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# DAUPHIN COUNTY

## 2015/16 Human Services Block Grant Plan

Submitted by:

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**DAUPHIN COUNTY**  
**HUMAN SERVICES BLOCK GRANT PLAN**  
**2015-16**

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## **Appendix A**

### **ASSURANCE OF COMPLIANCE**

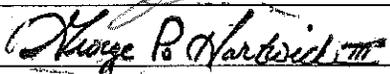
Appendix A  
Fiscal Year 2015-2016

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

COUNTY OF: DAUPHIN

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
  1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
  2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>
	Date: 7/1/15
	Date: 7/1/15
	Date: 7/1/15

# **Appendix B**

## **County Human Services Plan Template**

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

Dauphin County has multiple sources through which we involve the public, providers and clients in our planning efforts. In 2013 the Dauphin County Commissioners established a Human Services Block Grant Planning Advisory Committee. The Committee consists of one member of the following: Mental Health/Intellectual Disabilities Advisory Board; Children and Youth Advisory Board; Drugs and Alcohol Advisory Board; Mental Health Provider; Intellectual Disabilities Provider; Children and Youth Provider; Drugs and Alcohol Provider; Mental Health/Intellectual Disabilities consumer, past or present; Children and Youth consumer, past or present; and one Drugs and Alcohol consumer, past or present. Members *ex officio*: Dauphin County Administrator of Human Services, Dauphin County Administrator of Agency on Aging; Dauphin County Administrator of Children and Youth, Dauphin County Administrator of Drug and Alcohol; and Dauphin County Administrator of Mental Health/Intellectual Disabilities.

The Planning Advisory Committee met 3 times in preparation of the 2015/16 Human Services Block Grant Plan. Like previous years, Dauphin County has utilized various tools and forums in assessing the local need. Through community forums, summits, focus groups and numerous cross-systems work groups, the county regularly asks for input and feedback from youth, adults, families and the community in terms of how we can improve services and where there are gaps in services. Planning and Advisory Committee meeting minutes and supplemental materials are made available to the public on the Dauphin County website at [www.dauphincounty.org](http://www.dauphincounty.org).

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

Consumers, community members and providers are also included in our planning process through regular community stakeholder meetings and summits held by each of our human services agencies. As in years past, through Dauphin County's Systems of Care Initiative, we have an active committee structure of family and community members who are very involved in improving their communities. The network consists of a family committee, youth committee, community committee and faith-based committee. These groups provide valuable input for our planning process as well.

The flexibility provided by Act 80 of 2012, gives Counties the opportunity to make decisions at the most local level for the highest and best use with the human service dollars. Over the past two years, public feedback and Advisory Committee comment has produced three common overarching initiatives: 1) the need for employment; 2) the need for housing; and 3) the need to address an emerging trend of drug and alcohol abuse.

Plan year 2015/16 will continue to build on its efforts to address the aforementioned community initiatives. This plan year allows the County to flex up to 75% of the dedicated block grant funds. Although the maximum amount of dollars is yet to be determined, it is anticipated that current levels of funding for Drug and Alcohol treatment are inadequate, creating a need to reallocate monies from other agencies to meet the treatment needs for Drug and Alcohol services. The County has transferred on average \$190,000 per year since the inception of the Block Grant, and we anticipate the same as a minimum. This past year (2014/15), the County Commissioners also made a bold decision to leverage the block grant and transfer an additional \$180,000 from the unrestricted gaming revenue fund bring the annual average transfer to Drug & Alcohol treatment to \$250,000. This transfer is projected to enable the agency to continue treating an additional 464 non-detox clients. If this transfer did not occur, the County would have been forced to “close its doors” to continued services for lack of funding.

Paid employment is an essential goal for many homeless persons, persons with an intellectual disability, persons with a mental health diagnosis, persons with a substance use disorder, and teens aging out of the Children and Youth foster care system. In 2014/15, in collaboration with Office of Vocational Rehabilitation and Goodwill Industries, the County rolled out a new initiative known as ProjectSearch. This cross systems approach with Intellectual Disabilities and Human Services Development bolsters employment opportunities across many of the consumer population of the Human Services Block Grant.

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

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

The County does not intend to experience substantial programmatic and/or funding changes in this year’s plan. However, the County will continue its focus in two noteworthy areas. One, in collaboration with the Criminal Justice Advisory Board, the dedicated resources through the

2014/15 Human Services Block Grant Plan, to pilot a diversionary program to be operated within the Dauphin County "Booking Center". This program enables the County to screen individuals to determine the most appropriate setting to address their needs and the community needs. The County is collecting valuable data as a result of the pilot, while assembling the resources necessary to assist individuals meet their needs in a cost effective manor for the local tax payers. As a byproduct, through the data collection, the County is gaining valuable information on community need and gaps in service areas. Alternative supportive housing is a need identified with those entering the Judicial Center. Individuals who do not meet criteria for residential drug and alcohol treatment, but who lack an address will often be transferred to the prison. There are many recovery houses in the Dauphin County area that that may serve as a potential solution to a supportive environment for an individual to begin the recovery process. The County looks forward to continuing this project and developing strategic initiatives to better meet the needs of our community.

Second, Dauphin County continues to develop its internal funding formula. This mechanism or "funding formula" will assist in the allocation of resources by applying quantitative analysis to programming and the best use of resources. The team has been working diligently over the past two years to develop the measures of effectiveness; and, additional testing and verification will continue through the 2015-16 year plan. The County has every intention to share its model with the Department and other Counties if interested. The target goal for completion and implementation is June 2016.

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

Act 80 of 2012 requires the selected counties to hold two public hearings under the auspices of the Sunshine Act, 65 P.S. §701 *et. seq.*, prior to submission of the Human Services Plan to the Department of Public Welfare. Dauphin County held three such public hearings on **May 15, 2015; and, July 1, 2015**. The hearings were properly advertised as required by the Sunshine Act and a copy of the proof of publication and meeting minutes are included as a part of **APPENDIX E** of this plan.

## **PART III: WAIVER REQUEST**

Not applicable

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

#### **1. Program Highlights:**

The Mental Health Program continues to refine adjustments to the reduced level of funding from FY 12 -13 budgets reduction totaling \$1,931,200. Much of FY 14-15 was focused on realigning county service priorities to available funding, emerging target population needs, and developing options to improve access and quality of care. This FY 15-16 plan is written without knowledge of the level of funding that will be available. Further reductions in funding will continue to decrease the quality and quantity of MH services in our community, will decrease access and exacerbate staffing issues. A particular focus continues on efforts to divert people from inpatient level of care as their first contact with the MH system as well as the rate of inpatient readmissions. Several strategies and program enhancements were, and continue to be, developed as part of this initiative.

We continue to express concerns about a lack of adequate County MH funding to address the needs of people with serious mental illness (SMI) who are leaving the state prison system. Most people with SMI are released only after completing their maximum state prison sentence. In addition, many people with no history of living in Dauphin County are released to numerous state or private operated community corrections centers (CCCs) in Dauphin County with no funding or resources available to meet their mental health needs. Not all persons at CCCs have a serious mental illness, nor are they eligible for Medicaid. Persons with no ties to Dauphin County are also released to shelters by the Department of Corrections without adequate arrangements for how their behavioral health needs will be funded. OMHSAS has failed to partner with Counties in communicating needs and problem-solving.

Finally, we note that FY14-15 included the implementation of Healthy PA in January 2015. The Department of Human Services (formerly Department of Public Welfare) had not provided adequate public information or consumer choice, and the Private Choice Option insurance companies had no established networks. This negatively impacted persons with serious mental illness including persons with Medicare and Medicaid previously in HealthChoices. Persons throughout Dauphin County were challenged to continue their treatment, providers lost revenue, and some persons were prematurely discharged from care or left care. The Wolf administration has acted as promptly as possible to establish a Medicaid expansion program and retract most of the harm done by Healthy PA. FY13-14 is the most recent full year of mental health programs operation for analysis in the Block Grant Plan. The mental health allocation constitutes 70.7% of the funds managed in the Dauphin County MH/ID Program. Expenditures are closely tied to funding levels. 4.5% are administrative costs. The Mental Health system has benefited from the redistribution of human service block grant funds from other human service agencies to address priority population needs.

<b>Program</b>	<b>Expenditures FY11-12</b>	<b>Expenditures FY12-13</b>	<b>Expenditures FY 13-14</b>	<b>% Change</b>
Mental Health	\$ 19,167,493	\$ 17,678,639	\$ 17,335,389	-2%

Between FY12-13 and FY13-14, the number of persons served in the County-funded system decreased and in Crisis Intervention the numbers continue to decrease. Increases in the cost of delivering services continue to rise.

<b>Program</b>	<b>Persons Served FY 10-11</b>	<b>Persons Served FY11-12</b>	<b>Persons Served FY12-13</b>	<b>Persons Served FY13-14</b>
Mental Health	4,769	4,495	4,634	4,422
Crisis Intervention	3,422	3,493	3,344	3,190

Funds directly managed by Dauphin County mental health include State allocated, Federal non-Medicaid and county matching funds. The data suggests that despite flat revenue and increased costs in delivering services to Dauphin County residents, the mental health program manages continuous high demand. We prioritize efforts to maximize other funding such as Medicaid/PerformCare. Cost increases in program operations are related to wages & employee benefits and utilities. In licensed residential services where a significant portion of funds are expended, maintaining the site location is another additional cost to operating programs. The program showing the highest increases in persons served is emergency services. Emergency services are directly related to increased use of inpatient care and costs related to persons who are hospitalized. Table 1 illustrates the types of services used by persons over a two (2) year period using the Block Grant MH Cost Centers.

**Table 1 - Service Type by Numbers of Persons Served in  
FY2012-2013 and FY 2013-2014**

<b>MH Cost Centers/Type of Service</b>	<b>Number of Persons Served FY2012-2013</b>	<b>Number of Persons Served FY2013-2014</b>
Targeted Case Management	971	903
Outpatient	777	734
Psychiatric Inpatient Hospitalization	21	17
Partial Hospitalization	54	55
Crisis Intervention Services	2,341	2,431
Community Employment	9	9
Facility Based Vocational Rehab	17	15
Social Rehabilitation	210	201
Community Residential Services	401	397
Family Support Services	5	3
Family-Based MH Services	1	1
Administrative Case Management	3,512	3,426
Emergency Services	1,003	1,731
Housing Support Services	246	234
ACT	18	25
Psychiatric Rehabilitation	0	Start-up
Peer Support Services	10	11
Total MH Services	9,586	10,195

Mental health expenditures by type of service are detailed in Table 2 over a two (2) year period.

**Table 2 - Mental Health Expenditures by Block Grant MH Cost Centers for Fiscal Years 2012-2013 and 2013-2014**

<b>MH Cost Center</b>	<b>Costs 2012-2013</b>	<b>Costs 2013-2014</b>
Administrators Office	1,012,180	<b>886,419</b>
Community Services	429,851	<b>387,526</b>
Targeted Case Management	1,010,186	<b>1,044,254</b>
Outpatient	635,266	<b>603,001</b>
Inpatient	160,091	<b>116,737</b>
Partial Hospitalization	196,348	<b>172,517</b>
Emergency Services	645,718	<b>699,292</b>
Crisis Intervention	1,132,176	<b>1,124,248</b>
Facility Based Voc. Rehab.	95,692	<b>62,953</b>
Community Residential	9,947,592	<b>9,403,934</b>
Social Rehab.	818,274	<b>751,537</b>
Family Support Services	49,729	<b>75,270</b>
Family Based Services	6,029	<b>2,684</b>
Administrative Case Management	1,520,000	<b>1,612,410</b>
Community Employment	49,400	<b>27,875</b>
Housing Support Services	1,366,512	<b>1,376,380</b>
Assertive Treatment Team (ACT)	133,582	<b>130,567</b>
Psychiatric Rehabilitation	0	<b>153,054</b>
Peer Support Services	150,130	<b>168,944</b>
	<b>\$19,359,756*</b>	<b>\$18,799,602*</b>

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

Medical assistance managed care is organized under a State program called HealthChoices. Behavioral Health services in five (5) counties are collectively managed through Capital Area Behavioral Health Collaborative (CABHC) and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth *Caritas*. Over 8,700 Dauphin County

residents received mental health services through PerformCare in FY 2013-14 compared to 8,511 in FY12-13. Table 3 shows the type of services, number of persons served and expenditures.

**Table 3- Dauphin County HealthChoices FY 12-13 and 13-14 Mental Health Services by Number of Persons and Costs**

Type of Mental Health Service	Persons Served		Dollars	
	12-13	13-14	12-13	13-14
Inpatient psychiatric, includes Extended Acute Care	822	<b>870</b>	11,200,592	<b>13,047,112</b>
Partial Hospitalization	300	<b>372</b>	1,118,664	<b>1,246,313</b>
Outpatient	6,537	<b>7,293</b>	5,175,419	<b>6,240,157</b>
Behavioral Health Rehabilitation Services (BHRS)	2,114	<b>1,936</b>	16,770,105	<b>14,695,306</b>
Residential Treatment	<b>5546</b>	<b>46</b>	3,310,292	<b>2,329,273</b>
Clozapine/Clozapine Support	2	<b>5</b>	276	<b>401</b>
Crisis Intervention	976	<b>943</b>	484,890	<b>455,091</b>
Family-Based MH Services	213	<b>198</b>	2,474,191	<b>2,285,809</b>
Targeted MH Case Management	2,273	<b>2,193</b>	5,063,858	<b>5,022,434</b>
Peer Support Services	102	<b>99</b>	300,426	<b>290,961</b>
Other MH, includes Assertive Community Treatment, Specialized treatment, Tele-therapy	1,154	<b>925</b>	1,781,010	<b>1,630,096</b>
<b>MANAGED CARE MH TOTAL:</b>	<b>8,511</b>	<b>8,788</b>	<b>47,679,723</b>	<b>47,242,953</b>

Services such as BHRS, Family-Based MH Services and Residential Treatment are exclusively for children, teens and young adults up to 21 years of age. Clozapine and Peer Support Services are exclusively for adults and all other types of services include both children and adults. The number of persons using Behavioral Health Rehabilitation Services, Family-Based MH Services and RTF services decreased. The number of person using outpatient clinic and partial and inpatient services increased.

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

Formal involvement in managed care also offers different activities aimed at monitoring and administrative functions. Person-specific involvement also occurs. Analyzing the costs of services, examining processes used in managed care, and addressing grievances and complaints are some examples of programmatic roles for the County MH program, as well as planning and evaluating services as managed care requirements. Children's mental health services are almost

entirely funded by managed care. Dauphin County works closely with PerformCare to resolve issues and concerns in the MH system.

In FY14-15, collaboration with managed care entities and service providers has focused on implementation of two co-occurring (MH/D&A) integrated outpatient programs for adults, monitoring of critical incidents, including restraints at a provider and person-level, implementation of a Mobile MH/ID Behavioral Intervention Service for adults with co-occurring (MH/ID) concern and strategies to address access issues in BHRS and FBMHS.

Oversight activities in the area of Community Residential Rehabilitation –Host Home/Intensive Treatment Program resulted in the loss of one service provider. However, the team is pleased with the outcomes for children and families completing services. County initiative and expertise in issue analysis, strategy development, and monitoring outcomes assist the managed care organization in accomplishing our common mission and best serve adults, children, and families in Dauphin County.

