

Schuylkill County
Human Services
Block Grant Plan
FY 2015-2016

Table of Contents

Introduction

Part I: County Planning Process

Part II: Public Hearing

Part III: Waiver Request

Part IV: Human Services Narrative

A) Mental Health Services

B) Intellectual Disabilities

C) Homeless Assistance

D) Children and Youth

E) Drug and Alcohol

Appendix A: Assurance of Compliance

Appendix B: Narrative

Appendix C: Budget and Service Recipients

Appendix D: Advisory Board

Introduction:

Schuykill County has completed its first full year (January 1, 2014 to January 1, 2015) under Block Grant funding. The Human Service Executive Team (Lisa Fishburn, MH/ID/EI and Block Grant Fiscal Officer; Melissa Chewey, single county Authority Director; Sharon Love, Human Service Department Manager; Lisa Stevens, Children and Youth Director; Georgene Fedoriska, Office of Senior Services Director, and Daniel McGrory, Administrator of MH/DS/D&A Programs and Team Leader) has continued to meet regularly to pursue the component goals of Administrative and Fiscal Management and to design systems/models to address the five(5) shared areas of assessed needs. These five (5) areas are: 1) Housing, 2) Transportation, 3) Coordination of Services -A) physical and behavioral health and B) mental health and drug and alcohol services, 4) Employment, and 5) Transition Age Youth.

In this first year the Team has focused on four (4) system areas: 1) Assessment of level/service model of care; 2) Establishing eligibility to specific agencies consistent with assessment; 3) Creating avenues to access specific service models outside formal enrollment in agencies; and 4) Creating funding mechanisms to pay for service models. We have used the exploration and construction of these across all agencies in the Block Grant and in coordination with structures in the system as a whole. We will detail in the body of this plan the extensive coordination that has occurred in targeting areas of need and with specific populations. To accomplish this we needed to clearly define what agency best served the person/family and assure enrollment with that agency. We also needed to construct a means to access specific services traditionally held within a particular agency to make them available across all agencies, with Family Support Services and Family Based Decision Making as examples. We have also expanded the range of other programs (Systems of Care) and funding sources (Reinvestment Dollars) to add flexibilities and foundations to inter- agency projects to address the needs of transition age youth and housing.

The Team continues to be governed by equal participation and consensus decision making with each Team member offering perspectives, and recommendations on areas of need, projects to address these and funding to mechanisms.

Each Team member continues to reach out to the broader community thru their Advisory Boards, community meetings, and participation in the Block Grant Advisory Board.

PART I: COUNTY PLANNING PROCESS

The Human Services Block Grant Executive Team consists of Lisa Fishburn, MH/ID/EI Fiscal Officer and Block Grant Fiscal Officer; Lisa Stevens, Children and Youth Director; Melissa Chewey, Single County Authority; Sharon Love, Human Services Department Manager; Georgene Fedoriska, Office of Senior Services Director and Daniel McGrory, Administrator Mental Health, Developmental Services and Drug /Alcohol Programs and Team Leader. This group meets on a regularly scheduled basis to further the goals and projects as defined by and agreed upon by the Team. The process that has evolved to date is this: Based on the allocation and consistent with the Block Grant requirements we created a starting operating budget. We then identified short-term, mid-term and long-term projects to address the five (5) needs areas. We then engaged community partners with whom we would need to work to initiate and develop the projects. These involved a series of planning and monitoring meetings with a wide range of entities; often several partner entities working through the same project. We used the 1st quarter to identify and prioritize the projects. We used the 2nd and 3rd quarters to monitor the progress of each project and to track the budgets. We are currently using this 4th quarter to reconcile the allocations on the projects, identify and prioritize which will be on-going into the next fiscal year, and the operating budget for each.

1. Critical stakeholders

We believe that the broad community represents and constitutes stakeholders and we consistently do outreach to solicit their feedback and input. Critical stakeholders are, however, best represented by the individuals in services, their families/significant others, peers and advocates of all ages who are and have been involved in the services provided by each of the Block Grant Agencies. We have tried to bridge these varied populations thru the recruitment for Agency and Block Grant Advisory Boards. Each of these boards has representation from consumers, family members, advocates, business leaders, members of civic groups, and individuals from entities with expertise in one of the five (5) need areas and concerned/engaged citizens.

2. Opportunity for Participation

The Schuylkill County Commissioners approved two (2) public meetings which were conducted on May 7, 2015 from 6:00PM to 8:00PM and May 13, 2015 from 9:00AM to 10:30AM (the announcement is in Appendix C). We prepared and distributed a handout of bullet points with brief descriptions of the initiated and planned projects by needs area to be used as the basis of question and answer period.

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

- A) We conducted an on-line survey of all the members of the Advisory Boards, the provider community, peers and advocates asking them to respond the strengths/needs as per the plan narrative. As we did last year, their responses are incorporated into the body of the plan.

- B) We have engaged the two (2) Ad Hoc Committees- the Forensics and Recovery-in on-going discussions throughout the year on systems issues.
- C) We engaged the CASSP Team and the newly created Children's Committee (an affiliate of the Systems of Care grant) which has wide representation from human service agency professionals, school personnel, peers and families.
- D) We have quarterly contacts with the Block Grant Advisory Board which includes face to face and electronic communications. The meetings are very well attended and the discussions engaged and informative. Because of the diversity of the group's descriptions, insights and questions about both macro and micro- aspects of the systems are important and educational for the Team and Board Members.

We have found the diversity of the participants, the on-going communication and varied venues to be very effective in generating valuable and educational insights and recommendations

3. Use of Funds

Schuylkill County generates an operations budget prior to the beginning of the Fiscal Year based on the allocation requirements of the Block Grant. The budget reflects the actual allocation by agency and service type. As a Team we then plan and prioritize projects, with an understanding of the flexibility of dollars freed by the Block Grant and the corresponding match. The projects we have pursued to date are chosen as partnered interventions; such as housing development has involved units that have multiple uses for MH, C&Y, Homeless and Aging populations; Employment training combines populations from C&Y, D&A and MH to assure required participants. In this way we can use existing budget lines and existing contracts to jointly pay for services. We will negotiate a standalone contract for the employment training. All Block Grant dollars are used to fund developmental, supportive, psychosocial, and residential services.

