exposure to HIV and AIDS; the increased susceptibility to substance abuse and suicide. The stigma and victimization to violence across all age groups and racial/ethnic background is prevalent. There are inequalities in health care because of limitations to insurance coverage and treatment options.

We are at the advent of an entirely new challenge in public behavioral health. As stigma breaks down or as these individuals assert their needs we will be challenged to develop and demonstrate the expertise to meet those needs. We have much work to do.

Racial/Ethnic/Linguistic Minorities:

Strengths:

Schuylkill County demographics show that less than 5% of our total population has minority status. This 5% is divided across all racial/ethnic/linguistic lines: blacks, Asians, and Spanish-speaking. We do not have a significant demand for services to the minority communities from a solely clinical perspective. We again see the request for services coming through Crisis/Emergency and supportive services.

In the clinical arena we require SAM and the provider community to demonstrate cultural sensitive and awareness. We also require that they have access to interpreters to address linguistic needs; this is almost exclusively with Spanish-speaking individuals. A variety of techniques are employed. Often family members or friends will act as the interpreter; there are technological devises used through telephone interpreter service. These same techniques are used by the Crisis/Emergency workers and to assess for and provide supportive services. We have reached out on occasion to agencies in Berks County that have Spanish-speaking professionals to sit in on sessions or to do interviews. These interventions, while incomplete, have been useful in addressing the needs.

Unmet Needs:

The most salient need is for more fully developed, home based alternatives to addressing our linguistic needs. As the Spanish-speaking population continues to grow the interventions currently available will be inadequate. We have explored options but have not developed yet the level of need to formalize them as a discreet service. We have approached Berks agencies with the possibility of contracting but have found that contracting for specific episodes is sufficient. We have approached local universities and those in contiguous counties to have available students with language skills. This has had limited impacts; it is often uncomfortable for the individual in service and students are not fully attuned to dialects. We will keep working.

C). Recovery-Oriented System Transformations

Schuylkill County has a very vibrant existing recovery-oriented system. We are 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 embracer recovery and resilience in full partnership with all stakeholders within the system. I will describe the existing system and our intended expansions.

I). Certified Peer Specialists:

Schuylkill County experienced an unusual and dramatic shock to our system when Recovery Edge, our largest consumer owned and operated CPS provider suddenly ceased providing services. This left fifteen (15) peer specialists and more than fifty (50) peers without a corporate provider. In a testimony to the dedication and importance the provider community invests in CPS services, two (2) existing providers ReDCo and NHS-and a third provider we invited in-CSG-agreed to participate in a hastily arranged collective job fair. We brought together the CPS from Recovery Edge and the representatives from the agencies to conduct interviews, complete employment applications and to learn about each agency's system. This proved highly effective. Within three weeks, the CPS who wanted employment were employed.

Transitioning the peers is a slower process. While we agreed that any peer so wishing could stay with the CPS they had worked with, we also offered them the opportunity to choose a new provider. Outreach was conducted using any means we had-case managers, the CPS and/or the therapists-discussed the options with individuals and the transitions began, but proved slow. Recovery Edge because it was a consumer owned and operated entity was experienced and appreciated in a way a provider agency is not. The sense of family that developed among staff and peers was dealt with as a loss that needs to be navigated. To date the majority of peers have transitioned but a number remain uncommitted. For some who did transition the change was uncomfortable. We are focused on continuing outreach and problem-solving. To that end:

1). Time Line-We will continue to monitor the outreach and transition on a quarterly basis to assure that each person-CPS or peer-impacted has had an opportunity to explore their options.

2). Plan for Tracking Implementation-when we are assured that each person has had the opportunity and has clearly expressed their decision we will consider implementation complete. We will also make it clear that they can change their decision as it fits their needs.

II). Schuylkill County Recovery Committee

The Recovery Committee has been active since 2006. This office partnered with the provider community and stakeholders to form an advisory and action committee that embraced recovery and resilience and worked to assure its inclusion in every facet of the service system. The planning and building a structure took several months and within one year it was clear the committee had been embraced by the providers and stakeholders. Meetings are now held monthly and we draw an average of 45 participants.