Several reinvestment projects have been underway or completed in FY13-14 and FY14-15. Table 4 is a snapshot of program efforts involving all stakeholders with approved reinvestment funds. Dauphin County, in conjunction with the other 5 counties and CABHC, have been working on some proposed reinvestment services with reinvestment funds from 2013-14. One major project will be a PHFA Low Income Housing Tax Credit (LIHTC) application with a developer interested in a multi-family development with a family/community garden concept. Recently, PHFA announced the project named “Sunflower Fields” will receive LIHTC and was recognized for their innovation in design consisting of 36 single-family rental homes. Dauphin County continues to work with OMHSAS and DHS on the approval process.

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

<b>Name</b>	<b>Brief Description</b>	<b>Status</b>
Tele-Therapy in RTFs (Children)	Establish provision of secure family tele-therapy between 2 RTF providers and Dauphin County	Operational by June 30, 2014 Quarterly reporting continues and challenges addressed on-going
Mobile MH/ID Behavioral Services Team (Adults)	Licensed clinician and nurse support persons with dual disorders (MH & ID) to use ER and inpatient care less and remain in community settings	Contract continues in FY14-15 and will continue in FY15-16 Provider started operations in January 2015
COD Outpatient Clinic (Adults)	Co-occurring disorders clinic (MH & Drug/Alcohol)	Providers (2) identified and contracts through January 2016. Operational June 2015.
The Incredible Years ( Young children identified for outpatient treatment)	Implement with school-based outpatient treatment program a child treatment group and parent intervention group in two Dauphin County school districts	Start-up completed with two (2) school districts. County funds parent group. County quarterly monitoring.

Rapid-entry Acute Partial Hospitalization (Adults)	Identified need in RCA to prevent adult inpatient readmissions	Pennsylvania Psychiatric Institute operational Fall 2014 start-up contract through June 2015.
Housing Plan	<ul style="list-style-type: none"> <li>• Contingency Housing funds for Forensic population</li> <li>• Community Lodge renovations</li> <li>• Bridge rental subsidy to permanent housing</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented FY14-15 continue FY15-16</li> <li>• Completed by June 30, 2014</li> <li>• Contract with Housing Authority of Dauphin County July 2015 5-6 bridge voucher per year.</li> </ul>

Other County mental health activity highlights include:

CACH, Capital Area Coalition on Homelessness, is Dauphin County’s Local Lead Agency (LLA) and the MH program has been supporting CACH in implementing LLA responsibilities. DHS and PHFA (Pennsylvania Housing Finance Agency) use LLAs to locally manage project-based housing subsidies for non-elderly, low income and disabled persons. Developers with approved Low Income Tax Credit projects may participate in HUD’s 811 project-based rental subsidy program and sign an MOU to work with the LLA. Service providers will support potential tenants in the application, and leasing activities, and will provide ongoing supportive services so that tenants maintain permanent affordable housing.

Three young adults are now served in a newly licensed Community Residential Rehabilitation (CRR) program developed by Keystone Mental Health Services. The Transitional Adult Program (TAP) will assist with the challenges young adults with a serious mental illness have moving into new roles and expectations concerning decision-making, motivation, and establishing a support system.

A persons-in-service survey for individuals ages 60+ was initiated, analyzed and reported to the MH/ID Advisory Board. 41 respondents were surveyed by volunteers in MH services; the group surveyed was randomly selected from 301 persons age 60+ who received MH services in 2014. Overall positive findings included:

- 74% were satisfied overall with their services,
- 85% agreed that they trusted their service provider,
- 92% agreed that providers respected their ethnic, cultural and religious backgrounds,
- 83% reported they were given the chance to make treatment decisions, and
- 83% reported they were able to get the help they needed.

Areas for improvement were identified through the survey instrument, and follow-up was conducted with all outpatient and partial hospitalization treatment providers on the following findings:

- 24% of the respondents disagreed that providers explained the advantages and disadvantages of therapy or treatment,

- 23% of respondents disagree that staff explained the criteria for completing or exiting the program, and
- Over 17% disagreed that they had a choice in selecting their service provider.

The children’s mental health system has a robust work plan underway on family engagement. This is a recognized need in all types of mental health services and among all providers over several years. Key are the activities beyond parent/family involvement in treatment such as, making parents and families more a part of program planning, evaluation and resources in the service system. The Family Engagement Year kickoff is set for fall 2015.

Dauphin County proposed a 3-bed CRR program using CHIPP funds and closing three (3) State MH hospital beds at Danville State by December 31, 2015.

## **2. Strengths and Unmet Needs:**

An overview of the strengths and opportunities to better meet the changing needs of the priority population groups mandated by the public mental health system is provided in three formats to underscore the existing systems strengths and future opportunities for improvements, emerging issues/trends and the consequences of population changes impacts from other human service systems and the court/corrections. The following chart is a brief format displaying the populations served in the system, assessed strengths, and identified opportunities. A brief service description of the system by cost center follows with particular attention to the services essential in a recovery and resiliency-based system.

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

#### **Older Adults**

<b>Strengths</b>	<b>Opportunities</b>
Crisis Intervention Walk-in Intake Access and in community/home intake appointments Person-centered planning with AAA Blended/ICM Case management Geriatric Psychiatric IP resources Center-based Social Rehabilitation Services Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources Community Support Planning Interagency Teams Advocacy Coordination of psychiatric and medical concerns	Collaboration with County located Skilled Nursing facilities Guidelines for MH case managers referring to skilled nursing facilities and alternative community resources Forensic/older adult issues without access to skilled nursing homes/services

**Adults**

<b>Strengths</b>	<b>Opportunities</b>
<p>Crisis Intervention Program and Emergency Services</p> <p>Outreach, including in-reach to Homeless persons</p> <p>Walk-in Intake access at BSU and community/home/jail intake appointments.</p> <p>Homeless Case Management/SOAR</p> <p>ICM &amp; Blended Case Management, including Forensic BCM</p> <p>Homeless Outpatient Clinic</p> <p>Community Support Planning and Interagency Teams</p> <p>County-level Residential Coordination/Diversion</p> <p>Tele-psychiatry &amp; WRAP and IMR</p> <p>Evidenced-based outpatient clinic services (DBT,CBT)</p> <p>Jail diversion at MDJ/pre-trial</p> <p>MH Screening at County Central Booking</p> <p>Assertive Community Team (ACT)</p> <p>Certified Peer Specialists</p> <p>Center-based/Individualized Social Rehabilitation</p> <p>Licensed psychiatric Rehabilitation Services</p> <p>Consumer Operated Drop-in Center</p> <p>NAMI Dauphin County Family-to-Family Program</p> <p>SMI priority in all residential services</p> <p>CRR and domiciliary Care programs</p> <p>Forensic CRR program</p> <p>Long Term Structured Residence</p> <p>Specialized Care Residences(PCH licensed)</p> <p>SAMHSA-model Supported Employment services</p> <p>Transitional CRR programs for Crisis and Diversion</p> <p>Sex Offender Outpatient Services</p>	<p>Enhancement of Lodge resident employment skills</p> <p>Reestablishment of Mental Health Court</p> <p>Implementation of a “workshop format” to address inpatient readmissions with targeted case management and inpatient program entities</p> <p>Expansion of CPS embedded in PPI inpatient services</p> <p>Continued implementation of Mobile MH/ID Behavioral Intervention Services (YR 2)</p> <p>Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County</p> <p>Implement a Community Hospital Integration Program Project (CHIPP) in FY 15-16, based on a proposal to OMHSAS in FY 14-15 for a 3-bed CRR Full-care focused program targeting young adults with significant histories of trauma and using the evidence-based practice of Dialectical Behavioral Therapy (DBT) as the clinical foundation for the treatment component.</p> <p>Crisis Intervention Program leadership /personnel changes</p> <p>811 PRA Demonstration site with Local Lead Agency - CACH</p>

**Older Adults and Adult Persons Transitioning Out of State Hospitals**

<b>Strengths</b>	<b>Opportunities</b>
<p>Crisis Intervention Program and Emergency Services</p> <p>Outreach, including in-reach to Homeless persons</p> <p>Walk-in Intake access at BSU and community/home/jail intake appointments.</p> <p>Homeless Case Management/SOAR</p> <p>ICM &amp; Blended Case Management</p> <p>Homeless Outpatient Clinic</p> <p>Community Support Planning and Interagency Teams</p> <p>County-level State Hospital</p> <p>Diversion/Coordination</p> <p>Extended Acute Care access</p>	<p>Collaboration with County located Skilled Nursing facilities</p> <p>Guidelines for MH case managers referring to skilled nursing facilities and alternative community resources</p> <p>Address Forensic/older adult issues without access to skilled nursing homes/services</p> <p>Enhancement of Lodge resident employment skills</p> <p>Implementation of a “workshop format” to address inpatient readmissions with targeted case management and inpatient program entities</p> <p>Expansion of CPS embedded in PPI inpatient services</p>

Strengths	Opportunities
<p>CRR and Domiciliary Care programs  Long Term Structured Residence  Specialized Care Residences (PCH-Licensed)  Tele-psychiatry &amp; WRAP and IMR  Evidenced-based outpatient clinic services (DBT,CBT)  Assertive Community Team (ACT)  Certified Peer Specialists  Center-based/Individualized Social Rehabilitation  Licensed Psychiatric Rehabilitation Services  Consumer Operated Drop-in Center  NAMI Dauphin County Family-to-Family Program  SMI priority in all residential services  SAMHSA-model Supported Employment services  Transitional CRR programs for Crisis and Diversion  Sex Offender Outpatient Services</p>	<p>Continued implementation of Mobile MH/ID Behavioral Intervention Services (YR 2)  Implement Bridge Rental Housing with Housing Authority of Dauphin County  Implement a Community Hospital Integration Program Project (CHIPP) in FY 15-16, based on a proposal to OMHSAS in FY 14-15 for a 3-bed CRR Full-care focused program targeting young adults with significant histories of trauma and using the evidence-based practice of Dialectical Behavioral Therapy (DBT) as the clinical foundation for the treatment component.  Crisis Intervention Program leadership /personnel changes  811 PRA Demonstration site with Local Lead Agency - CACH</p>

**Older Adults, Adults and Transition-age Adults with Criminal Justice Involvement**

Strengths	Opportunities
<p>Crisis Intervention Program and Emergency Services  Outreach, including in-reach to Homeless persons  Walk-in Intake access at BSU and community/home/jail intake appointments.  Homeless Case Management/SOAR  ICM &amp; Blended Case Management, including Forensic BCM  Homeless Outpatient Clinic  Community Support Planning and Interagency Teams  County-level State Hospital Diversion/Coordination  Jail diversion at MDJ/Pre-trial  MH Screening at County Central Booking  Extended Acute Care access  CRR and Domiciliary Care programs  Long Term Structured Residence  Specialized Care Residences (PCH-Licensed)  Tele-psychiatry &amp; WRAP and IMR  Evidenced-based outpatient clinic services (DBT,CBT)  Assertive Community Team (ACT)  Certified Peer Specialists  Center-based/Individualized Social Rehabilitation  Licensed Psychiatric Rehabilitation Services  Consumer Operated Drop-in Center  NAMI Dauphin County Family-to-Family Program</p>	<p>Re-establishment of Mental Health Court  Address Forensic/older adult issues without access to skilled nursing homes/services  Continued use of Forensic Contingency Funds  Continued coordination with DOC-SCI on re-entry of Dauphin County residents back into their home communities  Service access for HealthCoices members in DOC-Community Correctional Centers while in DOC custody  Implement Bridge Rental Housing with Housing Authority of Dauphin County  Implement a Community Hospital Integration Program Project (CHIPP) in FY 15-16, based on a proposal to OMHSAS in FY 14-15 for a 3-bed CRR Full-care focused program targeting young adults with significant histories of trauma and using the evidence-based practice of Dialectical Behavioral Therapy (DBT) as the clinical foundation for the treatment component.  Crisis Intervention Program leadership</p>

<p>SMI priority in all residential services  SAMHSA-model Supported Employment services  Transitional CRR programs for Crisis and Diversion  Forensic CRR  Sex Offender Outpatient Services</p>	<p>/personnel changes  811 PRA Demonstration site with Local Lead Agency - CACH</p>
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**Transition-Age Persons, including Persons Transitioning from Residential Treatment Facilities**

<b>Strengths</b>	<b>Opportunities</b>
<p>Walk-in intakes appointments at BSU &amp; community/home intake appointments, including shelter/detention/jail  Outreach, including in-reach to Homeless persons  Blended Case Management and Adult ICM ACT  Interagency Teams &amp; Multi-system Case Reviews  Evidenced based outpatient clinic services (DBT,CBT)  Less reliance on RTFs and CRR-Host Homes  Transition Planning to Adult Services  The JEREMY Project  Transitional Adult Program –CRR  Exploration with VISTA School on  Employment models for persons with Autism  All other adult and children’s resources available based upon completion of secondary education goals and needs</p>	<p>Family Engagement Year 2015-2016  Development of Proposal for Transition-age Persons with Autism based upon The JEREMY Project  New FBMHS Program for persons with Autism  Expansion of CRR Host Home- Intensive Treatment Program at NHS of PA Capital Region  Early identification of youth experiencing transition issues  Improving CRR-Host Home services  BSU/CMU &amp; County Workgroup on  Transition-age issues among persons under 18 years of age  Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among older teens  Continued MH consultation with BH-MCO on transition issues/service needs</p>

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

<b>Strengths</b>	<b>Opportunities</b>
<p>Student Assistance Program MH Consultation  Walk-in intakes at BSU &amp; community/home intake appointments, including shelter/detention  Fast-track for children in need of Out-of-Home Treatment  Blended Case Management  Coordination/planning with BH-MCO at person-level  School-based Mental health Outpatient Respite  The Incredible Years implemented under school-based outpatient clinics  Less reliance on RTF/CRR Host Homes  Multi-systemic Therapy &amp; FBMHS  CRR –Host Home Intensive Treatment Program</p>	<p>Family Engagement Year 2015-2016  Expansion of CRR ITP  Expansion of BHRS Provider Network in Dauphin County with Holcomb Behavioral Health  Use of Sanctuary model in all children’s setting, especially Inpatient  Continue Resiliency in Action training to providers  Flexible Outpatient design and implementation  Expand use of tele-therapy; address challenges  Expand VALLEY STRONG initiative  Implementation of DBT outpatient program for teens with two (2) existing Outpatient providers coordinated with CYS Title IV-E Demonstration Project  Continue to address strategies with</p>

<p>Case management monitoring &amp; advocacy for children in RTFs  Human Services' Supervisors Group  Multi-system Case Reviews Interagency Team Meetings  County cross-system protocol for collaboration  Zero tolerance on use of mechanical restraints  PCIT with two (2) outpatient providers in collaboration with Dauphin County Children and Youth  PerformCare/CABHC BHRS Summit Action Plan  Tele-therapy at select RTFs  VALLEY STRONG initiative in Northern Dauphin County</p>	<p>PerformCare on over authorization and long-term use of BHRS among older teens  Continued MH consultation with BH-MCO on transition issues/service needs</p>
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**Children with Juvenile Justice Involvement**