4. Schuylkill County made no substantial funding changes

Programmatic changes will be addressed in the Narrative.

PART II: PUBLIC HEARING NOTICE

The two (2) Public Hearings were held May 7, 2015 from 6:00PM to 7:30PM and May 13, 2015 from 9:00AM to 10:30AM. While each meeting was widely advertised for several weeks, attendance was quite poor for both meetings. We supposed that having offered the electronic communications and meetings with the Forensics and Recovery Groups, as well as the Block Grant Advisory Board in late April that the stakeholders felt they had sufficient opportunity to share.

SCHUYLKILL COUNTY HUMAN SERVICE BLOCK GRANT

PUBLIC MEETING-MAY 7, 2015 @ 6:00 PM

ATTENDANCE SHEET

NAME	AGENCY AFFILIATION, if any	PHONE # and/or EMAIL ADDRESS
Lisa Fishburn	Sch. County MH/DS office	570-621-2890 ext. 112 lfishburn@co.schuylkill.pa.us
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Melissa Chesney	Sch. Cnty D+A	570-621-2890 ext. 104 mchesney@co.schuylkill.pa.us
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SCHUYLKILL COUNTY HUMAN SERVICE BLOCK GRANT

PUBLIC MEETING-MAY 13, 2015 @ 9:00 AM

ATTENDANCE SHEET

NAME	AGENCY AFFILIATION, if any	PHONE # and/or EMAIL ADDRESS
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The Republican-Herald (Under act P.L. 877 No 160. July 9, 1976)
Commonwealth of Pennsylvania, County of Schuylkill

SCH COUNTY MH & MR
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108 S CLAUDE A LORD BLVD POTTSVILLE PA 17901

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Order # 81736584
Ad Price: 226.00

PUBLIC HEARING 5/7 & 13

Kathi Breslin

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

04/29/2015 05/08/2015

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

Sworn and subscribed to before me
this 8th day of May A.D., 2015

Michele Andregic
(Notary Public)

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

PUBLIC HEARING NOTICE
The Schuylkill County Board of Commissioners will hold two public meetings for the purpose of reviewing the county Human Service Block Grant Plan and to receive public comment. The meetings will be held on Thursday, May 7th from 6:00PM to 8:00PM and Wednesday, May 13th from 9:00 AM to 11:00AM. Both meetings are in the Courthouse, Commissioners Board Room at 401 North Second Street, Pottsville.
Schuylkill County Commissioners
Frank Staudenmeier
George Halcovaga
Gary Hess

Human Services Executive Team Block Grant

Introduction:

Schuylkill County was awarded its status as a Block grant county on July 1, 2013. We received our Block Grant allocation as of January 1, 2014; we have now been functioning as a Block Grant county for 1 year and four months. This team is comprised of Lisa Fishburn, MH/ID/EI and Block Grant Fiscal Officer, Melissa Chewey, Drug and Alcohol Director; Sharon Love, Human Service Department Manager; Lisa Stevens, Children and Youth Director; Georgene Fedoriska, Office of Senior Services Director and Daniel McGrory, Administrator of MH/DS/D&A Programs and Team Leader. The activities this team has pursued are as follows:

Block Grant Activities FY2014-2015

Five Areas of Assessed Need:

- 1) Housing
- 2) Transportation
- 3) Coordination/Integration of Services
 - a) Mental Health and Drug/Alcohol
 - b) Behavioral Health and Physical Health
- 4) Employment
- 5) Transition Age Youth

A. Housing Services:

- 1) Local Housing Options Team
- 2) Housing Department- SAM, Inc.
- 3) Barefield Projects: MH/C&Y/Homeless/OSS
 - a) South 2nd St (Plaza) (3 Apt)
 - b) NHS Mt. Hope Ave (6 beds MH) (1&2 bed Apt. C&Y)
 - c) North 2nd St. (2 units)
 - d) Market St. (Renovations)
- 4) Contingency Funds/Rental Subsidies
- 5) Vouchers
- 6) Bridge Housing- MH/D&A/HSDF
- 7) Servants to All

- 1) Pilot Project with STS
- 2) On-going Planning Meeting with STS
- 3) Exploration of Alternative Systems

C. Coordination/Integration of Services

- 1) Mental Health/Drug and Alcohol
 - a) Community Re-entry Project Position
 - b) Coordination/Planning-Case Management; Emergency/Crisis; Provider Systems
 - c) Nurse Family Partnership
 - d) Student Assistance Program
- 2) Behavioral Health/Physical Health
 - a) Schuylkill Health Alliance
 - b) Vision
 - 1) Community Events
 - 2) FQHC

D. Employment

- 1) OVR-ID Projects- Linkage
 - a) Early Reach-Targeting 14 year old and older-in school program
 - b) Linking with YES Program and OVR
Yes (Northeast PA Manufacturers and Employment Council)
target-Transition Age Youth
- 2) YES Workshops/Trainings-target- Adults in C&Y System and Community Re-entry (MH & D&A)

E. Transition Age Youth

- 1) Housing Contingency Funds
- 2) Housing Services- search and placement
- 3) Dedicated Case Management

PART III: WAIVER

Schuykill County is not requesting a Waiver on the Block Grant Allocation Formula.

PART IV: HUMAN SERVICES NARRATIVE

A. Program Highlights:

Schuylkill County is very pleased with the progress we have made in the first full year as a Block Grant county. We have learned much. We have standardized our Executive Team meetings to achieve effective, productive interactions and actions. We have clear agendas with areas designated for discussions and recommendations for projects and items for planning. We are able to use our time efficiently with focused attention. We monitor the progress of current projects and funding decisions; we have expanded our reach in the design, depth and dimensions of the projects by integrating other funding streams (Reinvestment) and program structures (Systems of Care) into the Block Grant; we have also expanded our collaborations with other human service, educational, business associations, physical health, and residential developers and providers; and finally we have open to use by the wider system service programs that were until recently solely within a particular agency (Family Group Decision Making, and Family Support Services, as examples). I will identify these in the Narrative.