The committee formed two (2) sub-committees: 1). Education and Legislative and 2). Outreach. These two (2) do both joint and individual projects. We will plan an on-going series of events. These are:

1). The Recovery and Positive Transformation presentation featuring former Penn State Defensive Back, Adam Talia Ferro on August 13, 2014

2). Outreach to the two (2) candidates and their camps running for governor to present at a monthly meeting

3). Arranging for speakers at each monthly meeting

4). Work with the sub-committees and Clubhouse staff to create a consumer website

1). Time Line-the timeline is the fiscal year since these are ongoing. The August presentation is set. Invitations to the candidates camps will begin in July looking to arrange for speakers in September and October. The scheduling of speakers is a joint project among the sub-committees and the Clubhouse participants. Each meeting suggestions are offered on pertinent speakers and topics; they are voted on and moved forward. The consumer website will be recommended at the July meeting of the Recovery Committee and an AdHoc group of Clubhouse participants will be formed to explore its possibility and viability.

2). Plan for Implementation-the tracking of the implementation can be measured in accomplishing the tasks as set forth. We have every confidence that these will be achieved.

III). PA Systems of Care-we have submitted the Letters of Commitment and Agreement in applying for a PA Systems of Care grant. The proposal is designed to target youth ages 8 to 18 years with a serious mental illness who are involved in child welfare and/or juvenile justice, especially those at risk of out of home placement. We propose to use our CASSP Interagency Team as the basis for the county leadership team. To assure equal representation we will recruit 6 to 8 youth and family members.

Our plan is to target youth and families who are early in involvement with the community based service system. Using CASSP principles and a model similar to Family Group Decision Making, we would have youth and families present issues and concerns that need to be addressed. A logic model format will be employed. Models of intervention will be explained; alternatives offered by the youth and families will be included. They will then determine what types and level of service best meet their needs. We will work closely with the state in pursuing and implementing technical assistance to design this project.

1). Time Line-the time line is entirely depended on being awarded the grant. Preliminary discussions with the CASSP Team have occurred and there is full agreement on moving forward.

2). Plan for Implementation-Evaluation of effectiveness will be two-fold: We will conduct satisfaction surveys with youth and families to measure whether both the process and interventions met their expectations. We will also conduct outcome studies to determine if interventions resulted in keeping families intact and prevented more intensive out of home placements.

The funding mechanisms are state base dollars, federal block grant funds, and Medicaid/Medicare. The largest payer 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. The base dollars are the backbone of the Block Grant; it will only be as effective as there are resources to support it.

INTELLECTUAL DISABILITY SERVICES

Approximately, 650 people were served by the Intellectual Disability Program in Schuylkill County. The individuals representative of this number, range 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 or Block Grant Dollars. Others are not currently receiving service and only monitored for future support needs. Locally, Schuylkill County is the home of a variety of services and provider agencies. For many 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. The challenge has been related to serving people with Dual Diagnosis (ID and MH) who exhibit extreme behaviors.

In order to streamline the intake and registration process, all individuals in need of ID Services or information, begin at the Administrative Entity. The Quality Manager provides coordination of this support by educating the person/family, determining ID eligibility and assisting those in need of redirection to another system. Once eligibility is determined, people are referred to a local Support Coordination Organization (SCO). The SCO then works to determine needs, evaluate PUNS Status, create an Individual Support Plan (ISP) and offer the option to apply for waiver. Together, the AE and SCO work to evaluate (and prevent) potential emergencies and make recommendations for waiver enrollment. Requests for Base/Block Grant Funding also result from this collaboration. In the end, all information is presented to the County MH/DS Administrator for final approval and determination.

The chart below, displays the estimated numbers of individuals for whom base or block grant funds have and will be expended.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	7	10
Sheltered Workshop	6	6
Adult Training Facility	6	6
Base Funded Supports Coordination	126	130
Residential (6400)	3	3
Life sharing (6500)	1	1
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	95	95

Supported Employment: Employment Supports, has been a focus in Schuylkill County for many years. There are several well-established agencies that provide job support to individuals in all funding streams. All of these agencies are also providers in the OVR Network. Whenever possible, local teams work to coordinate the funding from one system to the other (OVR to the ID System). These providers are well-known by the business community, including the local Chamber of Commerce, which make community assessments and shadowing very possible. These provider agencies are skilled at job carving and job creation. They are also skilled at benefits counseling, which can at times be a barrier, to a person choosing employment. Beginning at the age of transition (14) and through age 26, the Supports Coordination Entity Staff are required to discuss the option of employment with every person and their family. This practice is in line with ODP policy and with the belief that every person holds the ability to contribute to their community through employment. Despite this practice, there are currently 41 people either working or actively searching for employment. The goal for the next year is to increase the cooperation and coordination with OVR. The hope is to expand opportunities through education and training for individuals, families and other provider staff. It should also be noted that Schuylkill County is not an Employment Pilot County. Administrative Entity Staff do, however, work closely with the Local Transition Council and a Local Provider Quality Group.