<b>Strengths</b>	<b>Opportunities</b>
<p>Student Assistance Program MH Consultation  Walk-in intakes at BSU &amp; community/home intake appointments, including shelter/detention  Fast-track for children in need of Out-of-Home Treatment  Blended Case Management  Coordination/planning with BH-MCO at person-level  School-based Mental health Outpatient Respite  The Incredible Years implemented under school-based outpatient clinics  Less reliance on RTF/CRR Host Homes  Multi-Systemic Therapy &amp; FBMHS  CRR –Host Home Intensive Treatment Program  Case management monitoring &amp; advocacy for children in RTFs  Human Services' Supervisors Group  Multi-system Case Reviews &amp; Interagency Team Meetings  County cross-system protocol for collaboration  Zero tolerance on use of mechanical restraints  PCIT with two (2) outpatient providers in collaboration with Dauphin County Children and Youth  PerformCare/CABHC BHRS Summit Action Plan  Tele-therapy at select RTFs  VALLEY STRONG initiative in Northern Dauphin County  Triage Group at Schaffner Shelter to access needed services, including psychiatric evaluations  Direct communication at case specific level with assigned dependency and delinquency judges</p>	<p>Family Engagement Year 2015-2016  Expansion of CRR ITP  Expansion of BHRS Provider Network in Dauphin County with Holcomb Behavioral Health  Advocate the Use of Sanctuary model in all children's setting, especially Inpatient  Continue Resiliency in Action training to providers  Flexible Outpatient design and implementation  Expand use of tele-therapy; address challenges with families/providers  Expand VALLEY STRONG initiative  Implementation of DBT outpatient program for teens with two (2) existing Outpatient providers coordinated with CYS Title IV-E Demonstration Project  Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among all children  Continued MH consultation with BH-MCO on transition issues/service needs  Review proposal for Functional Family Therapy in Dauphin County/engage BH-MCO and oversight agency</p>

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

<b>Strengths</b>	<b>Opportunities</b>
<p>Harm reduction philosophy</p> <p>Service provider training, including homeless network</p> <p>D&amp;A Screening at MH Intakes and Transitions</p> <p>ICM &amp; Blended Case Management Services</p> <p>Interagency Teams &amp; Multi-system Case Reviews</p> <p>Referrals/Monitoring of use of D&amp;A Services</p> <p>Coordination with Courts and Probation Services</p> <p>Therapeutic Community in Adult Forensic CRR</p> <p>Assertive Community Team (ACT)</p>	<p>Integrated COD Outpatient Clinics at two dual-licensed providers: TW Ponessa and PA Counseling Services</p> <p>New leadership at Dauphin County SCA</p> <p>Joint wellness program between Dauphin County MH/ID and D&amp;A with PerformCare in universal EBP curriculum/programming at two (2) Dauphin County school districts</p>

**All Persons with Language and Linguistic Support needs in MH system**

<b>Strengths</b>	<b>Opportunities</b>
<p>Policies and procedures at County and BH-MCO in place to address provision of language and linguistic support needs in MH service access.</p> <p>Commitment to diversity in workplace/provider hiring for direct care and management services to represent cultural, language, and ethnic demographics of the population of persons in publically funded MH system.</p> <p>Contract with the International Services Center for ethnically-specific support services, typically recent immigrants of Asian descent.</p> <p>Use of Language Line available through Crisis Intervention Program and among other service providers when staffing is not representative of population in services.</p> <p>CMU and Keystone Human Services maintain on-going cultural competency taskforces.</p>	<p>A comparative survey of workforce demographics has not been conducted since the 1990's among County MH system.</p> <p>Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs.</p> <p>YWCA is reconstituting a County-wide Diversity Forum and MH system plans to participate.</p>

**All Persons with Deaf and Hard of Hearing needs in the MH system**

<b>Strengths</b>	<b>Opportunities</b>
<p>Policies and procedures at County and BH-MCO in place to address provision of support needs in MH service access.</p> <p>Use of consultation with OMHSAS,</p>	<p>Continued use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise.</p>

<p>Department of Labor and Industry, and advocacy organizations on resources and expertise.</p> <p>Participation in training when identified/available on issues of persons with deaf and hard of hearing needs.</p> <p>Use of technical support to enhance participation in MH system.</p> <p>Contract with PAHrtners for deaf-specific services in CRR and targeted case management FY14-15</p> <p>BH-MCO credentialing of PAHrtners for deaf-specific MH services occurred also in 2015.</p>	<p>Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs.</p> <p>Use of technical support to enhance participation in MH system.</p> <p>Continued identification of resources for deaf-specific services both County-funded and BH-MCO funded.</p>
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**All Veterans and their Families in the MH system**

<b>Strengths</b>	<b>Opportunities</b>
<p>Non-service connected veterans and their family members may access MH services based upon eligibility and availability.</p> <p>Persons who are service connected, Veteran’s assistance is provided through information and referral in applying for and accessing benefits and services individuals and their families are entitled to receive through the Office of Veterans Affairs.</p> <p>Due to gaps in services, veterans and their families are served by both the MH and VA systems based on their need and eligibility for services.</p> <p>Dauphin County’s Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families also may take part in the Project CONNECT events. MH providers have a strong presence in both events.</p> <p>Ongoing commitment at County and BH-MCO to developing and sustaining clinical expertise in trauma –related evidenced based interventions and provider/clinician certification.</p> <p>Dauphin County also operates a Veteran’s Court and may coordinate services with the MH system as needed.</p>	<p>Continue to commitment and participation to the items listed as <b>Strengths</b></p> <p>Maintain information and linkages to new developments in treatment, employment and housing initiatives for veterans and their families.</p>

**Lesbian, Gay, Bi-sexual, Transgendered, Questioning and Intersex (LGBTQI) Persons in the MH system**

<b>Strengths</b>	<b>Opportunities</b>
<p>Provision of training available on routine basis for all types of services/professionals.</p> <p>Alder Health Care (formerly the AIDS Community Alliance) has an established mental health psychiatric clinic co-located and integrated with their health services.</p> <p>Informal knowledge and resource sharing between clinical services and crisis/case management entities.</p>	<p>Continue to commitment and participation to the items listed as <b>Strengths</b></p> <p>Maintain information and linkages to new developments in treatment and supportive services unique to MH system and in community at-large.</p>

**Behavioral Health and Health Disparities for Persons in the MH system**

<b>Strengths</b>	<b>Opportunities</b>
<p>The relationship between health and mental health are fully understood and prioritized among person registered with the MH system.</p> <p>County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BH-MCO.</p> <p>On-going commitment to wellness activities for children and adults in MH system.</p> <p>Emphasis on coordination and communication between primary care, specialized care and behavioral health.</p> <p>BH-MCO has multi-year priorities identified on PH/BH integration.</p> <p>Active Quality Assurance Management in County MH Program in addressing chronic/preventable health issue among adults and children with MH concerns.</p> <p>Advocacy with BH-MCO and OMHSAS on needs related to dual eligible (Medicaid and Medicare)</p>	<p>We must continue to triage care due to periodic budgetary cuts and the lack of prior cost-of-living increases not tied to real costs which continue to impact the availability of services and waiting periods to access services.</p> <p>Maintain role in County level planning for county funded as well as BH-MCO funded services.</p> <p>Wellness Project identified with AmeriHealth <i>Caritas</i> and PerformCARE FY15-16</p> <p>Expected roll out of Medication Reconciliation Toolkit from PerformCARE</p> <p>Continuation of active Quality Management</p> <p>Comments on DHS design of MLTSS</p>

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

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

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

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

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

All complaints regarding PerformCare and their provider network are reviewed weekly. Conflict-free Dauphin County staff participate in Level 2 Grievances for PerformCare members, and other County staff take an active role in consulting with clinical staff regarding service delivery issues, service authorizations, and consumer-specific concerns prior to using the grievance or complaint process if communication can readily resolve the issue. Administrative costs to manage the program comprise less than 5% of the overall expenditures.

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

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

**Targeted Case Management:** Intensive Case Management Keystone Service System is the only intensive case management (ICM) provider in Dauphin County. The agency provides services to adults and older adults with serious mental illnesses and co-occurring disorders, as well as other eligible persons according to State regulations. ICM services include a comprehensive needs assessment with 24-hour, seven days a week, on-call accessibility. Service activities include assessment and service planning, informal support network building, use of community resources, linking with services, monitoring of service delivery, outreach, and problem resolution.

Blended Case Management (BCM) is available at the CMU for adults, older adults, transition- and all children & teens that meet State eligibility criteria. BCM also meets the case management needs of persons with serious mental illnesses and co-occurring substance abuse disorders. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family, and may offer limited adaptive skill training. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services. The Blended case manager assists individuals regardless of whether their needs decrease or increase. Over 900 persons are County funded each year and PerformCare funds over 2,100 persons receiving targeted case management services. County funds are used when a person is ineligible for Medicaid funding and their needs require more than administrative support.

**Outpatient:** Dauphin County has nine (9) contracted and licensed outpatient clinic providers offering medication management, outpatient therapies and psychiatric evaluations. Over 700 persons receive outpatient services funded with County managed funds because they have no insurance at the time of presentation or need. Our commitment to developing evidenced based outpatient skills continues with PerformCare, CABHC and the provider network. We would like to also make the use of Mobile Therapy clinically based and tied to outpatient clinic services. The table below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics of the County contracted outpatient clinics.

**Table 8 – Contracted Outpatient Service Providers 2014-2015**

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

There are several additional licensed outpatient clinics in Dauphin County that are funded by only PerformCare, private insurance and/or Medicare. These include, but are not limited to, Alder and TeamCare. Efforts to improve access to outpatient clinics have varied success. Access should continue to be prioritized. Due to over \$5 million dollars in expenditures for outpatient services per year, PerformCare has lead responsibility. Recommended changes to outpatient regulations aimed at lessening the administrative cost burden to providers while maintaining treatment standards are still pending. Strengthening the clinical skills of therapists through the implementation of evidenced-based practice models continues to be a priority. PCIT (Parent Child Interaction Therapy) was implemented in two outpatient clinics in FY14-15 with Children and Youth involvement. A DBT (Dialectical Behavioral Therapy) program for teens will be designed and implemented in FY15-16.

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

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

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

All referrals to State hospital care are reviewed and monitored at the County MH staff. The disposition of referrals is done in close coordination with the referring psychiatric inpatient program, the individual's interagency team and contracted agency's to best meet the person's needs and fully use existing resources. County funding for Extended Acute Care is limited; HealthChoices/PerformCare is the primary funding source. In FY13-14, 73 persons were referred for long-term inpatient care. Among those referred, 17 persons were admitted to Danville State Hospital, thirty-one (31) person were admitted to EAC. The remaining persons were diverted to other less restrictive community-based care.

PerformCare expended over \$13 million dollars for all inpatient care to Dauphin County for 870 residents. County funding supported 17 persons with no insurance or resources for intensive care and County expenses were less than \$200,000 in FY13-14. Costs have had exceptional growth during FY14-15 due to increased clinical acuity and decreased ability to participate in securing or acquiring of insurance benefits (MA) and maintaining benefits,

**Partial Hospitalization:** Partial hospitalization services are available for all target populations with some programs focusing on rapid entry, acute care, brief intensive treatment model and others on recovery models to maintain optimum recovery gains. NHS of PA Capital Region, Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. These include services to adults with serious mental illnesses, including persons with co-occurring disorders – substance use, children and teens. The total number of persons served was 55 due to no insurance or gaps in insurance coverage. PerformCare also funds partial hospitalization services for 370 persons in Dauphin County per year.

**Crisis Intervention:** The Dauphin County Crisis Program (CI) is the only direct service offered at MH/ID that provides 24-hour, 7 days per week telephone, walk-in, and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities – CMU, Keystone Community MH Services Intensive Case Management, and NHS of PA Capital Region's ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to

adults with serious mental illnesses involved with the criminal justice system. Crisis services are funded County managed funds and by PerformCare, HealthChoices BH-MCO.

Over 3,000 persons used Crisis Intervention services in FY2013-2014. There are indications that many cases have become more complex resulting in an increase in overall staff time expended. 44% of all the 4164 recorded contacts were for persons who were first time consumers of crisis services. 1786 or 43% of all contacts resulted in commitments because of the high level of risk. The number of actual hospitalizations was 1732 because some persons were able to be diverted to other dispositions/treatment services. 54% of all inpatient admissions facilitated by Crisis were to Pennsylvania Psychiatric Institute (PPI), the only inpatient program located in Dauphin County. The remaining admissions were to about 15 other psychiatric inpatient programs, some of which are a considerable distance from Dauphin County. The Pathways Program operated by PPI in the Emergency Department of Harrisburg Hospital can fast-track persons to PPI's outpatient and partial services beginning the intake process at the emergency department. There were 44 referrals to the Pathways Program in FY13-14.

**Adult Developmental Training:** Dauphin County does not use this cost center at this time, nor do we intend to.

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

Transitional employment is paid work training provided at employer locations. This service focuses on improving interpersonal relationships, work habits, and attitudes to prepare individuals for competitive employment. Our experience with transitional employment has not led to competitive employment. Funding of transitional employment programs has shifted due to person-level outcomes and costs.

Competitive employment, including supportive employment as an evidenced-based model, is available for individuals on the job at the employer's location to provide support in the employment experience. It may also involve job finding. Support decreases as the individual gains competitive employment skills. With Dauphin County funds, 9 persons received transitional and competitive employment in 2013-2014. In FY14-15, the County transitioned employment funds to a YWCA of Greater Harrisburg supportive employment program. A five-year SAMHSA funded grant program ended federal funding and maintain a limited capacity through County funding. Sustainability of supportive employment programs for persons with a serious mental illness is a high priority because the model leads to competitive employment that may reduce the persons need for supervised living, intense treatment and economic dependence.

**Facility-Based Vocational Rehabilitation Services:** The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment. Persons in facility-based vocational services are consistently assessed for transitioning to more independent work experiences. In FY 2014-2015, 10 persons received services. These services

will decrease by attrition as resources are prioritized to support persons seeking competitive employment.

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

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

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

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

Respite is offered through the County program and the following information for FY13-14 is based upon needs not being addressed by the reinvestment funded Respite Management service.

<b>Respite 2013-2014 Summary</b>			
<b>Type</b>	<b># youth</b>	<b>Hrs/Days</b>	
Overnight	3	14	days
Parents Day Off!	23	145	hours
Camp scholarships	15	600	hours
<b>Unduplicated</b>	<b>39</b>		

Youth Advocate Program’s Respite Management Service funded through PerformCare with reinvestment funds, served 106 individuals from Dauphin County. A total number of 1910 hours and 47 days of respite were provided.

**Adult Community Residential Services:** Community Residential Rehabilitation (CRR) services offer many individuals’ choices for a stepping stone to independence in their recovery journey. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a quality standard of service. All adult CRR services are solely funded by County managed funds.

The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County for adults.