- **Older Adults**

B. Strengths and Needs:

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

Strengths:

The Office of Mental Health, Developmental Services and Drug and Alcohol Program (MH, DS, D&A) and the Office of Senior Services (OSS) have a very detailed Memorandum of Understanding that delineates the range and types of services comprising each system, describes and commits each agency to cross referrals and intake; access to services; coordination and cooperation of the case management services; collaborative outreach and conflict resolution. Coupled with this are the joint efforts to provide outpatient treatment services through mobile therapy to the homebound seniors; two (2) of our six (6) outpatient providers are credentialed to provide this service. OSS addresses this need

through their outcome and performance measures which the number of consumers and the severity of their mental health issues. OSS also has a professional services contract with a credentialed counselor who works in collaboration with OSS case management.

Seniors are a particularly important focus of the Suicide Prevention Task Force. The Task Force is a cross-systems entity with strong community and ministerial participation. Educational outreach programming is provided at the senior resource center in 5 locations across the county. Additional educational programs are offered addressing mental health and drug and alcohol issues.

Housing poses very special problems for this age group. The strengths are robust housing options through Pottsville and Schuylkill County Housing Authority's both in high rises and vouchered units. Schuylkill County has benefited from several tax credits to enhance unit development throughout the county. The population is also a target group for Schuylkill Community Action; our county government based housing entity. I will describe the need in the appropriate section of the Narrative.

Schuylkill County does have an established public transportation system of both fixed route and shared ride. This serves specific areas of the county well but poses significant barriers to other areas, in this large rural county.

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

- **Unmet Needs:**

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

There are two (2) demographics that impact access to both housing and transportation- older and poor. While Schuylkill County has benefited from public and subsidized housing, the competition for the units is significant. There is a notable population that will be displaced from their homes for financial reasons, code issues related to unsafe conditions they are unable to repair, evictions, and such. They will often "couch surf" for a period with friends or family but a number end up homeless because they cannot sustain themselves in private housing. There are several agencies that work with this population (Office of Senior

Services, Homeless Program, Schuylkill Community Action, and Service Access and Management Housing Department- the county funded case management). All these entities are either members or affiliated with the Block Grant. We have collaboratively worked together to increase housing stock thru the Housing Authorities and work with private landlords on affordable housing that meet codes. But much remains to be done, to both short-term (Homeless Shelter) and long-term needs.

Another area that has a circular impact is transportation. The regulations and funding mechanisms for public bus services present significant barriers to rural transportation whether fixed route or shared ride (MATP as a component). Our local provider, Schuylkill Transportation System, share the burden of other rural counties- underfunded and over- regulated. The combination of these latter two (2) conditions limits where and how often buses can travel to outlying areas of the county. This reduces ridership and with it reimbursement, either from fares or state funding by rider population. The circular impact comes in this way-STS must increase its fares which the elderly cannot afford and ridership is further reduced. Until the legislature does away with these regulations and increasing funding, rural public transportation will remain a barrier to receiving needed services and enhancing one's personal life.

- **Adults**

Strengths:

The service system for adults, much like that for older adults, has as its backbone a strong case management system with cross systems coordination and collaborations. The intake and referral screens for and makes referrals to full range of human service needs but is not sophisticated nor formally linked to be thought of as a No Wrong Door System. This latter is a goal of the Human Services Executive Team. We have Administrative and Blended Case Managers (BCM) that provide services to well over 1519 individuals, acting as both a conduit to and support of other services.

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

Our service system used Block Grant dollars to fund six (6) essential treatment services: 1) Crisis, 2) Emergency, 3) Outpatient, 4) Crisis Residential, 5) Family Based and 6) Partial Hospitalization Program. Base dollars are used to

fund these services in the absence of a public or private insurance payer. It is important to note that the use of base dollars to pay for clinical services, while essential, constitutes a very small proportion of the total funds. This is why the supposition that MA Expansion will support a significant decrease in state base dollars is misguided. There is a significant disconnect between this assumption and what base dollars actually pay for. This will become clearer as we discuss support services.

Schuylkill County has served approximately 6000 individuals in our outpatient services, about 8% of which receive base funding. All individuals receiving emergency services are paid for with base dollars and approximately half of the citizens receiving mobile services; the numbers are respectively approximately 795 in emergency and more than 1838 in crisis services.

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

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

An area of strength is our support services. This is an area of particular importance because in truth only about 25% of interventions are clinical; the 75% are supportive. Supportive Services are what maintain individuals in the community. They are by nature and design integrative and inclusive; they open the wider community to the individual, offering meaningful opportunities for involvement and natural supports. Supportive services are funded almost exclusively with base dollars.

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

Residential services comprise three (3) types: 1) Community Residential Residences (CRR) 2) Public/Private Housing through the housing authorities and 3) Personal Care Homes.

The CRR program serves, on average, forty (40) individuals per year. It is designed as transitional housing focusing on individuals reentering the community from local or state hospitalizations or prison. Entry into the CRR is anchored in the BCM services who assure the connections with CRR staff, outpatient services and certified peer specialists, as appropriate.

A critical element of the ability to transition individuals out of the CRR and the re-entry into the community from state hospital stays and prison is our close working relationships with the Pottsville and Schuylkill Housing Authorities. They

have historically made public/private subsidized housing available to our populations. The relationship with Pottsville Housing Authority has been strengthened over the past several years through our contractual agreement to fund now four (4) separate housing development projects, first with reinvestment dollars and now this year with Block Grant dollars. We have a very similar arrangement with NHS, a private service provider. Each of these projects has been collaborative with the agencies on the Executive Team; we have developed both single and multiple bedroom units to accommodate the needs to make housing available to both individuals and families.

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

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

The fourth support service is employment. We have contracts with both Goodwill and AHEDD to provide A) work assessment and readiness, B) benefit counseling to assure individuals that they can work and retain benefits and C) inclusion in Ticket to Work. We also have two (2) providers-ReDCo and Avenues-that present employment opportunities. ReDCo has a vocational program that negotiates private contracts or customers and hires people in services to perform the work; Avenues is a sheltered workshop experience. We have also addressed the employment issue through the development of the Clubhouse which has work duties contained within the daily functioning/ operations and a transitional employment component with private employers.