Base Funded Supports Coordination: There are approximately 100 people receiving Base Funded Supports Coordination. All of these people are of various ages. They either reside in MA/Waiver ineligible settings, or else their personal circumstances causes them to be ineligible. Many of these people are financially ineligible, some reside in PLF's, ICF's, State Hospital, State Centers and Correctional Facilities. All receive Supports Coordination at the degree necessary to support their health and safety. At a minimum, people receive Supports Coordination once or twice per year. Others that experience a crisis or become in need of emergency placement, tend to require more intensive and frequent support. Despite their funding, Supports Coordination is provided in the manner necessary. The County MH/DS Program provides funding to support is service through the Human Service Block Grant. It will be essential for this practice to continue throughout the next plan year.

Life sharing Options: There are currently about 45 people residing in Lifesharing settings within Schuylkill County. This service option is one that is discussed at every ISP meeting for the purpose of providing early knowledge of the program. Despite funding stream and despite current services, the AE wants all persons and their families to be aware of this valuable service. As residential service needs arise in their future, the hope is that they will select Lifesharing over larger congregate living arrangements. Schuylkill County through the AE Quality Management Initiative, held a Lifesharing Event in the Spring of 2014. Stakeholders including, consumers (current and potential), families, host families and providers came together for a "Pot Luck" Dinner and information session for the purpose of learning about Lifesharing. The gathering was small but there are plans to expand on this for next year. There are now five agencies currently offering this service in Schuylkill County.

Cross Systems Communications and Training:
It is imperative for the Intellectual Disability Program to work cooperatively with other systems. Many individuals and families served by the program are also involved with Mental Health, Children and Youth Services, Juvenile or Adult Probation, Aging Services, and the Educational System. ID System Staff maintain contact with these other systems, especially when supporting people with the most challenging issues. During the past year, Administrative Entity Staff began attending CASSP Team meetings on a regular basis. This ensures coordination of effort for children in RTF placements as well as early identification of needs. Staff also participates in a local Human Service Training Session every six months in order to help educate staff of various agencies. This training serves as a reminder of the referral process and the importance of early referral and early planning. This has made an impact over the past few years, meaning most youth requiring support from the ID system are become involved early. This has been a crucial change since it has allowed valuable service planning to occur.

Schuylkill County also has the ability to access the Dual Diagnosis Treatment Team (DDTT). As individual teams struggle to support those in crisis, the DDTT has played a very important role. The resources provided by this Treatment Team assist providers to get through difficult times and better support the person in the future. When successful, the end result is the person remains in a community placement and does not require hospitalization or state center placement. The DDTT has also been a valuable resource in supporting transitions from the hospital to the community as well as from one provider agency to another. This service is expected to continue through the coming year and will be utilized to the fullest extent possible.

The HCQU continues to play a large role in supporting individuals and Teams. They provide necessary support, information and education to those involved. The local provider community especially relies on the HCQU for staff training. As severe health issues or rising concerns occur in a provider setting, the HCQU is one of the first phone calls made. They have assisted numerous staff and families throughout the years. Supports Coordination and AE Staff also rely on their expertise as they prepare the ISP and authorize services/supports.

Emergency Supports:
Schuylkill County AE has an active risk management process, connected both to incident management, PUNS and general review of records. This process is also dependent upon effective communication with the SCO in order to prevent potential emergency situations. With the initiation of the Adult Protective Services Act, additional emergencies were expected, but did not occur. As the process becomes more formalized in the next fiscal year, this number could grow. In recent years, Schuylkill County has been conservative with allocation of Base Funding. This practice will continue in the next year in order to be prepared for emergency needs that may occur. These funds and the forecast of potential needs will be evaluated throughout the year to maximize the use of Base/Block Grant

Funding. The ultimate goal of the program will be prevention of emergency situations. When that is not possible, every effort will be made to protect the immediate health and safety of the individual.

The Schuylkill Administrative Entity maintains availability after normal business hours. The Director of AE Support Services and Waiver Manager are available as necessary. Contacts are usually through County Crisis, provider agencies or the SCO. The Office of Developmental Programs also has this contact information. On the rare occasion, that an after hour emergency occurs, the AE Staff have the ability to consult with ODP. The steps necessary to protect the person's health and safety are taken. A more formalized assessment then occurs in the proceeding days.