**Table 5– Adult Community Residential Rehabilitation (CRR) Programs 2014-15**

<b>CRR Program</b>	<b>Characteristics</b>	<b>Capacity</b>	<b>Provider</b>
Crisis and Diversion CRR - Windows	Crisis stabilization; step-down or diversion from Inpatient care.	12 (2 Crisis 10 Diversion) and 1 MH/ID bed	NHS of PA Capital Region
Crisis and Diversion CRR- Adams Street	Crisis stabilization; step-down or diversion from Inpatient care.	14 (2 Crisis 12 Diversion) and 1 MH/ID bed	Community Services Group, Inc.
Front Street	Full care staff intensive.	15 ( single/double )	NHS of PA Capital Region
Gibson Blvd	Full care Therapeutic Community model; D&A education, 12-Step, MH forensic	16	Gaudenzia
Lakepoint Drive	Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system	10 (5, two-bedroom cluster apartments)	Keystone Mental Health Services
Taylor Park	Staff supportive Scattered apartments in urban area; private bedrooms; individual & transitional; continuous staffing and on-call system	14 (7, two-bedroom scattered apartments)	Keystone Mental Health Services
The Brook	Staff supportive Clustered apartments in suburban area: separate bedrooms	12 (6, two person apartments)	Keystone Mental Health Services
Third Street	Staff intensive apartment building in urban setting; private bedrooms	16 (8, two- bedrooms shared apartments)	Elwyn
Transitional Adult Program	Three-bedroom home with intensive staff supports	Three (3) young adults	Keystone MH Services

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

All adult residential services are considered transitional housing, and the goal of the service is to increase psychiatric stabilization and daily living skills toward independent community living. There were a total of 397 persons served in residential services. 281 of them were in residential services other than the crisis CRR programs. Among the 281 served in FY13-14, 83 (29.5%) were discharged during the fiscal year. The following table reflects the number/percentage of discharges by types of discharge and the length of stay among persons discharged for the past two fiscal years. Mental health staff will examine more closely how persons impacted by budget cuts were supported during transitions and re-stabilized in different programs.

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

Type	Number in 2011-2012, 2012-2013 and 2013-14	Percentages in 2011-2012, 2012-2013 and 2013-14	Examples
Recovery	53/51/45	50.9/50/ <b>54.2%</b>	Independent housing, appropriate use of treatment/support resources
Higher Level of Care - Psychiatric	14/14/12	13.5/13.7/ <b>14.5%</b>	Referred to acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher Level of Care – Medical	11/6/5	10.6/5.9/ <b>6.0%</b>	Referred to inpatient medical care and/or skilled nursing care
Incarceration/Arrest	11/15/8	10.6/14.7/ <b>9.7%</b>	Arrested and/or sentenced in pending court matter to incarceration
AWOL	8/9/4	7.7/8.8/ <b>4.8%</b>	Left with notice or plan
Rule Violation	3/2/2	2.9/2.0/ <b>2.4%</b>	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	3/4/4	2.9/3.9/ <b>4.8%</b>	Choice
Deceased	1/1/3	.9/1.0/ <b>3.6%</b>	
Total	104/102/ <b>83</b>	100.0/100/ <b>100.0%</b>	

The type of discharge data shows that more than half of all discharges (54.2%) from residential services during FY13-14 were positive and recovery-oriented. Only eight (8) persons in this group were arrest or incarcerated; almost half the rate the previous year. Increases were seen in transitions to higher levels of psychiatric care and medical care.

Each residential provider has a work plan which allows them to focus on increasing their transformation to a recovery-oriented system while serving the priority target group.

**Family-Based Mental Health Services:** Family-Based Mental Health Services (FBMHS) are a combination of intensive family therapy with support coordination and family support services in a team-delivered service for children. Family Based is not a first-line service and therefore, we do not anticipate using Block Grant funds for the service. These services are funded through PerformCare as a Medicaid service or through MA Fee-for-Service funding in OMHSAS/DPW. FBMHS in Dauphin County is monitored and assessed in full partnership with PerformCare and the five-county oversight agency, Capital Area Behavioral Health Collaborative (CABHC). Approvals and denials are closely monitored, as well as use among transition-age children, consecutive authorization within the same family without demonstrated positive outcomes as a result of a root cause analysis. During FY13-14, some FBMHS programs closed, reduced the number of teams or are reassessing their services. However, due to increased demand related to decreased use of RTF and other out-of-home treatment existing providers were asked to expand their teams in Dauphin County. Issues with this initiative have included the lack of well-qualified Master's level clinicians interested in home-based intensive services. On a positive note, Dauphin County has supported the development of a FBMHS model for teens with autism and their families.

**Administrative Case Management:** The CMU is the Dauphin County Base Service Unit (BSU). The CMU also operates a satellite location in northern Dauphin County. Access is assured through a walk-in availability four days per week from 9:00 a.m. to 3:00 p.m., Mondays through Thursdays. Scheduled appointments, evening appointments, and off-site intake interviews are also available. Core services include identification of presenting concerns, strengths and needs assessment, psychosocial history including other system involvement or needs, D&A screening, mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management or any other level of case management services. Real-time electronic authorizations for County-funded services are coordinated through the BSU and County office for all services with the service provider network and case management entities. Administrative case management is solely funded through County managed resources and the CMU served 3,400 individuals in FY2013-2014. Administrative case management allows persons to stay registered in the system and receive County funded treatment, rehabilitation and support services.

**Emergency Services:** The Crisis Intervention Program has a lead system role to carry out emergency mental health services for children, adults, older adults, transition-age youth, as well as all other populations of persons with serious mental illnesses or serious emotional disturbance including services to persons with a co-occurring disorder in Dauphin County. Coordination and cooperation with targeted case management agencies, the ACT and the Behavioral Health

Managed Care Organization's care management staff are essential. Service elements include bed searches based upon consumer/family choice and preferences, coordination, and court coordination. It is estimated that 1,300 persons will receive emergency services in Dauphin County this current fiscal year. Hospital emergency departments (ED) are the primary referral source for Crisis. Given the large number of referrals at ED, PPI has stationed a staff person to help process admissions at Harrisburg Hospital.

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

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

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

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

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

**Assertive Community Treatment (ACT):** Assertive Community Treatment (ACT) Team is an Evidenced-Based Program model designed to provide treatment, rehabilitation, and support services to adults with serious mental illness whose needs have not been met by the more traditional mental health services. NHS of PA Capital Region's ACT Team is multi-disciplinary mental health staff, including a peer specialist and drug & alcohol specialist. The NHS of PA ACT, organized as an urban team model, has a capacity of 100-110 persons who meet specific criteria for the service. The service is funded with County managed funds and HealthChoices PerformCare. County funds may support an estimated 10 persons- decrease due to the intensity

of the service and the limited funded. The NHS of PA Capital Region ACT Team meets fidelity and licensing requirements annually.

**Psychiatric Rehabilitation:** The Dauphin County MH Program has been working with a qualified mental health provider to establish a center-based psychiatric rehabilitation program by re-purposing the use of Housing support funds. The licensed program began operations in FY14-15 and has enrolled 36 persons. Psychiatric rehabilitation is a Medicaid funded service, but not approved as such in the Capital area with PerformCare.

**Children's Psychosocial Rehabilitation Services:** Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of children and teens from 0-21 years of age. Most services for children 0- school age are provided to children with Autism Spectrum disorders, other developmental disorders and/ or trauma-related disorders of childhood. All BHRS is funded solely under the HealthChoices behavioral health managed care program. Mobile Therapy is the most commonly requested and authorized service for children, including older teens and young adults with the second most frequent service being Summer Therapeutic Activities Programs (STAP). Other types of State-approved BHRS services include Behavioral Specialist Consultants and Therapeutic Staff Support. Dauphin County has nine (9) BHRS providers. Over the past two years, there has been a concerted effort for assessment and strategic planning to address cost drivers using root cause analysis, overuse of service areas without demonstrated person-level benefit, and realignment of organizational priorities. PerformCare in concert with Dauphin County and CABHC solicited a new BHRS provider to address extended wait periods for services over 50 days from authorization. In FY15-16, Holcomb Behavioral Health will start-up BHRS services. The greatest needs are among children without an Autism diagnosis and their families based on FY14-15 data.

**Children's CRR Host Homes and Residential Treatment Facilities:** CRR services for children, teens and young adults, persons are licensed as CRR Host Home programs and are solely funded by PerformCare. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. CRR Host Homes have undergone a re-examination among local counties, the BH-MCO, families, and other child-serving systems. Implementation of a new type of CRR Host Home called Intensive Treatment Program (ITP) improved the intensity of treatment. In FY 14-15, efforts were made to refine the model and expand the program only provided by NHS of PA Capital Region.

Residential Treatment Facilities (RTFs) are a level of care only available under the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for children from 0-21 who meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County. 46 children and teens were served in RTFs in FY13-14 compared to 55 served in FY12-13.

Residential MH Treatment is an overused resource that will never be evidenced-based in serving children and teens with a serious mental illness. Dauphin County's mental health system is a strong leader within the MH system and with other child serving agencies in reducing the use of RTFs and improving community-based EBPs and locally based treatment services. Tele-therapy

was available in FY14-15 for families and children in distance RTF programs. No out-of-home treatment services are funded under the Block Grant; all are funded under HealthChoices.

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

Priorities in HealthChoices are a focus on clinical skills in licensed psychiatric outpatient clinics. Providers were funded or supported in other ways by CABHC to increase skills among outpatient staff in Cognitive Behavioral Therapy. Trauma-focused CBT is planned for FY15-16 with certification. No children's evidenced-based programming is currently funded through the Block Grant.

One of Dauphin County's most promising practices is The JEREMY Project funded through reinvestment funds. Dauphin County began The JEREMY Project under a competitive grant from OMHSAS in FY 2001-2002. Making **Joint Efforts Reach and Energize More Youth** (JEREMY) has provided a boost forward for young people ages 16-22 by focusing on person-centered planning and preparation for adult life in four domains: education, employment, community, and independent living. In the program, participants learn to maximize control in their own lives by developing healthy peer relationships, decision-making skills, lawful and drug-free social activities, better self-esteem and acceptance.

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

There are three approved CPS providers in Dauphin County: CMU, Philhaven, and Keystone Mental Health Services and about 125 persons receive PerformCare funded Peer support services annually. Aurora Social Rehabilitation, NHS of PA Capital Region ACT, YWCA Supported employment and Pennsylvania Psychiatric Institute's inpatient program have imbedded peer specialists in their services. 23 persons in MH recovery are employed in Dauphin County. Eight (8) are full-time and 15 are part-time employees. Dauphin County is interested in continuing to expand peer support services, as they are truly a catalyst for moving the mental health system toward recovery and resiliency at a system and individual-level.

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

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

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

### **3. Recovery and Resiliency Oriented Systems Transformation:**

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

- Engage contracted providers and other human service systems to **use mental health resources in a fiscally responsible and person-centered ways.**
- Annually **conduct a survey** of persons using mental health services.
- **Provide technical assistance and expertise** to the Behavioral Health Managed Care Organization, PerformCare, and oversight agency, Capital Area Behavioral Health Collaborative (CABHC) in quality, fiscal and clinical management areas.

Other initiatives for adults include:

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

And for children and their families include:

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

**Transformation Priorities** were developed in previous fiscal years and carry over to FY15-16 activities.

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

**Narrative:** Dauphin County will look at the availability of several evidenced-based programs and promising practices during the FY15-16. These include:

- NAMI Dauphin County will host Family –to-Family Program.
- Dauphin County will support the provision of trainers and materials, offer MH First Aid for Adults and Children to first responders.
- The provision of Certified Peer Specialists on Pennsylvania Psychiatric Institute’s (PPI) the adult inpatient unit will continue. Expand availability of employed Certified Peer Specialists system-wide.
- The consumer leaders and Dauphin County CSP Committee will continue to promote and offer WRAP two-day participant and five-day facilitator training.
- Continue/expand provision of Illness Management and Recovery (IMR) currently used by adult mental health residential and social rehabilitation providers.
- Continue use of The Incredible Years through school-based outpatient sites in Harrisburg and Middletown Area School Districts.

**Timeline:** The timeline to look at EBPs and promising practices is throughout FY15-16. . Each quarter County MH staff will review each priority and all activities being tracked and assess their status and potential for completion.

**Resources Needed:** There are no identified resources needed. We will use allocated funds based upon State, County and Federal sources allocated to Dauphin County and allowable expenses under the use of those funds. Other potential sources may be through CABHC or PerformCare based upon their Boards’ approval. Service providers in the County network also make available funds to undertake these activities as needed and available from their revenue sources/grants and donations.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #1.

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

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

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

**Narrative:** The mental health system engages persons in services and families in recovery and resiliency education and activities during FY15-16. These include:

- Offer Wellness training and events system-wide on urgent health care issues among children and adults with serious mental illness that are preventable.
- Dauphin County CSP Committee continues to engage primarily consumers as presenters in their 2016 conference.
- PerformCare and Dauphin County along with other Cap5 counties are working with a list of activities to improve physical and behavioral health outcomes for child and adult members.
- Dauphin County MH/ID will continue to spearhead Northern Dauphin Community initiative called VALLEY STRONG on child/family well-being and safety drawing upon person and family resiliency builders.

**Timeline:** The timeline for Priority #2 is throughout FY15-16. County MH staff are assigned to monitor priority activities and track progress and potential for completion and outcomes. We operate on a Fiscal Year and reviews among the entire staff will occur in October 2015, December 2015, March 2016 and May 2016.

**Resources Needed:** There are no identified resources needed. We will use allocated funds based upon State, County and Federal sources allocated to Dauphin County and allowable expenses under the use of those funds. Other potential sources may be through CABHC or PerformCare based upon their Boards' approval. Service providers in the Dauphin County network also make available funds to undertake these activities as needed and available from their revenue sources/grants and donations.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #2.

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

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

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

**Narrative:** Strategies to increase persons in service and families' roles in the mental health system have been identified (below) for FY 15-16. Dauphin County believes that roles for persons in service and families will lead to the development and implementation of consumer-run services.

- Continue to evaluate satisfaction with Tele-therapy service for children, youth and families using Residential Treatment.
- Increase number of persons serving on contracted Provider Advisory/Management Boards.
- Inventory and promote peer-run groups.
- Identify future priority populations for annual county satisfaction surveys.
- Implement Family Engagement strategies through Children's MH Committee's family engagement initiative. Kickoff year-long events in August 2015.

**Timeline:** The timeline for monitoring and tracking the strategies identified is FY15-16. The Dauphin County MH Program will monitor the priority and all of the activities identified in the priority as a part of the work of a County MH Program. More detail is provided under the tracking of the status of the priority and activities below. We operate on a Fiscal Year and reviews among the entire staff will occur in October 2015, December 2015, March 2016 and May 2016.

**Resources Needed:** There are no identified resources needed. We will use allocated funds based upon State, County and Federal sources allocated to Dauphin County and allowable expenses under the use of those funds. Other potential sources may be through CABHC or PerformCare based upon their Boards' approval. Service providers in Dauphin County's network also make available funds to undertake these activities as needed and available from their revenue sources/grants and donations.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #3.

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

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

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

**Narrative:** Dauphin County MH continues to explore opportunities to increase permanent housing supports for persons in service. The following activities are identified for FY15-16.