A final area of employment directly related to the Block Grant is the access to training provided by Northeast PA Manufacturers and Employers Council, Inc. This is a 20 section curriculum to develop employment readiness and work place behavioral skills. Employers and industries within the council recognize those completing certification as "preferred applicants".

In the first year, we have had the opportunity to address several others of our assessed needs areas in collaboration with the other agencies.

A) Transition Housing:

We have jointly funded the Bridge Program, a transitional housing program for individuals and families with co-occurring issues. Mental Health, Drug and Alcohol and Homeless Assistance have combined funding to maintain this program.

B) Coordination of Physical Health/Behavioral Health and Mental Health/ Drug and Alcohol

1) PH/BH- there are two (2) notable projects; the first, in collaboration with Vision (A community development entity) we sponsored and attended two (2) community health fairs in towns within the county- Schuylkill Haven and Shenandoah. The fairs combined health screenings for both physical health (high blood pressure, weight issues, smoking) and behavioral health (depression, anxiety, drug/ alcohol use) with distribution of health flyers and access to services.

The second is we continue to provide funding to Schuylkill Health Alliance, an entity that provides access to PCP, specialists, and pharmacologicals for uninsured individuals and families by negotiating contracts with physicians and pharmacy to accept the FFS MA rate. SHA is also certified to screen for eligibility for MA Expansion; to refer to CAO, and has been very effective in doing so.

2) MH/D&A- while licensing and confidentiality issues continue to present significant barriers to coordinated treatment we have found constructive ways to provide supportive and educational services to our adult population. Two (2) entities to whom we have increased funding are Nurse Family Partnership and the Suicide Prevention Task Force. NFP provides essential services to pregnant women and their families pre-natally and post-delivery to assure that healthy behaviors produce healthy children.

Suicide Prevention Task Force (SPTF) has provided and participated in community events to broadcast our belief that the most preventable form of death is suicide. Given our historical high suicide rate their efforts are laudable.

All the events listed above have representation and participation from all the Block Grant Agencies and a wide involvement of educational and community partners.

- **Unmet Needs:**

- A) Housing-

While access to apartments and subsidized housing has improved there are still gaps in the housing area and families displaced due to an emergency or unforeseen event. Two (2) critical areas are short-term transitional housing, primarily for folks with resources re-entering the community and the absence of a homeless shelter. Short-term transitional housing is really a specialized service, if you will; in our design we would look to create opportunities for individuals and/or families to occupy safe, appropriate housing units for no longer than three (3) months. During that time they could work within the agencies, the housing authorities, and private marketplace with agency involvement to secure safe, affordable housing.

The homeless shelter serves a different population with very different needs to be sure. Despite considerable work this county has been unsuccessful in addressing that need. We continue to work closely with Servants to ALL and will do so moving forward. These are two (2) of the areas identified by both the Forensics and Recovery Committees and noted in the on-line survey.

- B) Transportation

The issues identified with the older adult population echo here. We attempted to fund a pilot with STS to target a particular area of the county for after 5:00PM service access but were not successful to date in overcoming the barriers. These barriers include: costing the service out; coordinating the targeted populations and the availability of service providers; and coordinating the availability of drivers and buses. We will continue to explore alternative plans.

- C) Coordination of Services:

Schuylkill County has a significant problem with individuals with co-occurring diseases. The opioid epidemic is rivalled only by the prevalence of synthetics (Bath Salts and K2) and methamphetamines. This population accounts for close to half of the Crisis/Emergency calls, constitutes 75% of the prison population (with 15% of those with SMI), 65% of those in active D&A Treatment (with 10% of those with SMI) and 45 to 50% of those in MH treatment. These statistics also include the abuse of alcohol; many of these individuals abuse multiple substances. This county-state and country –needs to fully confront these realities by breaking

through all the regulatory, licensing, confidentiality and structural barriers we have created based on short sighted territoriality and funding mechanisms.

D) Additional Services:

There are two (2) areas that have presented themselves as needs over the past couple years. One is Outreach Services. The need stems from a combination of factors: A notable percentage of those in services discontinue treatment, including medications due to either transportation difficulties, difficulties with engagement or personal reasons. We need the ability to go to the individual /family, engage them on their terms and comfort level to maintain them in the community. ACT has been recommended both thru the on-line survey and at face to face meetings over two (2) years but the ability to develop, retain and afford an ACT in a rural county has not proven effective. We have explored a case management anchored service paid for with base dollars to some effectiveness. This fourth quarter we have contracted with Resources of Human Development (RHD) for Mobile Psychiatric Rehabilitation Services; I am hoping to list this as a strength next year.

A final area is the ability to engage individuals and families from a solely habilitation perspective. We have found that many in-services lack the basic life skills, decision making and natural/community supports to act as a foundation for recovery. We are in discussions with a provider who provides these services to C&Y with the intention of contracting for these services.

- **Transition-age Youth**

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

of needs are so different. We continue to try to develop a service array that is more attuned to this age group's needs.

This is a population that has presented unique challenges and we have had to be very creative across service systems and providers to address these. The continuums of interventions include clinical, supportive, development and preventative.

A) Clinical

Using the CASSP system as a foundation we have developed a continuum of care that spans all available mental health and drug/alcohol services, including both in school and in home services. The CASSP system has fostered and enhanced communication and collaboration among all the participating systems-MH, D&A, C&Y, JPO, case management, schools, families and advocates. Thru this collaboration comprehensive plans are negotiated to deal with both clinical and supportive needs.

We are in the early stages of our Systems of Care grant and are convinced that the structures and services that will be integral parts of and linked to the grant will be transformative. As highlights, we will develop Youth and Family Leadership Teams, and look to incorporate youth and families as peer supports into the CASSP process. We will hire two (2) staff- a peer and family member –to help recruit. We want to make available Family Group Decision Making and Family Support Services to individuals/families newly connected to the CASSP system.