Administrative Funding: This funding ensures the proper completion of the requirements set forth in the ODP Administrative Entity Operating Agreement. In order to fully participate and benefit from waiver funding, the AE must comply with all requirements of this agreement. In Schuylkill County, the MH/DS Program remains in control of all waiver decisions, authorization and plan authority but 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 has been approved by ODP for several years. It is successful because the Schuylkill AE is kept apprised of all necessary information. All funding used to support Waiver Administration has been included in 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 will be very difficult for Schuylkill County MH/DS to maintain local waiver compliance and continuously examine system quality.

HOMELESS ASSISTANCE PROGRAM

The various Schuylkill County Human Services agencies work closely to bring services to homeless and near homeless individuals within the County. The County Homeless Assistance Program, Human Services Development Fund, Drug and Alcohol Agency and Mental Health Agency work together with Schuylkill Community Action and the Pottsville Housing Authority to provide Bridge Housing and Case Management services to the residents of Schuylkill County. 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 conviction from a violent crime.

Potential clients are referred to Bridge Housing by a variety of human services agencies. After an intake and comprehensive client assessment, a profile of the prospective client will be developed and sent to the Screening Committee, whose members will meet with the prospective client to discuss the program and the client's commitment to attain self-sufficiency. The Screening Committee is comprised of representatives from various County human services agencies. Program participants will sign a lease with 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 in 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.

In Fiscal Year 2013-2014, with the flexibility the Block Grant afforded, a program previously funded through the Human Services Development Fund, Project Care was merged with the Bridge Housing program. This component of the program allows for the continued case management of clients who have successfully completed the Bridge Housing program for a year after they've left the program. This promotes self-sufficiency and prevents the recurrence of homelessness. This component of the Bridge Housing program will remain in effect for the 2014-2015 Fiscal Year.

Additionally, through the coordination of the Block Grant, Schuylkill County was able to give funding assistance to a local, faith-based effort to establish a Homeless Shelter in Schuylkill County. We plan to continue working with this group, Servants to All, in Fiscal Year 2014-2015 to hopefully establish and maintain a permanent homeless shelter in Schuylkill County. In addition to funding, presentations were made to the group to educate them on the various human services available to the shelter clients to help them towards self-sufficiency.

Homeless Assistance and Housing is one of the five priorities that Schuylkill County is looking to address with the flexibility of the Block Grant. The Block Grant agencies are working with the Pottsville Housing Authority, the Schuylkill County Housing Authority, Schuylkill Community Action, Service Access and Management, the Schuylkill County Office of Senior Services and various other human services agencies, individually and through the LHOT, around the County to identify and implement other housing supports, including rental assistance, for the 2014-2015 Fiscal Year and beyond.

Various agencies in the County are using the HMIS system. For the programs currently funded through the Block Grant, Schuylkill Community Action inputs the information into HMIS.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	25	25
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.

Categorical Services:

- **Adult Services**
  - Home Delivered Meals: provides meals, which are prepared in a central location, to homebound individuals in their own homes. $5,000
  - 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 due to a short-term disability or until they can get into a long-term service. $24,000

- **Aging Services**
  - No services that fall under this category are planned at this time.

- **Generic Services**
  - 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.

- **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.

Interagency 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.

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	8	10
Aging Services	0	0
Generic Services	6	8
Specialized Services	4000	4300
Children & Youth	0	0
HAP	0	0

Children & Youth:

Schuylkill County Children & Youth's participation in the Block Grant program consists of four initiatives: Multi-Systemic Therapy (MST), Family Group Decision Making (FGDM), Alternatives to Truancy and Housing. Throughout fiscal year 13/14 these categorical areas have continued to receive historic funding. The agency has anticipated under-spending in FGDM, but over-spending in the other three areas. The agency expects to utilize Needs Based funds to offset the over-spending in MST, Truancy and Housing. This will allow for a surplus of block grant dollars to be utilized for a joint project.

In the Block Grant Plan there are five areas of need that have been identified by the County team. The following is a look at how each of these areas is being addressed through Children and Youth:

Housing: Children and Youth have historically struggled with a lack of affordable, code compliant housing options. The Housing grant has allowed the agency flexibility to aide families who are in a housing crisis. The funds have been used for: rent/security deposit, hotel stays, oil/utility payments, and the use of a professional cleaning service. In addition the agency has rented an apartment that serves as an emergency shelter for families until a more permanent option can be located. There has been some success with the housing grant in a reduction in the need for out of home placement. In 10/11 18% of the placements were attributed to a lack of housing, in 13/14 this number has been reduced to 12%. Obviously there is still a need for housing options in order to further reduce this number. The limited number of permanent housing options hinders the success. The agency is able to provide short term options, though they are time limited. The lack of appropriate permanent options to refer families to makes it difficult. The housing issue remains a huge challenge throughout the County. It is anticipated that the Block Grant team will be collaborating on a housing project for fiscal year 14/15.