- Continue progress on implementing Housing Plan under reinvestment: Bridge Subsidy Program, LLA growth and PHFA811 Demonstration, Capital development with Sunflower Field development/LIHTC PHFA approved project and contingency funds for housing support to forensic population.

- Sustain competitive employment contract with YWCA Supportive Employment program in FY15-16.

**Timeline:** Dauphin County will devote staff to completing identified activities during FY15-16. Dauphin County MH staff are assigned in both Children's and Adult MH services to monitor and track the priority and activities under each priority. The mechanism for monitoring the activities and supporting the completion of the activities is described below under the tracking of priorities and activities. We operate on a Fiscal Year and reviews among the entire staff will occur in October 2015, December 2015, March 2016 and May 2016.

**Resources Needed:** There are no identified resources needed. We will use allocated funds based upon State, County and Federal sources allocated to Dauphin County and allowable expenses under the use of those funds. Other potential sources may be through CABHC or PerformCare based upon their Boards' approval. Service providers in the Dauphin County network also make available funds to undertake these activities as needed and available from their revenue sources/grants and donations.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #4.

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

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

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

**Narrative:** Recovery and resiliency are evident when persons in service and families use the system independently and engage successfully in community resources outside of or in addition to the mental health system. The two strategies are being continued for FY15-16:

- Resource sharing for families through web-based information distribution on mental health, wellness and resiliency continues to grow. See them at [www.dauphincounty.org](http://www.dauphincounty.org) Then go to Government Services, Human Services, Mental Health and Intellectual Disabilities, Resources
- Increase contracted provider's use of generic community resources and referrals for greater community integration among children, adults and families.

**Timeline:** The timeline for monitoring and tracking the strategies identified is FY15-16. The Dauphin County MH program staff complement includes 2 full-time adult MH staff, 2 full-time children's MH staff and a Quality Assurance Specialist and a Deputy MH Administrator.

Quarterly review of work plans will occur in October 2015, December 2015, March 2016 and May 2016.

**Resources Needed:** There are no identified resources needed. We will use allocated funds based upon State, County and Federal sources allocated to Dauphin County and allowable expenses under the use of those funds. Other potential sources may be through CABHC or PerformCare based upon their Boards' approval. Service providers in the Dauphin County network also make available funds to undertake these activities as needed and available from their revenue sources/grants and donations.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will monitor and track the two identified strategies throughout FY15-16.

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

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

### **Intellectual Disability Services**

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

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

Public Welfare. CMU is dedicated to helping people become connected and remain connected to their community.

<b>Service Type</b>	<b>Estimated / Actual Individuals served in FY 14-15</b>	<b>Projected Individuals to be served in FY 15-16</b>
Supported Employment	<b>56</b>	<b>56</b>
Sheltered Workshop	<b>0</b>	<b>0</b>
Adult Training Facility	<b>0</b>	<b>0</b>
Base Funded Supports Coordination	<b>220</b>	<b>220</b>
<b>Service Type</b>	<b>Estimated / Actual Individuals served in FY 14-15</b>	<b>Projected Individuals to be served in FY 15-16</b>
Residential (6400)	<b>33</b>	<b>33</b>
Life Sharing (6500)	<b>1</b>	<b>1</b>
PDS/AWC	<b>0</b>	<b>0</b>
PDS/VF	<b>0</b>	<b>0</b>
Family Driven Family Support Services	<b>90</b>	<b>90</b>

## **Service Area Planning for 2015-2016**

### **1. Employment/Supported Employment**

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

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

- A Collaboration with area school districts:
  - i. Information is shared about Employment 1<sup>st</sup> outcomes with students and families. School districts share information with students at an earlier age regarding futures planning and the important role that families and the community have in successful transition to employment.
  - ii. Employment providers are gearing up to support working age students in obtaining job experiences and exploring careers during the summer of 2015.

These projects are building on partnerships with our local school districts and the array of employment providers that we have in our county. Students will be learning employment skills and work behaviors while working in community-based jobs, earning at or better than minimum wage.

- iii. The county continues to offer job finding and job support to students during the school year for those students interested in working after school and/or on weekends. The goal is to get students thinking that their adult life includes a job and meaningful participation in their community. In addition, these opportunities build their skills and work-related experiences.
- iv. A Transition Fair was held on March 9<sup>th</sup>, 2015 to support transition planning at an early age for a future of work and meaningful participation in the community. This year's fair was a huge success. Sponsored by Dauphin County, Cumberland/Perry County and HACC, over 500 11th graders with disabilities, teachers, and parents attended the event. The planning committee consisted of a dynamic group of people from HACC, cross disability agencies and school district transition staff. Participants had the opportunity to attend workshops (24 options) and visit the tables of 43 vendors.

**B Collaboration with OVR and other employment systems to support people with ID in obtaining and maintaining employment:**

- i. The County entered into a partnership with OVR and Goodwill to start PA's first county government/adult program using the Project SEARCH model. Project SEARCH program supports individuals in obtaining the job skills and work habits needed for employment in Dauphin County businesses. Individuals participating in this service will receive support in obtaining employment by the time they exit their internship. Eleven (11) individuals between the ages of 21 and 28 began their internship in April 2015. Interns will be working in county government completing 3 internships throughout the entire program.
- ii. The county is working with both Goodwill and the Center for Industrial Training to identify individuals interested in moving from employment at a sheltered workshop to competitive employment. We agreed to close admissions to facility-based employment for this year's graduates. The 2015 graduates will receive employment-based supports and services that emphasize community integration.
- iii. Individuals receiving OVR services will receive "follow along" services once OVR funding ends. OVR's new Early Reach Coordinator is a collaborator with staff at the CMU, as well as with families and individuals.
- iv. Customized Employment - 33 new staff from our local employment provider network (and some school district staff) are now certified to provide Customized Employment Services. Dauphin County was instrumental in holding a local training that enabled the certification.

- v. OVR conducted two Disability Etiquette workshops for county departments involved with Project SEARCH. The workshops were so well received, there is interest in expanding the workshop to all Dauphin County employees as individuals with disabilities are part of the customers whom are served by county departments.
- vi. Dauphin County's Employment Video has been placed on the Dauphin County website and is shared countywide and outside the county. A number of organizations have requested access to the website to share it with their constituents. Other states have also requested the link.

C Collaboration with families, students and higher education programs:

- i. County staff has been instrumental in outreach to local colleges and universities and in assisting families to explore college options during the last years of special education and after graduation.
- ii. The D.R.E.A.M. partnership (a separate 501 c. 3 organization) was formed and funding received through the Stabler Foundation to support local universities in this endeavor.

**2. Base Funded Supports Coordination**

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

**3. Life Sharing & Independent Living**

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

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

**4. Cross-Systems Communication and Training (how collaboration incorporates risk management and avoidance of state center/state hospital admissions)**

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

## 5. Emergency Supports

Additional planning for Fiscal Year 2015-2016 is based on the people currently listed on both the emergency and critical PUNS. While people move on and off the PUNS list because their needs change or services are provided, the overall number of people in both of these categories at any one time, remains relatively the same.

### A. Special Education Graduates:

Anticipated June 2015 Graduates	Total
32	32
Graduates Currently in PFDS/ Consolidated Waiver	15
Anticipated waiver or base funding needed for June 2015 Graduates	15

### B. EPSDT/BHRS “Aging-out”:

### C. State Center: 10

- a. One individual is targeted to move back home from Hamburg Center. A provider has been identified and planning has begun.

### D. PUNS (May 22, 2015)

- a. We anticipate serving additional individuals on the emergency PUNS with base/block grant funding to avoid higher level placement costs.

Service Area	Emergency	Critical
Adult Day Supports	22	15
Agency Group Home or Apartment less than 24 hours	12	12
Agency Group Home of Apartment – 24 hour staff	24	15
Assistive Technology	11	8

Community Employment (Supported Employment)	34	19
Environmental Accessibility	8	10
Family Living/Life Sharing	17	9
Habilitation	87	60
Individual Home Owned/Leased by the person with under 24 hours staff support	4	7
Individual Home Owned/Leased by the person with 24 hour staff support	1	3
Occupational Therapy	6	4
Other Day Supports – Volunteering	7	5
Physical Therapy	3	5
Post-Secondary/Adult Education	10	2
Pre Vocational Supports	32	11
Respite Supports – less than 24 hours	28	19
Respite Supports – 24 hours	27	15
Speech Therapy	4	6
Transportation	54	36
<b>Unduplicated Total</b>	<b>105</b>	<b>103</b>

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

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

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

**Administrative Funding:** The Dauphin County Mental Health/Intellectual Disabilities Program maintains compliance with the Administrative Entity Operating Agreement (AEOA). The AEOA designates the list of delegated and purchased services as required by the agreement. Dauphin County has a robust agenda and will use all available funding to support the needs of individuals with intellectual disabilities living in Dauphin County.

**HOMELESS ASSISTANCE SERVICES**

Dauphin County’s HAP Program serves individuals and families whose income is below 200% of Federal Poverty level and who are homeless, near homeless, and who meet the specific HAP program component requirements. Dauphin County’s HAP staff and providers collaborate with the Capital Area Coalition on Homelessness (CACH), the lead agency for the Harrisburg City/Dauphin County Continuum of Care to coordinate services, leverage funding from HUD, Emergency Solutions Grant, and local funding. We continue to refine the use of data through HMIS, and our block grant reporting. HAP providers also collaborate with CACH for the annual CACH Project Homeless Connect.

	Estimated Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	100	100
Case Management	1,350	1,350
Rental Assistance	530	530
Emergency Shelter	910	910
Other Housing Supports	0	0

**Bridge Housing:**

Bridge Housing is a transitional housing program that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Clients must receive case management, supportive services and have a service plan that describes how the program will assist them for up to 18 months with the goal of returning client to the most independent life situation possible. This component is designed to “bridge” the gap between Emergency Shelter and stable long – term housing. Clients are generally eligible for 12 months of program participation. With county permission, a service provider can extend a client’s stay from 12 to 18 months. The YWCA and Brethren Housing Associates provide Bridge Housing. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County’s FY 14-15 Block Grant Plan. No changes are planned to Bridge housing in FY 15-16.

**Case Management:**

Case management services assist clients in overcoming barriers in order to move from homelessness (out of shelter, off the street or out of danger of eviction) to a more stable situation and obtaining self-sufficiency. Case managers make referral and linkages to mainstream resources, other social service agencies and medical and treatment providers. Case managers work with HAP clients to establish realistic goals in the areas of basic life skills, financial

management, parenting, home maintenance, employment preparation or employment skills. HAP clients benefit from the advocacy role case managers provide and their assistance in navigating social services and educational systems and obtaining funding for other services, finding health care, meeting basic needs, and obtaining assistance in their search for permanent housing. Case management services are available to any client receiving HAP services. Gaudenzia and Christian Churches United are funded to provide case management services. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status change and/or the number of evictions successfully resolved as reported in Dauphin County's FY 14-15 Block Grant Plan. No changes are planned to Case Management in FY 15-16.

### **Rental Assistance:**

The Rental Assistance program provides payment for delinquent rent for both apartment and mobile home lots; and security deposits and/or first month's rent for families and/or single individuals who are facing eviction or who are homeless. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Clients have the opportunity to participate in budgeting; money management and landlord tenant information workshops to further assist clients in overcoming barriers and obtain assistance in gaining stability and becoming self-sufficient. Christian Churches United provides the Rental Assistance Program Service. Dauphin County evaluates the efficacy of the program by measuring the housing status change and/or the number of evictions successfully resolved as reported in Dauphin County's FY 14-15 Block Grant Plan. No changes are planned to the Rental Assistance Program in FY 15-16.

### **Emergency Shelter:**

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

Grant funds transferred to the HAP funding stream via a DPW HAP granted waiver, in order to bring it into ADA compliance. No changes are planned to Emergency Shelter in FY 15-16.

**Other Housing Supports:**

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

**HMIS:** CACH is the lead agency for the HUD Continuum of Care PA 501 and is in full implementation of HMIS for HUD and ESG services and providers using Bowman Service Point software. HAP providers are using HMIS for their HUD and ESG funded programs and we continue to track HAP outcomes and HAP reporting including measures for use of mainstream resources, income and benefits at entry and exit, and exit destination.

**CHILDREN and YOUTH SERVICES**

Dauphin County has experienced very difficult situations within its child welfare system. Placement rates have increased drastically after six years of decreases. Most levels of care ranging from foster care to congregate care have increased 100% over the past fiscal year. We have continued to implement the utilization of evidence based programming in an attempt to provide effective community based programs that fit our family’s needs. Despite the tragic increase in out of home care we continue to make strides in implementing the Child Welfare Demonstration Project. This has opened opportunities to partner with many great organizations, including the Casey Foundation, the National Implementation Research Network (NIRN), and Penn State University. Along with a great partnership with research from Shippensburg University, available as a result of the Block Grant work, Dauphin County is working towards true program evaluation. In addition Dauphin County has created an internal Quality Assurance Team within the program division.

We continue to see many challenges ahead. The needs of the youth, serviced by the agency continues to grow in complexity. The significance of youth presenting with mental health needs is staggering and we have struggled to keep our foster parents at a level capable of handling these youth. 50.4% of Dauphin County Children and Youth’s placements are within Agency foster homes so we have a strong responsibility to keep them adequately trained. As outlined below, we need to continue focusing efforts to build their skill competencies to have sufficiently trained homes capable of addressing their needs always available.

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

	<b>Outcomes</b>
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Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections are preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome</b>
Reduced CYS Placement Numbers (related to Safety Outcome #2)	CYS runs a placement report each week which is distributed to the Senior Management team for analysis. This is used in many forums/workgroups and agency performance on this area is communicated with staff and stakeholders regularly. CYS admin staff have been receiving additional trainings on the abilities of our new computer system to further dissect this information.	<ul style="list-style-type: none"> <li>- Family Engagement Strategies Spectrum (FGC Grant)</li> <li>- Rental Assistance</li> <li>- Transitions Program</li> <li>- MST</li> <li>- Samara Visitation Center</li> </ul>
Improved Placement Stability (related to Permanency Outcome #1)	CYS analyzes its placement stability rating from the Hornby Zellar data packages every 6 months as they are released. While Dauphin's 2014 QSR concluded, the County Improvement Plan (CIP) was developed, placement stability was one of the identified 3 benchmarks. On top of HZA reports, several internal analysis reports are completed on placement stability. Dauphin also places special requests to Hornby Zellar every 6 months for increased statistical reports on our placement stability.	<ul style="list-style-type: none"> <li>- Family Engagement Strategies Spectrum (FGC Grant)</li> <li>- Rental Assistance</li> <li>- Transitions Program</li> <li>- MST</li> <li>- Samara Visitation Center</li> <li>- PRIDE Foster Parent Training</li> </ul>
Improved Placement Reentry Rates (related to Permanency Outcome #1)	Same as above for Placement Stability. Dauphin receives reports from Hornby Zellar every 6 months and also requests additional analysis from Hornby Zellar every 6 months as well. Placement re-entry rates	<ul style="list-style-type: none"> <li>- Family Engagement Strategies Spectrum (FGC Grant)</li> <li>- Rental Assistance</li> <li>- Transitions Program</li> <li>- MST</li> <li>- Samara Visitation Center</li> </ul>

	<p>were also an identified area of focus in our 2014 QSR County Improvement Plan. This resulted in many internal analysis reports which have aided in our understanding of our re-entry data and guided our decision making on programming. These internal reports have continued to drive decisions.</p>	
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*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.*

<b>Program Name:</b>	Family Group Conferencing
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<b>Status</b>	<b>Enter X</b>			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

Family engagement is the foundational to our practice in Dauphin County. Family Group Conferencing (FGC) is the primary planning mechanism used with families engaged in the child welfare system. Family Group Conferencing is offered to every family and at each decision making point from initial involvement with the Agency and all steps moving forward. This process places the family in the role of informer and decision maker, thereby increasing their engagement in the plan. Outcomes associated with the practice include the enhancement of stability for youth in placement, effective safety planning, and strong plans for youth exiting placement.