B) Supportive/Development:

There are several employment related services currently offered in schools; two (2) thru OVR; one thru Northeast PA Manufacturers and Employers Council, Inc. (NPMEC, Inc.); one thru Careerlink and one thru AHEDD.

- 1) OVR- each of the 12 school districts, charter school, 2 private schools, and the Intermediate Unit have an assigned OVR counselor. A counselor is also assigned to each post-secondary institution in the county. Transition services are provided to youth 14 to 25 years of age.

Two (2) new initiatives are the Early Reach Initiative and the Jobs for All (youth-on-the-job training). The early reach engages youth at 14 years to begin training on employment readiness skills. The Jobs for All employs a business service representative who works with the OVR counselor, students/families and acts as a single point of contact with employers, linking youth to summer jobs, internships or full-time employment.

- 2) NPMEC, Inc. provides the YES Program, a 120 hour coursework covering areas of Communication, Health and Safety, Personal Development, Quality and Technology, Teamwork, and Interview skills. Those successfully completing the course receive a certification and are recognized as “Preferred Applicants” by employers, secondary education institutions, and training programs.
- 3) Careerlink in School Youth Program provides work readiness trainings, internships, and access to private employers.
- 4) AHEDD provides benefit counseling; community based work assessment, supportive employment, and paid employment.

Fully recognizing that to engage students in these programs we must work to provide assessments/screenings for mental health and substance abuse issues we significantly expanded the Student Assistance Program to allow for additional psychosocial groups, family consultations and meetings, and referrals. We have also worked with the provider, Child and Family Services, and Community Care Behavioral Health (CCBH) to increase Outpatient Program Services in the number of school districts and the number of schools within those districts. A SAP referral for services can then be made directly within many districts, overcoming the transportation and accessibility issues.

C) Prevention:

The Block Grant has helped support a number of prevention services in the schools. While Drug/Alcohol has very well developed resources, the mental health system does not. The D&A services include specific awareness and education initiatives and programs starting in elementary thru high school. The Mental Health system does not have a formal prevention model in its continuum so we developed a county system. We have used two (2) vehicles primarily on the mental health side, enhanced SAP and the Suicide Prevention Task Force. I have addressed SAP. The SPTF works thru the D&A Junior Advisory Board, a county created board comprised of 2 student representatives from all school districts, and has created videos over the past two years confronting myths about suicide, the contributing factors of bullying the contributing/casual factors of depression, anxiety and drug/ alcohol use. The videos are very well done and effective.

- **Needs:**

This population presents significant challenges across many service systems. They are difficult to engage because of their many and frequently unsuccessful

experiences within the various systems; levels and types of placement; the extended periods outside of the community; and the difficulties and distrust in forming positive relationships. While many share a common history they are not homogeneous and many lack basic daily living skills. As with last year the feedback from both CASSP members and on –line survey identify four (4) areas of primary need: 1) Housing Programs linked with supportive Services; 2) Clinical Services; 3) Drug and Alcohol Services and 4) Ancillary Services.

1) Housing/ Supportive Services:

A range of options were offered including Transitional Group Homes (similar to TLP) to an Independent Living Program. We have been unable to date to establish a transitional living program because of licensing difficulties and cost. Schuylkill County has submitted a proposal for Reinvestment Dollars to be used as contingency funds with this target population. The dollars would be used to set individuals in their own place, paying initial rent, security deposits, purchase furniture/kitchen appliances, etc. and wrap supportive services around them. Supportive services must include employment readiness and job training to assure sustainability. In addition, support thru peer specialists, case managers and/or supportive living staff would be essential. The supports must include development of independent living skills from a habilitative perspective.

2) Clinical Services:

These services fall into two (2) types: trauma therapy and psychiatric services. The trauma therapy must be evidence based and provided by a credentialed therapist with much focused attention to relational self-identity and self-worth issues. The therapy must also be sensitive to the presence of co-occurring issues and provide the required intensity of treatment. These interventions should include the option for intensive family therapy but must not lose the focus on the individual youth. These services need to be grounded in quality psychiatric services.

Psychiatry is a significant, and growing, service gap in this county (in all rural counties) and across all age groups. It is particularly problematic with this population both in its availability and capacity to recognize the very special characteristics of this population. We are in active discussions with our, BHMCO and OMHSAS in exploring the expanded use of tele psychiatry and physician extenders to address, again, not only this population but to provide sufficient resources to our system as a whole. The legislature, teaching hospital and the wider system professionals need to recognize the serious shortage of quality psychiatry in rural counties and begin to develop incentives, including loan forgiveness.

3) Drug and Alcohol Services:

Linked with Trauma Therapy or as a stand-alone intensive, age specific, creative drug and alcohol treatment is essential. We need to break the cycle at as early an age as possible to offer these kids any possibility of constructive growth and productive lives. We need to recognize the disease; we need to celebrate recovery and resilience.

4) Ancillary Services:

The recommendations in this area recognized the wide range of needs. These include 1) Mentoring Program; 2) Community Recreational Opportunities; 3) Drivers education center/transportation services; 4) Assistance in securing State Identification Cards; and 5) Summer employment opportunities.

- **Children Strengths:**

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

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

Administrative Case Management is a composite service that includes intake/financial assessment, non-reimbursable nursing services in outpatient service, and an RTF outreach worker providing specialized, supportive services. This was originally a BCM position but the CMS/OMHSAS change in billing for travel required us to move it to base funding. We did so because the positive results we saw in reducing admission/recidivism to RTF's was dramatic. We historically averaged in the mid 30's the number of kids in RTF's per month. With the advent of this program that number dropped into the low 20's and our latest figures show only 15 kids currently in an RTF. That number has climbed over the past year because of the restrictions by the Travel Bulletin and the limitations in coordinating services with BCM.