Transportation: There has been little in the way of success in dealing with the issue of transportation. Families in the more rural locations are unable to access services. The Block Grant team has reached out to the local transportation department to begin a dialogue around the problem. The agency has contracted with local providers who offer services in the client homes. The issue is these services are limited to; parenting education, supervised visitation, parent/child conflict resolution, and case management. Any formal mental health or drug and alcohol treatment services are not available in home and require families to travel. The truancy program offered through Access Services provides transportation and also conducts sessions in the family home. In addition MST services are completed in the home. FGDM is scheduled at the

convenience of the family. The location of the conference is selected by the family and if necessary participants can be provided transportation.

In addition to the above providers assisting with transportation the agency also pre-purchases bus tickets that can be used for the local public transportation authority. The barriers are the public transportation system has limited routes available and there are no evening routes scheduled. The daily routes are not frequent, in that someone may need to get on the bus by 9am for a noon meeting and then not be able to access a return bus until 3pm.

Transition Age Youth: The agency has a well established Independent Living Unit who works hands on with the youth ages 16-21. Several programs have been developed to assist youth transitioning to adulthood, including; educational stipends, housing stipends, nest egg fund, IL group meetings, assistance with college forms, GED procedures and a funded/licensed driver training program. The agency has also worked to establish foster homes specifically for the transition aged youth. The goal has been to provide a permanent resource home as opposed to a placement in congregate care. To date there are 3 youth in this pilot program. In addition to the typical duties of a foster parent there is an expectation they will also address IL skills and be a potential life connection for the youth.

In addition, over the last two years the agency has been attempting to develop a Community Mentor Program, specifically targeting the transitional age youth. The agency training liaison has developed a training curriculum and there has previously been a media recruitment campaign. To date there are no active mentor/mentee relationships established. The IL department has committed to re-starting the efforts and aggressively recruiting mentors for this population.

Coordinated/Integrated Services: The first step in dealing with this issue has begun, with the Block Grant team cross training on the available services that each have contracts. Children & Youth Services has exclusively participated in the FGDM program for approximately 4 years. After meeting and discussing the program it has been apparent that this service could benefit many families, outside of the C&Y cases. The Block Grant team has committed to addressing how contracting could be handled in order for all the agencies to benefit from this service.

Children & Youth Services is required by regulation to coordinate with medical professionals, MH and D/A service providers and schools in order to have a complete assessment of a family. The agency is required to maintain records from these service

areas and could act as a conduit to coordinating these services moving forward. There is much work to be done in terms of how the agencies can achieve the “no wrong door” model. There has been some progress in understanding what each has to offer, but how we move from the silos that we operated in for so long to a more open concept remains a significant barrier.

Employment: Children & Youth continue to assist individuals with completing applications for employment and offering transportation as needed. The barrier to employment is a lack of available jobs in the County. Recently a representative from Career Link joined the Children’s Roundtable. This may be a means to better understand what employment options are available.

Outcomes	
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	**Measurement and Frequency**	**All Child Welfare Services in HSBG Contributing to Outcome**
Children are safely maintained in their own home whenever possible and appropriate.	There will be a reduction in the number of youth placed in out of home care by 10% for fiscal year 14/15.	MST will continue to be used to address behavioral issues with their target population. FGDM will continue to be used in an effort to have a family plan address potential dependency issues. Housing monies will be used to assist families as opposed to relying on out of home placement for housing issues. The Access Rebound program will continue to be used to prevent placement due to truancy issues.
Children have permanency and stability in their living arrangement.	Achieve permanency for youth within 12 months of their placement by 10% in fiscal year 14/15.	FGDM will continue to be utilized as both prevention and a means to address permanency. The agency has seen success in meeting with family and

		their supports in order to develop a plan to safely return youth home. MST will continue to be used as a discharge plan for youth transitioning home from congregate care placements.
Children receive appropriate services to meet their educational needs.	Reduce the number of truant days, by youth being monitored for truancy issues, by 10% in fiscal year 14/15.	Access Rebound will continue to be utilized to provide support to youth and their family experiencing truancy issues. In addition they will continue to offer educational advocacy services, attend IEP and TEP meetings and monitor that youth are accurately completing assignments. In addition the agency educational liaison will continue to be involved with cases as needed.