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

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

	<b>FY 14-15</b>	<b>FY 15-16</b>
Description of Target Population	All families at all case decision making points	All families at all case decision making points

# of Referrals	To date FGC Referrals = 97	400 Referrals across the Family Engagement Continuum
# Successfully completing program	FGC Referrals resulting in a some version of family engagement spectrum meeting =90 (Total of 267 family engagement spectrum meetings combined to date; which includes 121 pre-court, 15 blended perspective, 131 family engagement meetings )	80%
Cost per year	\$ 446,540	\$509,079
Per Diem Cost/Program funded amount	See Below Note	See Below Note
Name of provider	Primarily handled by internal CYS staff. Overflow handled by JusticeWorks	Primarily handled by internal CYS staff. Overflow handled by JusticeWorks

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

Dauphin County C&Y experienced a slight under-spending compared to predicted expenses for FY 14/15, which were largely due to lower than usual FGC referrals. While FGC numbers were lower than in past years, Dauphin C&Y has continued to see steady high numbers of family engagement activities with families when compared to previous years.

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

The staff salaries for this team are charged to the Human Services Block Grant starting in FY 14/15. This has led to a significant reduction in purchased services for Family Group Conferencing. The annual costs are more predictable and include the staff's salaries, benefits, and related operating costs. Part of the under-spending of FY14/15 FGC grant funds was the fact that the internal FGC team was doing an increased workload and these staff expenses were not being billed to the block grant. So, budgeted amounts for contracted family engagement services

naturally decreased as internal capacity/output was increased, thereby leading to under-spending for those contracts.

Were there instances of under spending or under-utilization of prior years' funds?  
 **XXX** Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

As noted above, bringing FGC coordination and facilitation within the Children and Youth Department has saved significant funds. The FGC unit has enough capacity to also coordinate and facilitate conferences for the Juvenile Probation Department. Dauphin County has a plan across all human service agencies and Probation Departments to increase the number of Family Group Conferences in the future thus reducing the underspending.

Dauphin County Family Engagement Strategies Chart

Meeting Type	Duration	Location	Participants	Precipitating Factor	Format	Purpose	Frequency
<u>Pre-Court Meeting</u>	less than 1 hour	This meeting can be held anywhere, often it occurs the day of court at the agency.	caseworker, supervisor, family and family supports, community resources and additional providers	A referral is made when a court hearing is scheduled, most often when a placement occurs or a decision needs to be made before court to create consensus in the family group and the agency.	A Pre-Court Meeting (depending on time allotted) consists of information sharing by the agency for the family and visa versa if applicable. Planning can occur if the family is willing, able and there is enough time.	To familiarize the family group with the court process as well as what led up to needing court involvement. It can also be used to create a plan to present to court either with the consensus of the agency or not.	A Pre-Court Meeting most often occurs before the Shelter Care or A&D Hearing, but can be utilized before any court hearing during the life of a case.
<u>Family Engagement Meeting</u>	20 min - 2 hours	This meeting can be held anywhere, often due to the nature and the emergent need of the meeting it is held at the agency or in the family's home.	caseworker, family and family supports, providers, community resources	A referral can be made for this meeting at any time during the case, regarding any kind of planning needs or consensus building for the case.	The format of a FEM depends solely on the needs of the family; this meeting can include as much or as little agency/facilitator involvement as the family wants. Some family's simply need a place to meet with a few questions answered and a lot of private family time whereas some family's need a facilitator and agency staff present during the entire meeting.	Often this meeting is used during a time of crisis, the purpose would be to resolve what precipitated the crisis or resolve what the agency is still concerned about with the family situation.	This meeting can be utilized at any time during the life of a case.
<u>Family Group Conference</u>	2 - 4 hours	This meeting needs to occur in a neutral location (for the family and the agency).	caseworker, supervisor, family and family supports, community resources and additional providers	A referral for a Family Group Conference can be made at any time during the case, especially when planning and consensus building needs to occur regarding the direction of the case/family plan.	A Family Group Conference follows the format as prescribed by the state, which includes: strengths, concerns, resources, private family time, and plan review (and a meal).	The purpose of an FGC is for the family group to receive information from the agency, providers and community supports and then have time (privately) to plan. This planning most often focuses on the concerns that bring this family to the attention of the system. The end product is a plan that resolves all of the aforementioned concerns.	This meeting can be utilized at any time during the life of a case, it is most often used when a Family Services Plan needs to be created or updated or a major event occurs in the case/family system.
<u>Blended Perspective Meeting</u>	1 - 3 hours	This meeting can occur anywhere, due to the size of the group it usually occurs in a large meeting area (i.e. churches, community centers etc.)	identified youth, newly identified family, family supports, agency caseworkers involved, community members	A referral is made for a BPM if Family Finding has started for a youth. The referral happens when family members and community supports who have not previously been involved are interested in learning more about the youth and his/her current situation.	A BPM has a general format of information sharing with a larger group of family/community supports. These meetings include a discussion of the youth's history (# of placements, # of past workers), the positives/strengths of the child, the groups hopes for the child's future as well as the youth's foreseeability. The information sharing portion of this meeting concludes with the Biggest Unmet Need. The rest of the meeting can vary depending on the family history and involvement, options include: a time of picture sharing, the sharing of a meal, producing a genogram/family tree and sometimes minimal planning regarding future contact.	The purpose of the BPM is to create a space where the larger family/community support group can meet to engage with their youth currently in the system. This space gives the family an opportunity to spend time with and re-acquaint themselves with this youth. A portion of this meeting is then devoted to educating the family group regarding the child's history and current reality.	This meeting most often occurs during Step 3 of the Family Finding process, or at the start of a case when a lot of family/community members have been identified that are not familiar with the youth/family's situation.
<u>Team Meeting</u>	less than 1 hour	This meeting can occur anywhere but because of its emergent nature it often occurs at the agency.	most often agency/providers (family/family supports included when needed/ appropriate)	Often a referral for a team meeting is made when the various service providers/agencies are not on the same page about a family situation. When appropriate this can also be used to get a provider and the family group on the same page.	The Team Meeting has no prescribed format, it is most often a facilitated discussion regarding the immediate concerns of a case and possible solutions or agency interventions that can be engaged.	The purpose of a Team Meeting is to build consensus regarding a family involved with one or more agencies.	This meeting can be utilized at any time during the life of a case.

Program Name:	Rental Assistance
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Status	Enter X		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		<b>New</b>	<b>Continuing</b>
		<b>X</b>	<b>Expanding</b>

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

Dauphin County plans to add services to the housing grant to include a moving and cleaning service. This is needed to keep children from entering placement or to return children home more quickly for families with these types of needs.

	FY 14-15	FY 15-16
Description of Target Population	Families in need of financial support to prevent the removal or their children, or to expedite the return of their children from out of home placement	Families in need of financial support to prevent the removal or their children, or to expedite the return of their children from out of home placement
# of Referrals	113unduplicated families served. (Total of 121 instances of families served; duplicated count for some families receiving support more than one time during fiscal year)	144
# Successfully completing program	N/A	N/A
Cost per year	\$ 125,859	\$132,000
Per Diem Cost/Program funded amount	Varies on familial situation	Varies on familial situation
Name of provider	Dauphin County Children and Youth	Dauphin County Children and Youth

Rental Assistance is an area that is wildly unpredictable and ebbs and flows significantly year to year. Expenses here are truly dictated by the needs presented to the agency each year and have proved challenging to predict. Over the years, CYs has become ever increasingly diligent to

work to assure families being provided with Rental Assistance funds/support were able to present with a sustainable financial plan moving forward if provided money from the grant. While this may lead to some families being denied, it has led to more efficient spending of the money. It is the intent of CYS to not continually dump money onto a situation that is not self-sufficient and will necessitate a never-ending supply of money.

Were there instances of under spending or under-utilization of prior years' funds?  
 Yes  **XXX** No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We were overspent in this program as we have a significant increase in requests. We do not anticipate this need reducing in the near future. We do ensure all community resources and options are exhausted for rental assistance services.

Program Name:	Strength's-Based Family Workers (SFW) - Formerly Called "Family Development Credentialing" (FDC)
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Status	Enter X		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

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

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

Strength-Based Family Workers is a professional development course and credentialing program for front line workers to learn the skills associated with strengths-based practice in working with families. This curriculum is supported by the Administrative Office of Pennsylvania Courts as a component of the Permanency Practices Initiative, and Dauphin County has chosen to utilize this

curriculum to create a community wide approach to work with children and families. The use of this credentialing program for staff development is expected to enhance the options for families within their own communities, provide fundamental tools to community providers, and to enhance the strength and duration of relationships within the community. Each of these outcomes supports a continuum of care for sustainable change

	<b>FY 14-15</b>	<b>FY 15-16</b>
Description of Target Population	See note below	See note below
# of Referrals	14	20 max per class cohort
# Successfully completing program	11 (credentialing exam pending in July 2015)	85%
Cost per year	\$21,000	\$22,500
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Temple and Pressley Ridge	Temple and Pressley Ridge

**NOTE:**

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

Were there instances of under spending or under-utilization of prior years' funds?  
 **XXX** Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We were underspent in this program by \$4465.22. The cost of the program is based on the number of participants and the class was not full. We plan to ensure a full class complement in the future.

Program Name:	Check and Connect
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<b>Status</b>	<b>Enter X</b>		
	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)			<b>X</b>

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

	<b>FY 14-15</b>	<b>FY 15-16</b>
Description of Target Population	See Note Below	See Note Below
# of Referrals	175	200
# Successfully completing program	Awaiting end of year school reports	80%
Cost per year	\$265,834	\$326,042
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Pa Counseling	Pa Counseling

**NOTE:**

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

Dauphin County slightly underspent their anticipated expenses for FY 14/15. During FY 13/14, the Check and Connect program was only being offered to all school districts in the Northern Dauphin County geographical region. The plan for FY 14/15 included expansion in to both Middletown School District, as well as Steelton-Highspire School District, both geographically located in the lower portion of Dauphin County. While Children and Youth was successful at expanding the service, that expansion rate was slower than expected. The end game for the number of expanded schools was reached, however due to delayed implementation, costs were below initial projections.

For FY 15/16 Dauphin County Children and Youth is in the process of further expanding the program to several districts in the Harrisburg region. We have initiated relationships for this program in two additional districts in the Harrisburg-area.

Were there instances of under spending or under-utilization of prior years' funds?  
 Yes  **XXX**No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We plan to increase this program to include additional school districts

Program Name:	Multi-Systemic Therapy (MST)
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Status	Enter X		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

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

	FY 14-15	FY 15-16
Description of Target Population	See Note Below	See Note Below
# of Referrals	88 (37 are currently active)	100
# Successfully completing program	36 completed successfully	70%
Cost per year	\$203,000	\$162,174
Per Diem Cost/Program funded amount	See Note Below	See Note Below
Name of provider	Hempfield Behavioral Health and PA Counseling	Hempfield Behavioral Health and PA Counseling

**NOTE:**

- **Target Population:** MST is an evidenced-based intervention that targets high risk juveniles exhibiting criminal and/or anti-social behaviors that often co-occur with mental health issues, substance use, as well as, family, school, and peer struggles.
- **Cost Per Year:** The cost is dependent on several factors including which provider is doing the service, as well as, which version of MST is being provided. MST is billed as weekly units. MST is a Medical Assistance funded service. Dauphin County's mental health insurance provider for Medical Assistance is PerformCare (formerly CBHNP). Dauphin County Children and Youth/ Juvenile Probation continue to enter budgetary contracts with the providers for the same weekly rate as defined by PerformCare. The two providers utilized for traditional MST are paid separate weekly rates. Hempfield Behavioral Health is paid \$497.58 while PA Counseling is paid \$575.73. Hempfield is paid \$617.25 a week for the MST – PSB (Problem Sexual Behaviors) variation of the program.

Dauphin County underspent FY 14/15 MST money by roughly \$70,000. It is always difficult to predict the exact extent of funds the County will need to fund MST. While the service is MA

funded, the County has had a longstanding agreement/complex process with the Dauphin County Medical Assistance office, PerformCare, and the MST providers. This process allows for the expedited servicing of families, but makes the County's financial commitment, while capped for each case via a tiered system, it continues to be unpredictable. This process/agreement has allowed Dauphin County to consistently limit itself to only a roughly 30% exposure to the total cost of the service, with the other 70% being covered by Medical Assistance. We again are meeting with our local CAO to ensure referrals are being efficiently process in an effort to reduce the county costs for this MA funded service.

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

Were there instances of under spending or under-utilization of prior years' funds?  
 **XXX** Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We were underspent in this program by \$53, 612.95. Although referrals increased, we've been working to reduce the amount of time that MA is approved and funding this program. We will continue to work to reduce the funding needed for this program in future years, although we may never be able to eliminate this stop gap funding completely, based on the immediacy of this need.

Program Name:	Transitions Program
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Status	Enter X		
	New	Continuing	Expanding
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		X	

The Transitions Program was implemented to provide transitional housing options for families. This transitional housing program assists families in building informal support networks while they build competencies in the areas contributing to their housing struggles. This includes debt recovery, budgeting, employment coaching, social services for any identified mental health or

substance abuse issues, and parenting supports. While working with families on these areas, it also provides the physical housing units for families at little to no cost to them initially. The program is intended for families whose current housing situation is, or will very soon be, impacting the ability of the caregivers to maintain custody of their children. This program allows for youth to remain with their families in the community and can also be used to more quickly reunify youth from out of home placement back to their families.

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

	<b>FY 14-15</b>	<b>FY 15-16</b>
Description of Target Population	See Above	See Above
# of Referrals	Program Capacity = 4 families	Program Capacity = 4 families
# Successfully completing program	4	4
Cost per year	\$49,141	\$68,000
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Brethren Housing Association	Brethren Housing Association

Were there instances of under spending or under-utilization of prior years' funds?  
 Yes  **XXX** No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We were overspent in this program as we have a significant increase in housing referrals. We do not anticipate this need reducing in the near future. Client numbers remain the same because no new clients will be served, the same number of clients will be served in 2015/2016. The costs of those clients served in 2014/2015 was not funded 100% by the block grant during 2015/2016, 100% of the funding will be block grant.