Student Assistance Program (SAP) is jointly funded with MH and D&A base dollars. SAP serves all 13 school districts, working closely with school personnel, families and students on behavioral health issues. They participate in all in-school team meetings; provide assessments, screenings and consultations directly with the students,

families and school personnel. This is a very effective collaboration between schools and community based behavioral health services; the single greatest barrier to inclusion of students in services is the parent's unwillingness to sign consents. Fully 30% across the districts of referrals made to SAP do not receive services and in some districts it is higher than that. Parents that do sign consents are far more willing to agree to a mental health service than a drug and alcohol, even when the precipitating event has a drug/alcohol component. Parents have gone so far as to withdraw their child from school sponsored events to avoid involvement. Even with these barriers the SAP liaisons conducted 266 assessments, 257 screenings, participated in 264 core team consultations and 1858 parent/teacher consultations through the third (3) quarter of this school year.

Schuylkill County has a very active and effective Child and Adolescent Service System Program. Schuylkill County has expanded the participation and scope of the original design to include system review, development and education. The CASSP Committee has standard attendance from Children and Youth (C&Y), MH and /or ID Case Management, IU29, home school districts, families and children, Community Care Behavioral Health, clinical and support service providers, and, as needed and appropriate, Student Assistance Program, Juvenile Justice and Drug and Alcohol. We have used this vehicle to not only address the presenting problems but to examine and address services system issues, such as, gaps in services, lack of coordination or cooperation among services, and service payment issues. What has evolved from these discussions have been joint efforts to bring the School Based Behavioral Health Program (SBBH), Multi-Systemic Therapy, PA Treatment and Healing into our continuum of care. We have also included Family Based Decision Making as an option for families, whether in the CASSP or not. We believe this offers families the opportunity to recognize and develop personal and community based supports, that it empowers families and broadens their support systems outside the institutional agency systems. SBBH is a joint project between the MH office CBBH and the schools; the latter are joint efforts including funding between the MH office and C&Y. Additionally, the CASSP Committee has developed and presents Cross-Systems Training on a quarterly basis to any participating entity and the community as a whole. The Administration Office of MH, DS and D&A Services worked with IU29 to complete a SAMSHA Grant to provide Children's Mental Health First Aide. IU29 received a three (3) year grant and will offer classes. This Administrator sits on the Project Aware Planning Board. We have great expectations on developing much more informed and engaged populations.

- Needs:

The CASSP and the on-line survey identified four (4) areas of need: 1) Short –term family focused RTF program, 2) Therapeutic Foster Homes, 3) Trauma Therapeutic/Psychiatry and 4) summer psychosocial services.

1) Short –term RTF:

We have explored this option for several years through the 23 county North Central Health Choices contract and have re-affirmed it as a priority on the Reinvestment list. CCBH and OMHSAS are in agreement with the priority. We intend to engage Beacon Lights Star Program for development to serve the eastern counties in the contract. The STAR Program is an intensive, residential service that combines on-site clinical and support services with intensive family therapy.

2) Therapeutic Foster Homes:

Schuylkill County has historically had a very difficult time recruiting, supporting and retaining families and staff to offer this service. We currently have one (1) active provider but with no openings; they have not been able to resolve the above identified issues. We are in conversations with CCBH and providers in contiguous counties to use available and established homes as a diversion and step down from RTF. After several years of effectively reducing the use of RTF's- indeed at one point cutting its use from 40 placements to 15- that number has started to creep back up. The absence of alternatives is a contributing factor.

3) Trauma/Psychiatric:

The description provided in the section on Transition- Age Youth is applicable here also. A major difference is our ability to intervene at much earlier ages to mitigate longer term consequences. To that end we now have two (2) OP providers credentialed in Parent/Child Interactions Therapy (PCIT). We have the School Based Behavioral Health Services in two (2) school districts with proven and very positive results. As we are able we want to expand the SBBH into additional districts and to expand current services into Middle Schools.

4) Summer Psychosocial Services:

In discussing this recommendation, the CASSP Team noted that clinical services only address part of needs. Viewed again from a rehabilitative perspective, the opinion across agencies is that children from dysfunctional families, while benefiting from therapy, need the opportunity and structure to be exposed to, practice and develop positive relational skills, self-help/care skills and self-identity/worth recognition. These are best developed in interactional, activity base-even play base-groups.

- **Individuals transitioning out of state hospitals**

Strengths:

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

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

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

Unmet Needs:

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

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

The most pressing problem we have is reengagement. Approximately 20 to 25% of this SMI population will discontinue active treatment within 6 to 8 months and the cycle of crisis/emergency, community psychiatric hospitalizations, and state psychiatric hospitalizations emerges. The limitations placed on reimbursing case managers for travel is very short sighted; any savings assumed to result have been quickly eaten up by the increased use of higher end, higher cost services. This is especially so in rural counties (and notably here) because of the crippling gaps in transportation. Schuylkill County is looking to expand our current contract with RHD to enhance Mobile Psychiatric Rehabilitation and the North Central Zone Contract is piloting the use of Mobile Medication Management.

- **Co-occurring Mental Health/Substance Abuse**

Strengths:

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

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

Unmet Needs:

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

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

- **Justice-involved individuals**

Strengths:

We have a dedicated forensics case manager who works closely with the prison, Adult Probation and the legal system. His responsibilities include making contact with the individual once incarcerated and a serious mental health issue is identified; arranging for counseling with an LCSW as needed while in prison; working with prison staff to monitor the individual's stability; and refer to any other services available and

appropriate. As point of release nears, he begins the application for Medicaid if eligible and sets intake dates with case management and outpatient providers.

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

Unmet Needs:

Three (3) areas stand out for this population 1) Housing, 2) Reactivating Medicaid and 3) Employment. Individuals leaving prison must be released to a “safe address” which often means they cannot return to the place they were in prior to incarceration.

- 1) The housing difficulties overall are compounded for these individuals because many landlords don't want to rent to them. In other cases their offenses limit or bar their access to public housing. We have tried several avenues. First, through the Housing department at Service Access and Management we have recruited several landlords with multiple properties. We work with the landlord to build in safeguards and assurances that the system will be available to them to resolve issues that arise. We use contingency funds to pay first month's rent and security deposits; we will also purchase furnishings and kitchenware as needed. We then wrap supportive services around the project, either through BCM, CPS or the Supportive Living Program; or a combination of all three.