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

Program Name:	Multi-Systemic Therapy (MST)

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

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.

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

No new program being selected.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Delinquent and pre-delinquent	Delinquent and pre-delinquent
# of Referrals	15	25/families
# Successfully completing program	9	18
Cost per year	$29,937.98	$38,000/ HSBG $12,000/ NBB
Per Diem Cost/Program funded amount	$58.98	$58.98
Name of provider	Community Solutions, Inc.	Community Solutions, Inc.

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

It was anticipated that there would have been approximately $40,000 in expenditures for this program throughout fiscal year 13/14. In fiscal year 12/13 the agency expended $45,125 for MST services. However, in 13/14 the provider experienced some corporate issues that at one point threatened to close the program in Schuylkill County. Fortunately the agencies were able to meet and resolve the issues and the services continued. In addition the provider struggled with staffing problems throughout the current fiscal year which also delayed referrals. Currently the MST program is operating effectively and it is anticipated that barring any corporate/staffing issues we will see an increase throughout 14/15. The number of referrals is not expected to exceed a total of 25 for 14/15 since a full caseload consists of 5 youth for approximately 4-6 months. In addition to the $38,000 in the HSBG for MST, the County has been approved for $12,000 through the Needs Based process in order to start expansion of the program.

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

Program Name:	Family Group Decision Making (FGDM)

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

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.

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

No new program being selected

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	All	All
# of Referrals	43	65/families 160/individuals
# Successfully completing program	39	55
Cost per year	$70,200	$95,000
Per Diem Cost/Program funded amount	$3000/successful conference	$3000/successful conference
Name of provider	KidsPeace	KidsPeace

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

The Agency has utilized more funds in this category for 13/14, than in 12/13. The number of referrals has not increased, but there has been more follow up meetings held in order to work more intensively with specific families. There have been continued efforts at educating staff on the program and the potential benefits to the families we serve. There has been discussion with the Block Grant team regarding expansion of the FGDM program to the other partners. This will be a focus for 14/15.

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

Program Name:	Alternatives to Truancy

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

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 social skills by participating in group activities outside of their family home.

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

No new program being selected

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Truants	Truants
# of Referrals	115	125/Families
# Successfully completing program	80	85
Cost per year	$415,781.49	$420,000 Including; $260,000 HSBG and $160,000 Act 148
Per Diem Cost/Program funded amount	$80.00	$80.00
Name of provider	Access Services	Access Services

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.
-

There has not been an issue with spending the funds allocated for the truancy program. There has been a significant over-spending in this category. The agency increased the number of available slots in this program to 83. The increase in the number of youth being serviced has directly increased the expenses. The agency has used Act 148 funds to address the additional expenses for the program, which total $160,000.

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

Program Name:	Housing Initiative

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

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.

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

No new program being selected

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	All	All
# of Referrals	70	80/Families 200/Individuals
# Successfully completing program	70	80
Cost per year	$63,556.70	$60,000
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Schuylkill County C&Y	Schuylkill County C&Y

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

There were no instances of under spending in this category. On the contrary the agency spent more than was initially allocated, however there is ACT 148 funds available.

Drug and Alcohol Services:

The Schuylkill County Drug and Alcohol Program offers the following treatment services within the county: screening/assessment/referral, case coordination, outpatient, intensive outpatient, medication assisted treatment, partial hospitalization, detox, short, moderate and long term rehabilitation and co-occurring rehabilitation, women with children rehabilitation programs and halfway house. The SCA assists in coordination of reinvestment funds through CCBH with its providers. Currently there are reinvestment funds available for Case Coordination and Oxford Housing. The reinvestment funds for Case Coordination will end at the end of this fiscal year and that program will be sustained with an outpatient provider. Schuylkill County is slated to receive a male and a female Oxford House later in the 2014-2015 FY. The county also received reinvestment funds for Certified Recovery Specialist; which unfortunately was not as successful and the funding could not be utilized in that capacity.

County residents, who are uninsured or under insured and in need of services, can, access treatment by contacting an outpatient provider and requesting a screening and assessment. The outpatient providers are tasked with determining the appropriate level of care, the client referral for treatment as well as accurate documentation to the SCA. Currently the SCA contracts with four in-county outpatient providers who will complete the screening and assessment process and two out-of-county outpatient providers who can serve the clients living in the outlying areas of the county where is it easier for them to access services in the next county. Since there are six available outpatient providers for the screening/assessment and outpatient treatment, there have not been any waiting lists for these services.