Program Name:	Parent Resources for Information, Development, and Education (PRIDE)
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<b>Status</b>	<b>Enter X</b>		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

Dauphin County implemented the PRIDE foster parent training series (Parent Resources for Information, Development, and Education). The PRIDE model is operated by the Child Welfare

League of America. Detailed information on this model can be located: <http://www.cwla.org/programs/trieschman/pride.htm>

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

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

	<b>FY 14-15</b>	<b>FY 15-16</b>
Description of Target Population	100% of Dauphin County Foster Parents	100% of Dauphin County Foster Parents
# of Referrals	Roughly 100 Current Agency Foster Parents	Roughly 100 Current Agency Foster Parents; All Newly Recruited Foster Parents Will Also Receive PRIDE training
# Successfully completing program	100%	100%
Cost per year	\$232,000	\$282,000
Per Diem Cost/Program funded amount	Currently Program Funded	Currently Program Funded
Name of provider	Families United Network (FUN)	Families United Network (FUN)

Dauphin County Children and Youth will be heavily recruiting foster families for all children with specific emphasis on homes that can accommodate older youth, and medical or behavior expertise in an effort to meet our foster care needs. This was the first full year under a new structure of a contracted foster care program so expenses are increasing as we expand the number of foster homes we have available.

Were there instances of under spending or under-utilization of prior years' funds?  
 **XXX** Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

This provider was underspent by \$90,345.25 and had just began programming in May 2014. They have continued a slower pace of training for foster parents than originally planned. The agency is having some challenges in recruiting new foster parents to be trained as well. We will continue to work toward full use of this program in the future

Program Name:	Samara Visitation Center
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Status	Enter X		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

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

- **Orientation**

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

- **Assessment/Relational Phase**

The assessment/relational phase is designed for parents who have not yet attended the related Intensive Parents' Program or who are not yet ready to begin the collaborative phase. From experience, the relationship and trust built between families and program staff are key to the success of our program. Parents who have not received nurturing care as children need to experience such essential support in order to begin learning to provide nurture for their children. The goals of the assessment/relational phase are to assess the parent/child relationship through observations and to create necessary trust between parents and program staff. The observations will help staff better ascertain areas of parenting to be addressed in the collaborative phase. If this phase is successfully completed there will likely be a better long-term outcome. The assessment/relational phase will focus on creating an environment and activities where parents and children receive nurture, safety, support and observation.

- **Collaborative Phase**

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

- **D. Independent Phase**

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

- **E. In Home Phase**

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

This program opened on October 9, 2014 and began serving its first family for visitation and training on October 22, 2014. This delay from July to October accounted for the under-spending. We have planned for FY15-16 to increase the costs for this service as the program has been at full capacity and is able to service more families.

- *If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.*
- Not Applicable. New Promising Practice.

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

	<b>FY 14-15</b>	<b>FY 15-16</b>
Description of Target Population	See Note Below	See Note Below
# of Referrals	21 Families	28 families
# Successfully completing program	100% to date	80%
Cost per year	165,661	\$215,050

Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Samara	Samara

**NOTE:**

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

Were there instances of under spending or under-utilization of prior years' funds?  
 **XXX** Yes    No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

This program was underspent by \$53,909.98 as the opening was delayed by four months in the beginning of the fiscal year. Since then referrals have been steady and there is a waiting list for this program, so we will not have underspending in the future

**DRUG and ALCOHOL SERVICES**

Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the County of Dauphin. Access to assessments for outpatient treatment services occurs at contracted outpatient treatment providers, however outpatient providers will screen and assess for all levels of care. The Department's Case Management Unit also conducts screenings and assessments for Inpatient level services by appointment, and/or on a walk-in basis. The SCA also conducts screening and assessment for institutionalized individuals; clients ordered into the county's Drug Court Program; and, those in local emergency rooms. The Unit also conducts case coordination which includes working with clients on their non-treatment needs. Additionally, the SCA contracts with Hamilton Health Center for a specialty Intensive case management program for pregnant women and women with children up to 5 years of age. The SCA contracts with a network of Treatment providers for all levels of care.

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

The SCA has a host of ancillary services provided to clients to assist with their non-treatment needs and for special populations. This includes intervention level services for youth through the

use of our SCA partnership with Juvenile Probation instituted the Interrupted program. The SCA in partnership with Children & Youth has a Holistic Family Support Program that is an intensive case management, prevention, treatment and recovery support program for expecting mothers and women with children. The SCA is also involved in a myriad of programs to assist those with substance use disorders embroiled in the criminal justice system such as a participant in the Department of Drug and Alcohol Programs (DDAP) and Department of Human Services Medical Assistance (MA) Prison Pilot Project, school based treatment services, Outpatient and Intensive Outpatient services provide onsite at our Work Release Center and diversion to treatment opportunities at the County's Judicial Booking Center.

Although the SCA has been effective at managing access to its treatment provider network; however, capacity particularly at the Inpatient level can create temporary waitlists. Dauphin County has a limited number of Inpatient facilities as it relies as other counties, on a statewide network to meet the full continuum of care. This fiscal year the SCA will contract with more Inpatient level facilities due to the waitlists and the spike in need for detox and inpatient level of care treatment. Thus, some facilities are at capacity at varying times. There remains little to no wait for Outpatient and Intensive Outpatient levels of care. The County will continue to monitor capacity issues through its Treatment Specialist pilot program that operates from the County Judicial "Booking" Center.

To assist in the Coordination of Care across the system, the SCA is a part of the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization, Perform Care. This serves as an on-going resource for treatment services. Moreover, the SCA sits on the CABHC Board of Directors and Drug and Alcohol Reinvestment Committee. The SCA after exploring the creation of drug and alcohol school-based services currently has a provider in all 4 school districts in the Northern part of our county for the past two years and this has put into place a provider and all the 11 districts in Dauphin County.

The Coordination of Care across the system is in part executed through its various committee engagements and community involvement. The SCA is part of the County's Integrated Human Services Plan Committee, Cross Systems Children's Meeting, Family Group Conference and Family Engagement committees, the Steelton-Highspire Initiative, Hamilton Health's Healthy Start Consortium, Northern Dauphin Human Services Advisory Panel and Superintendent's meeting, Systems of Care Planning Committee and Faith Based Initiative, DDAP's Overdose Rapid Response Task Force, DDAP's Latino and Veterans Access Committee, DDAP's Prevention Data Work Group, DDAP's Needs Assessment Team, County Reentry Subcommittee, Criminal Justice Advisory Board, C&Y Stakeholders meeting, Juvenile Probation Leadership Meeting, Pennsylvania Prevention Directors Association (PPDA), Dauphin County Prison Board, Dauphin County Prison Treatment, Dauphin County Drug Court, Dauphin County Reentry committee and Dauphin County CJAB Board. The SCA also has team members that regularly attend Systems of Care (SOS) family engagement committee, SOS community partners committee, SOS faith based committee and SOS youth engagement committee. SCA attends many other county initiatives the children and youth MDT and death revue meeting, the MH/ID Supervisors meeting primarily reviewing Residential Treatment Facility placements and the MH/ID wellness committee, the diversity forum and the poverty forum. The SCA also attends stakeholder meetings for Veterans Court. Additionally, the SCA participates in the annual Homeless Connect Program, sponsored by the YWCA and also continues to meet with the

County's MH/ID agency on collaboration and coordination for individuals with co-occurring disorders.

According to the United States Census Bureau, Dauphin County is experiencing an increasing population trend since 2010.

Year	2010	2011	2012	2013	2014
Population	268,100	269,124	269,857	271,017	271,453

County treatment demographic data reflects that the largest populations of individuals served are White/Caucasian males and females at 51%. However, African Americans who are 18% of the county population represent over 35% of those who receive treatment. Latinos who make up 7% of the county population make up 12% of the SCA treatment population. County demographic data suggests an increasing diverse county populace, all with distinct needs and cultural norms that may have an impact on successful treatment. Additionally, these groups also need special consideration for prevention efforts as well. Linguistically, the county has Spanish speaking ability at one treatment provider and subcontracts with a Spanish speaking Inpatient provider for those services. Additionally, the SCA encourages its treatment provider network to retain counselors of all racial/ethnic backgrounds and recently added an African American and Islamic owned outpatient facility to its network. The SCA prevention efforts have also strived to be culturally competent as well with services and curriculums in a multitude of communities and school districts that speak to the diverse learning styles, experiences and cultural norms of the youth we serve.

Emerging Youth Trends, according to Student Assistance Program (SAP) Use Report for FY 2013-2014, marijuana, alcohol, and tobacco is the most self-reported substances among youth attending school.

Overall, from the Pennsylvania Youth Survey (PAYS) data, the drugs of choice in the lower part of the county (urban and suburban areas) included alcohol, marijuana, and nicotine. In the upper part of the county, Northern Dauphin, the drugs of choice were alcohol, nicotine, marijuana, inhalants and other illicit drugs (LSD, cocaine, amphetamines) a larger experimentation was evident. SAP assessments for FY 2013-2014 were 182 and thus far for FY 2014-2015 were at 131.

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

national and state reported data. Also reported use of Molly (a drug similar to ecstasy) and methamphetamine was reported by student focus groups.

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

Thus far in 14-15 school year, our SAP data shows we have seen 126 students 69% white, 17% black, 7% Hispanic and .7% Asian. Of those 77% were male students and about 22% female. Recommendations completed for this group were 14 complete school based group, 32 recommended to complete community based group, 55 referred to outpatient, 4 referred to intensive outpatient and 8 were referred to inpatient treatment.

Emerging Adult Trends, according to SCA Client Suite data, alcohol, tobacco, and other drugs (ATOD) use in Dauphin County has traditionally involved alcohol, marijuana, cocaine, and heroin abuse in that order. The SCA saw in FY 2011-2012, marijuana surpass alcohol use yet still closely matched followed by opiate then stimulant use. In FY 2012-2013, alcohol again surpassed marijuana use yet still closely matched followed by a significant increase in opiate use followed by stimulant use. The typical adult SCA client is involved with the criminal justice system; either incarcerated, on probation, or with pending charges. The client is also male and has a prior use history. In FY 2011-2012, the SCA served white males at 32.3% followed by black males at 30.4%, then white females at 16.2% and black females 9.7%; Hispanic males at 7.7% and Hispanic females at 1%. In FY 2012-2013, the SCA served white males at 37.4%, followed by black males at 26.7%, then white females at 14.2% and black females at 7.6%; Hispanic males at 9.5% and Hispanic females at 1.6%. The majority of clients served FY 2011 – 2012 were between the ages of 18-35 at 51.7% followed by those 36-64 at 36.3% and then 15-17 year olds at 10.4%. Similarly in FY 2012-2013 the majority of clients served were between the ages of 18-35 at 53.8%, followed by those 36-64 at 38.9% and then 15-17 year olds at 6.5%. In fiscal year 13-14 we served 161 clients in detox and in this same year we served 233 in inpatient treatment, 606 in outpatient, 303 in intensive outpatient.

According to the Uniform Crime Reporting System (UCR) data, in 2013 there were 1,909 arrests for drug related offenses and 2165 arrests for alcohol related offenses. This currently reflects alcohol as being the primary substance of choice. Further, the County Coroner's office reports that 36% of all accidental deaths were drug related and 8% of all suicides were drug related for FY 2011-2012 and 37% accidental deaths were drug related and 5% of suicides were drug related for FY 2012-2013. For the year 2014 UCR counts 423 adult arrests for drug and alcohol incidents and 28 juvenile arrests for the same. The trend seems to be white non-Hispanic at the arrest rate of 273 followed by black non-Hispanic at a rate of 144 arrests.

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

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

Perceived Availability, Availability of ATOD in School, Favorable Attitudes toward Substance Use, Family Management Problems and Lack of Monitoring/Supervision.

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

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

## **TARGET POPULATIONS**

### **Older Adults (age 60 and above)**

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

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

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

SCA data indicates what the above research reflects which is that older adults are underrepresented in treatment. Therefore, the SCA estimates are that only 1% of its client population would meet the criteria of older adult. The current services of this population include the already imbedded services in the SCA plan which includes the clinical services of assessments, inpatient treatment services (detox and rehab), and case management. To address the low numbers of older adults in treatment, the SCA expanded its Injection Drug Use Outreach Protocol program (IDU Outreach Protocol). The IDU Outreach Protocol is a direct contact, information, and referral program designed for individuals that inject drugs. The SCA through a contract with Alder Healthcare through a contract with the SCA hires direct service workers that canvas locations throughout Dauphin County known for IDU activity. Service workers offer

information and referral to treatment and provide when necessary cotton and bleach kits to individuals as a means to reduce the transmission of diseases and incidences of overdose. This program is highly effective in that service workers develop relationships with communities and reach individuals where they are located. The SCA has expanded this model with BHSI funds for not only those injecting drugs but other drugs as well including alcohol and reach out specifically to the older adult community as meeting individuals where they are most comfortable has served as a successful model for client engagement. Further, direct service workers have engaged physicians and hospitals as research suggests identifying within this population, individuals that may need a referral to treatment services.

### **Adults**

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

**Transition Age Yout (18 to 26)**Prevalence data from the National Survey on Drug Use and Health (NSDUH) shows that potentially 32,991 residents in Dauphin County may at some point in their lives have an issue with substance abuse. This can run the gamut of use and abuse to addiction. The age group most at risk according to the prevalence rate is 18-25 years of age. This may be because of adolescents transitioning into adulthood, leaving their families, maybe continuing their education and in many instances away from home. Further, primary prevention has targeted school age children more so than adults. This can create a vulnerable time with decreased family and community supports which are risk factors for abuse and addiction.

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

### **Adolescents (under 18)**

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

### **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

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

### **Criminal Justice Involved Individuals**

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

### **Veterans**

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

## **RECOVERY – ORIENTED SERVICES**

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

The SCA contracts with the two Recovery Support Providers (RSP) for recovery support services. In FY 2102-2013 both organizations served over 1,080 Dauphin County residents with

recovery services. The two programs are called Recovery Community Project and Bridges. The programs provide the following services and BHSI and Act 152 funds will be utilized for the following services:

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

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

### **Program descriptions**

**Injection Drug Use Outreach Protocol-** A program that delivers HIV prevention outreach to a minimum of 1,500 Dauphin County residents who use injection drugs. Outreach is offered to the partners of any Dauphin County resident who receives services. HIV prevention outreach consists of community mobilization and distribution of small-media materials and risk reduction supplies. Further, the program identifies Dauphin County residents who are in need of drug and alcohol treatment services and refers individuals to SCA funded treatment providers. The

program is to expand to older adults and adult populations using other drugs and other means of transmission of drugs. Total to be served : 2000 Budget:\$20,000.00

**CONTACT Helpline** - provides a 24-hour hotline that provides Dauphin County residents drug and alcohol specific referrals and language interpretation services as needed. Total to be served: 100 people Cost: \$ 3,000.00

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

Total to be served: 20 Cost: \$40,000.00

**Youth Support Project**- An intervention program that facilitates community based youth intervention groups. Each group will meet one time per week for a one hour sessions. Intervention groups are focused on youth ages 12-18 years of age identified as at risk of becoming involved with drug and alcohol use. The groups provide resources, treatment referrals if necessary, refusal skills and education. Total to be served: 250 Cost: \$60,000.00

### **Inpatient Services**

- **Halfway House:** A community based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment. Total to be served: 4 -Cost est.: \$10,000.00
- **Medically Monitored Inpatient Detox:** A residential facility that provides 24-hour professionally directed evaluation and detoxification of addicted individuals. Total to be served : 56- Cost est.: \$78,000.00
- **Medically Monitored Residential (Short or Long Term):** A residential facility that provides 24-hour professionally directed evaluation, care and treatment for individuals in acute or chronic whose addiction symptomatology is demonstrated by moderate or severe impairment of social, occupational or school functioning, with rehabilitation or habilitation as a treatment goal. Total to be served: 30- Cost est.: \$155,397.00

### **Outpatient Services**

- Only assessments are included in this line item. Other funding is used for Outpatient and Intensive Outpatient treatment . Department of Drug and Alcohol Program licensed Outpatient treatment facilities are contracted to perform assessment services.