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

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

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

- **Veterans:**

Strengths:

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

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

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

Unmet Needs:

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

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

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

Strengths:

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

The need to reach out to these populations has prompted two of our outpatient program providers to establish discussions and support groups, one of which meet in a church hall. The groups are provided on one night during the week and on the weekend. They are newly created but attendance is growing.

A somewhat more surprising source of discuss and support came thru the Junior Advisory Board’s efforts on the Suicide Prevention Task Force video, To Save a Life. The students’ recognition of the isolation, bullying and harassment of their peers and the resulting depressions, anxieties, the drug/alcohol abuse and

potential for suicide was so pronounced that they very powerfully addressed the issues in the video.

Unmet Needs:

The unmet needs are, at this time, there are far more questions and demands than there are answers and resources. We are aware of the daunting research evidence with this wide population; the increased exposure to HIV and AIDS; the increased susceptibility to substance abuse and suicide. The stigma and victimization to violence across all age groups and racial/ethnic background is prevalent. There are inequalities in health care because of limitations to insurance coverage and treatment options.

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

- **Racial/Ethnic/Linguistic minorities**

Strengths:

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

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

We are developing brochures in Spanish to be distributed in public areas and churches to both advertise and inform services and to recruit interpreters.

Unmet Needs:

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

Recovery-Oriented Systems Transformation:

Schuylkill County has a very vibrant existing recovery-oriented system. We are dedicated to maintaining a service system defined by the principles, policies and practices of recovery and resilience. We have designed and implemented treatment and supportive services that embrace recovery and resilience in full partnership with all stakeholders within the system. We will focus our efforts and resources on three (3) areas: 1) Certified Peer Specialists, 2) Recovery Committee, and 3) Systems of Care.

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I) Certified Peer Specialists:

- A) Priority- Schuylkill County is committed to developing and maintaining a robust CPS services and system across our provider network. We want to assure that any person in service that wishes to receive CPS services does so and that any peer trained as a CPS has employment opportunities.
- B) Timeline- We have just completed our participation with OVR and AHEED to provide CPS training here; there were 19 peers trained, 10 of which will work in Schuylkill County service system. This training was jointly funded by OVR and this office; AHEED sponsored supports. We engaged the three (3) CPS providers (ReDCo, NHS and CSG) in hiring the 10 CPS upon graduation. The timeline for employment, orientation and engagement is Fall 2015.

A second aspect of this is assuring an adequate case load for each CPS to match 1) their availability of hours, 2) their interests and 3) their comforts in their working environment. The time frames to meet these objectives are, by necessity, open-ended. We know from experience that an individuals' adjustments to their roles and

responsibilities can be difficult and must be done with sufficient time and supports. While this is primarily the responsibility of the provider/employer, this office will provide whatever supports we can.

2) Fiscal and Other Resources

We anticipate three (3) levels of support:

- 1) Payment for individuals not eligible for Medicaid, 2) costs for additional trainings and supports and 3) Ancillary services; such as housing and transportation. These will be covered through a variety of funding sources, to include, Medicaid, Block Grant Base dollars and county match. The exact dollar amount cannot be defined at this point because actual costs will depend on utilization but we believe there are sufficient funds set aside in the Peer Support, Community Services, Community Residential Services and Housing Support Services line items to cover all costs.

3)Plan for Tracking Implementation

There are two (2) mechanisms for tracking implementation: 1) Peer Support/Provider Support Meeting and 2) Peer Reports to the MH/ID Advisory Board.

The three (3) provider agencies have jointly formed a peer coalition meeting to coordinate CPS services in Schuylkill County. This committee has and will continue to develop common goals and characteristics of a peer community, will explore and advocate for specific trainings and supports for CPS across agencies and review policies and procedures taking place within OMHSAS and CCBH. This office is a member of this group and will receive update information on our goals expressed above.

A second mechanism is having the CPS member on the MH/ID Advisory Board provide information to the Board as a standard agenda item at each Board meeting.

II) Schuylkill County Recovery Committee

In 2006, the Schuylkill County MH/DS program decided to begin a program to combine consumers, family members and MH providers in an attempt to provide an answer to a local attorney who remarked “People with a mental illness never get better.”

We began by having a dinner with all county psychiatrists who agreed to participate. We then invited people from the NAMI mailing list as well as local MH

providers to begin meeting monthly to attempt to define recovery as well as illustrate how it works in day to day life.

From those beginnings nine years ago, the Schuylkill County Recovery Committee has grown to a monthly meeting of 25-40 individuals who meet to hear a presentation and have lunch together. Committee membership included individuals in services, peers family members and advocates, providers and community representatives.

The members have participated annually in the Rally Day at the State Capitol to meet with legislators concerning mental health topics. Every election year, both local and state candidates are invited to a meeting to discuss their platforms as well as answer questions from the Committee.

The Committee has become involved in local government in being a sounding board for the local Mental Health Office's Annual Plan. They have become vocal in recovery agendas and most recently are taking part in an exhibit titled "We've a Story to Tell" at a local theater which incorporates photography with people's personal story of recovery.

A sampling of the presentations and events of this past year include:

- 1) The "Recovery and Positive Transformation" Program was held in August, 2014. It was a wonderful success. Adam Taliaferro gave a strong presentation on his physical and emotional recovery from his injuries. Of significant importance and benefits were the presentations of the three (3) gentlemen on their personal stories of struggle and recovery from co-occurring diseases with SMI and drug/alcohol involvement. It was a stirring evening with more than 75 people attending. It received great press.

Also, that month was the Recovery Picnic with over 100 people in attendance.

- 2) As noted each meeting has a primary speaker on topics chosen by the members. A sampling of the topics from this past year are:
 - A) Living a Healthier Life with Diabetes-Ruby Paris, Schuylkill Health Systems
 - B) Lowes Outreach Employment Program- Michael Troutman
 - C) Relaxation- Donna Bowen, President NAMI
 - D) Health PA- Power Point/Questionnaire Michael Gretzy- County Assistance
 - E) Crisis/Emergency System- Liz Pysher who clarified that Mobile work to deescalate and support individuals, not just hospitalize
 - F) Smoking Cessation, Bill Rowan, Director Schuylkill Health D&A Program

The Recovery Committee maintains a unique and resolved focus. The members are highly active and committed. This is a member driven entity.