The outpatient treatment providers are required to make any necessary referrals with the clients they have assessed or have accepted into treatment. It is important that a client needing a mental health evaluation, for example, receive that referral and referrals are made regularly to SAM for that purpose. Also, since such a high percentage of clients are also involved with Adult Probation, Juvenile Probation or Children and Youth they will have the proper consents signed so they can communicate regularly on the clients' progress in treatment so they can work together as a team to benefit the client.

Schuylkill County is not unlike other counties in the state that has seen an increase in heroin and prescription drug abuse. The number of clients who report needing detox from heroin and prescription pain killers has steadily increased over the years. Along with an increase in opioid addiction, the county has seen an increase in reported use of Bath Salts. The use of Bath Salts began in this county in approximately 2010 and had leveled off until recently there is an upswing in use. There appears to be "pockets" in the county where the use of Bath Salts is prevalent and most clients presenting for treatment from those areas has current or past use of Bath Salts; whereas other areas of the county have little reported use. The SCA has had difficulties in referring clients

using Bath Salts for treatment as most inpatient providers had policies on accepting clients using Bath Salts and due to the psychotic effects of the substance, most facilities wanted two to three weeks between last use and admission. Since that time, most facilities will now admit a client into treatment with just a few days of no use, just to verify that there are no mental health complications related to their use.

The SCA has receives a low number of referrals for Older Adults, aged 60 and above; which would not amount to 20 persons per year and the treatment recommendation is either outpatient or intensive outpatient. There is a provider who has seen a slight increase in the older clients referred for treatment and they will structure their treatment accordingly based on their needs. The majority of referrals for treatment are the Adults aged 20 to 59, more specifically aged 30-59 category. The largest treatment recommendation for this age group is outpatient drug-free counseling.

Due to most adolescents having some type of insurance coverage, the SCA does not receive many referrals for adolescents requiring treatment funding. The SCA has an employee, the Assistant Administrator, who participates regularly in the county CASSP meetings for adolescents and will assist with making referrals, recommendations etc., but there are not many who require county funding for treatment due to lack of insurance.

The SCA provides funding for the following levels of care and has several providers for each level on contract; thus affording the client a choice of where they would like to attend treatment. There are six (6) outpatient providers spread throughout the county and over the border where a resident can receive a Drug & Alcohol screening/assessment/referral; serving as the entry point into treatment. The SCA has more outpatient treatment providers than years past, but we are still lacking providers in some outlying, rural areas of the county. Since transportation continues to be an issue and an identified area of need in the Block Grant, the SCA must either look for additional providers with whom to contract in those areas of county or opt to invest in transportation options.

The SCA funds outpatient, intensive outpatient, partial hospitalization, methadone maintenance, hospital and non-hospital detox and rehabilitation, halfway house and recovery housing services. The SCA contracts with many providers in all levels of care to offer the client choice as well and giving us the ability to match the client with the treatment provider with which we are referring. The SCA does not, at this time, have a limit on the number of days of Detox or Rehabilitation they will fund per client. Authorized treatment is based on PCPC (Pennsylvania Client Placement Criteria), client need and past utilization of services.

A difficulty in serving the co-occurring population is reached when making a referral for outpatient treatment. There is not a provider in the county who is dually licensed and

able to treat the co-occurring client; a one-stop shop. The client can be served in either system and the provider will attempt to treat both issues, but it is not true co-occurring treatment. Also, the SCA must refer a “Spanish-speaking” client to New Directions in Reading or Bethlehem for outpatient, drug-free counseling as there is currently not an outpatient provider who employs a bi-lingual counselor. To date, there has not been a great demand for this service, but a goal would be to have a bi-lingual counselor at an in-county outpatient treatment provider.

In an effort to serve the criminal justice involved client the SCA partnered with an outpatient provider to begin offering a series called “Breaking the Cycle”, an evidence-based journaling program that has shown potential and gained interest by the Adult Probation Office. We believe there are several keys to the success of this venture; buy in by the APO, who have a presence in each group and remain at the facility for the entire group. We have also seen the entire journaling process embraced by the clients participating in the group, who are engaged and interacting. Also, the SCA contracts with several inpatient providers who excel in treating the forensic population and we refer to those facilities regularly with clients in the Pre-Release Program as well as clients who are being referred door-to-door to treatment from prison. The SCA does receive referrals from veterans looking to access services and depending on the type of discharge from the military, the client may or may not be eligible for benefits, so it is the SCA’s expectation that the outpatient provider offer assistance to the vet. The SCA can refer to inpatient providers who are familiar working with veterans if there is no other funding available.