Assessments include the Level of Care and placement determination based of the Pennsylvania Client Placement Criteria and American Society of Addiction Medicine.  
Total to be served: 750- Cost est.: \$75,000.00

**Case Management Operating Expenses - DDAP** requires the SCA to provide screening, assessment, and case coordination. These functions encompass various activities. Screening includes evaluating the individual's need for a referral to emergent care including, detoxification, prenatal, perinatal, and psychiatric services. The SCA utilizes funds to support the operation and monitoring of these services including its data management system. Cost: \$79,014.00

**Booking Center Criminal Justice Liaison** – The newly opened booking center in Dauphin County has become the centralized area for all law enforcement and is an opportunity for the county to do early identification of client needs. All clients that enter the center are reviewed by the center staff and the judicial system for disposition. Some clients are sent to Dauphin County Prison, some held until sober, and others released on their own recognizance. After coordinating with the center, the county's prison and the reentry subcommittee, it has become evident that a position is needed at the center to help make recommendations to divert some of the individuals entering the booking center to drug and alcohol treatment/detox, mental health facilities or other resources. The 2014/15 YTD data is suggesting that the current supply of detoxification beds under contract by Dauphin County Drug & Alcohol Services is inadequate for the demand. Often these individuals are processed and released and without available services usually return to using their drug of choice. This could result in overdose or re-arrest. Those who are formally arraigned and held on bail until a bed is found generally have completed detox at the prison. The data also beginning to suggests inpatient treatment beds also need to be expanded. Once inside the prison it becomes more difficult to adjust bail and secure an individual's release. To be served: 240 assessments Cost is estimated to include at a minimum: \$76,589.00.

**Recovery Support Services-** These services support individuals in recovery from substance use disorders. These services include recovery coaching, recovery planning, and recovery life skills classes. To be served: 285- Cost: \$100,000.00

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

## **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

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

### **Administration**

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

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

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

Dauphin County reports portions of salary and benefits of staff members in the Administration cost center. Duties of those staff members include writing contracts, processing payments to service providers, record deposits, maintaining time studies to support charges of all employees in the Human Services Directors Office, monitoring of HSDF contracts, maintaining the HSDF budget, preparing HSDF reports, and maintaining provider and client files.

Below is a chart with current and next fiscal year’s individual information for each 5 categories: Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services

	Estimated Individuals Served in FY 14-15	Projected Individuals to be Served in FY 15-16
Adult Services	5	4
Aging Services	N/A	N/A
Children and Youth Services	N/A	N/A
Generic Services	7834	7650
Specialized Services	1213	1160

**Adult Services:**

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

**Home Delivered Meals:** (i.e. Meals on Wheels...)

Dauphin County’s Area Agency on Aging (AAA) delivers hot luncheon meals prepared and packaged by a contracted provider to qualified individuals each weekday (Monday through Friday). The volunteers who deliver these meals are coordinated through Dauphin county and the contracted kitchen provider. This program is commonly known as “Meals on Wheels”.

**Changes in Service Delivery from Previous Year:**

Over the last two fiscal years our need for this service has declined by approximately ten individuals. Some whose needs are being met now through AAA and some moved from the area, while others no longer had a need for the service due to other supports.

Specific Service(s): (Please see Appendix D)

Hot home delivered lunchtime meals for adults ages 18 through 59 years.

Planned Expenditures:

During the 2015-2016 Fiscal Year, it is estimated that four adult individuals will benefit from these daily meals. The planned contract amount is \$6,500.00.

**Aging Services:**

Dauphin County is not planning to provide aging services through the HSDF. In other words, this section is Non Applicable (N/A)

**Children and Youth Services:**

Dauphin County is not planning to provide children and youth services through the HSDF.

**GENERIC SERVICES:**

Funding is allocated for the below listed programs and services which meet the needs of two or more client populations. We have included information and referral services that are critical to ensure residents get connected quickly to services and information related to their specific human service needs, in a customer service oriented and culturally competent manner.

Dauphin County had previously moved Intellectual Disability funding to this area to serve an individual who needed aide services due to her cognitive impairment and blindness, however she (the client) has moved to Florida.

**Christian Churches United:**

Christian Churches United provides service planning and direct case management services. These services include intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients.

**Changes in Service Delivery from Previous Year:**

Due to the community needs during the last fiscal year the contracted amount was increased to \$52,000.00. This was a one-time situation based on the basic needs of the community. Dauphin County plans to reduce the contract this year back to \$5,000.00 as was the amount in the recent past.

Specific Service(s): (Please see Appendix D)

HSDF funds are used for Service Planning/Case Management and Referral Services to other county human services departments or providers and information on other resources available.

Planned Expenditures:

During the 2015-2016 Fiscal Year, approximately 1,000 persons will benefit from this organization. The contracted amount for these critical basic needs will be \$5,000.00.

**Capital Area Coalition on Homelessness(CACH):**

The Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg in order to qualify for U.S. Housing and Urban Development Continuum of Care funds. In 2007, the county and the city formally selected CACH as the lead entity for the implementation of “HOME RUN: The Capital Area’s 10-Year Plan to End Homelessness”.

Changes in Service Delivery from Previous Year:

“None”

Specific Service(s): (Please see Appendix D)

Centralized Information & Referral. CACH educates and mobilizes the community and coordinates services to prevent and reduce homelessness throughout the capital region. Populations include the homeless and those on the verge of homelessness.

Planned Expenditures:

During the 2015/2016 Fiscal Year, the approximately 620 homeless persons in the region will potentially benefit from the work performed by CACH. The planned contract amount is \$1,000.00.

**CONTACT Helpline:**

CONTACT Helpline provides supportive listening, health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances.

Changes in Service Delivery from Previous Year:

“None”

Specific Service(s): (Please see Appendix D)

Contact Helpline is the only 24 hour non-emergency service in Dauphin County with volunteers answering the phones and immediately assisting callers. They provide specific active listening services as needed for anonymous callers as well. CONTACT Helpline provides centralized information and referral services.

Planned Expenditures:

During the 2015-2016 Fiscal Year, it is estimated that 5,750 Dauphin County residents will be served. The planned contract amount is \$12,500.00.

International Service Center:

The International Service Center consists of a multi-lingual team of part-time staff and volunteers to provide vital information including language support and information and referral (I&R) services to refugees, immigrants and citizens in Dauphin County.

Changes in Service Delivery from Previous Year:

“None”

Specific Service(s): (Please see Appendix D)

International Service Center provides centralized information and referral services. Examples of I&R services include adult and child protective services, consumer education, economic development, crime protection/prevention, domestic violence, employment and education.

Planned Expenditures:

During the 2015-2016 Fiscal Year, it is estimated that 280 clients will be served. The planned contract amount is \$1,000.00.

**SPECIALIZED SERVICES:**

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

**Central Pennsylvania Food Bank:**

This provider is our meets a unique need, which our other categorical programs are unable to satisfy. The Central Pennsylvania Food Bank has established a food pantry in the Northern Dauphin Human Services Center in rural Elizabethville, PA. Since opening in January 2009, the food pantry has serviced an increasing number of households/individuals.

Changes in Service Delivery from Previous Year:

“None”

Planned Expenditures:

During the 2015/2016 Fiscal Year, it is estimated that the food pantry will serve more than 400 households and at least 1,150 different individuals. The contract amount is \$90,000.

**The Shalom House Emergency Shelter:**

The Shalom House Emergency Shelter provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization’s model is built upon the premise of self-empowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future.

Changes in Service Delivery from Previous Year:

“None”

Planned Expenditures:

During the 2015-2016 Fiscal Year, approximately 10 persons will be served by this provider. The planned contract amount is \$4,000.00.

**Interagency Coordination:** Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of county human services.

Activities to be funded with HSDF include a coordinated needs assessment process which includes all of the categorical programs to determine gaps or duplications in service which allow us to tailor categorical programs to address unique local problems. To build partnerships through collaboration with private and public organizations to design overall solutions to community problems and to improve the effectiveness of the service delivery system. Dauphin County has planned for the amount of \$103,668.00 has been allocated to Interagency Coordination. This item includes partial salary funding for several staff members associated with the Human Services Development Fund/Human Services and Supports. Those reported include any management activities pertaining to county human services provided by Area Agency on Aging, Children & Youth, Mental Health/Intellectual Disabilities, Drug and Alcohol and HSDF. Those management activities include comprehensive service and needs assessment, planning to improve the effectiveness of county human services categorical programs, analysis of training and inter-agency training programs, assessments of service gaps or duplication in service, creation and evaluation of partnerships with community organizations relative to human services provided in the county, management activities dedicated to the development and enhancement of organizing the county human service programs.

Also included is support funding for our Systems of Care program, along with small amounts of monies for the following: Northern Dauphin Human Services Center, Cultural Diversity Celebration, Outreach Materials, Training, Strategic Planning Initiatives and Contingency.

Dauphin County plans to contract with YWCA to lead the Diversity Forum. This forum brings together numerous entities and individuals to discuss, plan and disseminate information and strategies within the community involving all aspects of diversity. This contract amount is planned to be \$1,200.00.

Dauphin County continues to contract with Justice Works for coordination and facilitation of Family Group conferences for adults within the community. This could include older adults and those within the Criminal Justice Systems. The contract amount is planned for \$5000.00.

Dauphin County will continue to research and finalize a funding formula for all HSBG programs with Dr. James Griffith in the amount of \$20,000.00. This is an opportunity to ensure that we are using our HSBG funds in the most effective manner to serve the needs of our community.

**Other HSDF Expenditures – Non-Block Grant Counties Only**

Not applicable

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

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

- 1). Estimated Individuals** – Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
- 2). HSBG Allocation** - Please enter the county's **total** state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).
- 3). HSBG Planned Expenditures** – Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation **must equal**.
- 4). Non-Block Grant Expenditures** – Please enter the county's planned expenditures (**MH& ID only**) that are **not** associated with HSBG funds in the applicable cost centers. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.
- 5). County Match** - Please enter the county's planned match amount in the applicable cost centers.
- 6). Other Planned Expenditures** – Please enter in the applicable cost centers, the county's planned expenditures not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.). *(Completion of this column is optional.)*
- 7). County Block Grant Administration** - Please provide an estimate of the county's administrative costs for services **not included** in MH or ID Services.

**NOTE:** Fields that are grayed out are to be left blank.

**\*Please use FY 14-15 Primary Allocations for completion of the budget.**

**\*If your county received a supplemental CHIPP allocation in FY 14-15, include the annualized amount in your FY 15-16 budget.**

**\*The Department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 2015/16 are significantly different than FY 2014/15. In addition, the county should submit a revised budget if and when it determines, at any point in the fiscal year, that expenditures in any cost centers/service categories will change by more than 20 percent.**

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

<b>County:</b>	<b>1. ESTIMATED INDIVIDUALS SERVED</b>	<b>2. HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>4. NON-BLOCK GRANT EXPENDITURES</b>	<b>5. COUNTY MATCH</b>	<b>6. OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	25		100,784			
Administrative Management	3,430		1,446,884			
Administrator's Office			924,959	3,041		2,000
Adult Developmental Training - Adult Day Care						
Children's Evidence Based Practices						
Children's Psychosocial Rehabilitation Services						
Community Employment & Emplmt Rel Svcs	50		259,887			
Community Residential Services	400		8,822,967		494,312	732,788
Community Services	1		623,053			5,000
Consumer-Driven Services						
Emergency Services	1,730		689,648	30,352		
Facility Based Vocational Rehabilitation	15		65,860			
Family Based Mental Health Services						
Family Support Services	5		86,249			
Housing Support Services	235		1,258,018			
Mental Health Crisis Intervention	2,430		663,372	42,628		445,000
Other						
Outpatient	740		633,247			
Partial Hospitalization	60		179,959			
Peer Support Services	10		138,432			
Psychiatric Inpatient Hospitalization	15		180,000			
Psychiatric Rehabilitation	30		372,121			
Social Rehabilitation Services	200		751,277			
Targeted Case Management	910		959,306			
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>10,286</b>	<b>18,156,023</b>	<b>18,156,023</b>	<b>76,021</b>	<b>494,312</b>	<b>1,184,788</b>

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

<b>County:</b>	<b>1. ESTIMATED INDIVIDUALS SERVED</b>	<b>2. HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>4. NON-BLOCK GRANT EXPENDITURES</b>	<b>5. COUNTY MATCH</b>	<b>6. OTHER PLANNED EXPENDITURES</b>
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			1,375,978			18,631
Case Management	220		215,138			
Community-Based Services	33		782,209		182,383	141,971
Community Residential Services	250		1,293,781			
Other						
<b>TOTAL ID SERVICES</b>	503	3,667,106	3,667,106	0	182,383	160,602
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	100		167,219			
Case Management	1,350		100,887			
Rental Assistance	530		296,327			
Emergency Shelter	910		108,841			124,475
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	2,890	703,274	673,274		0	124,475
<b>CHILD WELFARE SPECIAL GRANT SERVICES</b>						
Evidence Based Services	620		975,753		17,760	
Promising Practice	28		215,050		12,724	
Alternatives to Truancy	200		326,042		8,347	
Housing	148		200,000		5,120	
<b>TOTAL CWSG SERVICES</b>	996	1,670,326	1,716,845		43,951	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

<b>County:</b>	<b>1. ESTIMATED INDIVIDUALS SERVED</b>	<b>2. HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>4. NON-BLOCK GRANT EXPENDITURES</b>	<b>5. COUNTY MATCH</b>	<b>6. OTHER PLANNED EXPENDITURES</b>
<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management	3,435		155,603			
Inpatient Hospital	0		0			
Inpatient Non-Hospital	135		238,397			
Medication Assisted Therapy	20		40,000			
Other Intervention	2,280		83,000			
Outpatient/Intensive Outpatient	750		75,000			
Partial Hospitalization	0		0			
Prevention	0		0			
Recovery Support Services	250		100,000			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>6,870</b>	<b>827,000</b>	<b>692,000</b>		<b>0</b>	<b>0</b>
<b>HUMAN SERVICES AND SUPPORTS</b>						
Adult Services	4		6,500			
Aging Services						
Children and Youth Services						
Generic Services	7,650		19,500			
Specialized Services	1,160		94,000			
Interagency Coordination			103,668			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>8,814</b>	<b>248,531</b>	<b>223,668</b>		<b>0</b>	<b>0</b>
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			189853		0	
<b>GRAND TOTAL</b>	<b>30,359</b>	<b>25,272,260</b>	<b>25,318,769</b>	<b>76,021</b>	<b>720,646</b>	<b>1,469,865</b>