In order to address recovery in the community as stated earlier, Schuylkill County received some reinvestment money from CCBH for the addition of a Certified Recovery Specialist to our system. The funding was given to a licensed outpatient drug and alcohol provider, whom hired and trained a CRS and after a few months of providing the service, decided that she wanted a different type of work. That provider had tried replacing the position, but was unable to find the right candidate and the reinvestment funds had to be returned. The SCA saw the value in providing the CRS services within the county, as it would have been a benefit to clients in treatment and the hopes is that in the future this can be attempted again and hopefully with success. We still continue to offer pre-paid bus tickets for clients enrolled in treatment services that need assistance with transportation. Since this is an identified area of need in the county, we will continue having the conversation with the agencies involved in the Block Grant to see if there are solutions to the transportation issues with in the county. Some of the options that have been discussed are conversations with the county transportation system to see if there are bus routes and times that can be added as well as having conversations with the local cab company to see if services can be provided to clients needing to attend services after bus hours or on routes not frequented by the bus service.

Appendix A
Fiscal Year 2014-2015

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 DPW 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

Signatures *Please Print*

By: Frank J. Staudenmeier, Chairman — Date: 7-2-14

George F. Halcovage, Commissioner — Date:

Gary J. Hess, Commissioner — Date:

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			489,454		21,316	
Administrative Management	2,767		471,584		20,914	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	26		18,049		802	
Community Residential Services	59		1,152,194		45,929	
Community Services	2,566		86,945	4,000	4,023	
Consumer Driven Services						
Crisis Intervention	971		333,299			
Emergency Services	564		187,220		8,280	
Facility Based Vocational Rehab	17		60,955		1,045	
Family Based Services	2		1,500			
Family Support Services	27		13,407		593	
Housing Support	362		820,788	31,578	28,796	
Other						
Outpatient	862		227,667		3,988	
Partial Hospitalization						
Peer Support	31		25,355			
Psychiatric Inpatient Hospitalization	1		1,000			
Psychiatric Rehabilitation	111		150,000			
Social Rehab Services	1		1,000			
Targeted Case Management	261		452,981			
Transitional and Community Integration						
TOTAL MH SERVICES	8,628	4,493,398	4,493,398	35,578	135,686	0

INTELLECTUAL DISABILITIES SERVICES						
Admin Office			640,329		47,485	
Case Management	95		142,078	174,532	6,945	
Community Residential Services	4		233,056			
Community Based Services	126		273,704		25,570	
Other						
TOTAL ID SERVICES	225	1,289,167	1,289,167	174,532	80,000	0

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	25		125,672			
Case Management	0		8,000			
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
TOTAL HAP SERVICES	25	128,172	133,672		0	0
CHILDREN & YOUTH SERVICES						
Evidence Based Services	250		126,350		6,650	
Promising Practice						
Alternatives to Truancy	125		234,000		26,000	
Housing	200		51,000		9,000	
TOTAL C & Y SERVICES	575	411,350	411,350		41,650	0
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	135		167,639			
Inpatient Hospital	1		10,000			
Partial Hospitalization	4		8,000			
Outpatient/IOP	175		80,000			
Medication Assisted Therapy	3		10,800			
Recovery Support Services	200		1,600			
Case/Care Management	150		30,000			
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	668	341,819	308,039		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	10		29,000			
Aging Services						
Generic Services	8		2,500			
Specialized Services	4,300		42,000			
Children and Youth Services						
Interagency Coordination			27,114			
TOTAL HUMAN SERVICES AND SUPPORTS	4,318	118,114	100,614		0	0
COUNTY BLOCK GRANT ADMINISTRATION		0	45,780		0	
GRAND TOTAL	14,439	6,782,020	6,782,020	210,110	257,336	0

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 # 81491542
Ad Price: 219.50

PUB HRGS 4/23 & 5/13
Kathi Breslin
Being duly sworn according to law deposes and says that (s)he 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:

04/11/2014 04/19/2014

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 Kathi Breslin.

Sworn and subscribed to before me
this 19th day of May A.D., 2014

Michele Andregic
(Notary Public)

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

PUBLIC HEARING NOTICE

The Schuylkill County Board of Commissioners will hold two public meetings for the purpose of reviewing the county Human Service Block Grant Plan and to receive public comment. The meetings will be held on Wednesday, April 23rd from 6:00PM to 8:00PM and Tuesday, May 13th from 9:30 AM to 11:30AM. Both meetings are in the Courthouse, Commissioners Board Room at 401 North Second Street, Pottsville.

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