A) Priority

Our Priority is to maintain and strengthen this committee thru on-going financial and structural supports

B) Time Frame

There is no set time frame. The entity currently exists and it is our priority to maintain and strengthen it. As a member driven entity our roles are facilitative and supportive. By maintaining our commitments financially and structurally the time frame remains open-ended.

C) Fiscal and other Resources

The financial investment is made with 100% Block Grant dollars. We contract with Family Advocacy and Training Council (FTAC) a state-wide provider. This entity provides the structural supports for the Recovery Committee, to include, scheduling and recording the meetings, acting as meeting facilitators, outreach and scheduling of speakers/presenters as determined by the members, and maintaining an open dialogue with the members on the design, activities and direction of the committee.

D) Tracking Implementation

It's continued functioning track its implementation. We wish to explore an overlap with the Peer/Provider Support Group in the development of common goals/principals of a Peer Community.

III. Systems of Care

A) Priorities

In October, 2014 Schuylkill County received notice that our work plan had been reviewed and approved; we were included into the SOC Partnership Expansion and Implementation Cooperative Agreement. This started a full

inclusion in the webinars, conference calls and on-line trainings and technical assistance. It has been very helpful and we are thrilled to be a part of it.

In December, the CASSP Coordinator of many years-and a driving force behind the application for SOC-retired. A new coordinator was hired and inherited the lead for establishing SOC consistent with our work plan. She quickly engaged and has fully embraced the tasks.

There are five (5) main objectives we have comprised for Systems of Care. These are:

- 1) Open the CASSP process to include families and youth as problem-solvers, not problem presenters. Create an environment based on empowerment that encourages and supports family members and youth engagement.
- 2) Integrate Family Group Decision Making not only into the CASSP process but as a service offer very early in a family/youths introduction to and involvement with the human service systems.
- 3) Recruit family members and youth onto Leadership Teams to offer their insights and experiences at both the macro-and micro- levels in system evaluations.
- 4) Support the development of family/youth lead support groups.
- 5) Explore the inclusion of family members/youth as peers in the CASSP process.

B) Time Frame

Each of the five (5) areas will have a specific time frame; we believe, however, that defining transformative efforts within the boundaries of a time frame largely overlooks their dynamic natures and purposes.

1/ Opening the CASSP process-

Initial steps have been taken by the CASSP Coordinator. The referral form has been changed to list the family/youth first as Team Members; a section on personal and community strengths has been added as a required field; family/youth can review the referral to offer additions, ask questions, and identify others as participants. The CASSP Coordinator as able will engage the family/youth prior to the meeting to describe the process, prompt participation and answer questions.

We have made additional edits and revisions to the referral form and continue to fine-tune the interactional aspects of the meetings themselves. We anticipate that as family and youth membership and roles on the Team changes, further changes will be seen in the Team process. We anticipate Family/Youth inclusion on the Team by mid to late Fall.

2/ Integrate Family Group Decision Making (FGDM)

We have decided to attempt to introduce FGDM early in the CASSP process either as a standalone or in conjunction with other services. We have discussed having any agency staff, including case managers, to be able to offer this process. We hope that doing so provides families/youth with a stronger sense of empowerment, enhances the opportunity for inclusion- dispelling the sense of isolation- and to recognize extended family/friend and community supports. This has the potential for changing the trajectory of clinical and community involvement.

We have introduced this to case managers and agencies, established a referral process and are awaiting referrals.

3/ Recruit Family Members/Youth

Job descriptions have been approved and are navigating the Human Resource Department. We anticipate having the positions filled by the end of August.

4/ Support the development of Family/Youth Support Groups

The Family Support Group has had an initial first two (2) meetings. We are beginning to advertise next week through an Open Mic Show at a local radio station, Public Service Announcements on local TV and creation of a Facebook page. We are exploring the option of providing limited transportation and child-care services.

The Youth Support Group is not quite developed. We have met with SAM, our case management provider and relevant agencies to identify and recruit youth. We are anticipating the assistance of the staff person and are planning for our first meeting in September, 2015.

5/ Explore the option of using Family/Youth as Peers

The use of the term "Peer" must be seen in a more generic manner. Since there is no formalized training for family/youth as peers within the CASSP system we can either 1) Recruit certified peers to include in CASSP or 2) Recruit family/youth who have navigated the CASSP system and offer internal training and supports. The individuals we will hire in July can be used to offer these services initially and possibly to recruit others to act as peers. We believe that this can be available component of our Systems of Care grant and are committed to exploring it. We believe a reasonable time frame for initiation is November, 2015.

C) Fiscal and Other Supports

These initiatives will be funded through a combination of Systems of Care dollars and Block Grant funds. The initiative with Transition Age Youth (TAY) will overlap with the Reinvestment Plan targeting housing and support services. A dollar amount for the two (2)

positions is estimated at \$15,000 to \$18,000; an actual dollar amount for mentoring services (Block Grant) is estimated at \$30,000. The actual amount of Reinvestment dollars will depend on utilization within the targeted population.

As is evidenced by the range of funding sources a significant range of programmatic supports will also be directed toward these initiatives. It begins with the CASSP Coordinator and CASSP Team; which will have point responsibilities on initiatives. The two (2) staff positions will have very active participation in recruitment and supportive services with family and youth. Case management will play a critical and central role as 1) Referral sources for FGDM, 2) Referral sources and support systems for families and youth, 3) Participant in the examination and reconstruction of the service systems, 4) Conduits to family/youth to community and natural supports. We will receive ancillary support services from the SAM Housing Department and Supportive Living providers for those TAY who are engaged with SOC and also qualify for housing services. Finally and most importantly there will be the participation and support from the families and youth as partners in our efforts.

INTELLECTUAL DISABILITY SERVICES

Approximately, 650 people were served by the Intellectual Disability Program in Schuylkill County. The individuals representative of this number, range in age from 3 years up to 90 plus. In the current Fiscal Year 423 people are served through the Home and Community Based Waiver Program leaving 245 people to be funded with Base/Block Grant Dollars. While many individuals are receiving direct services, others do not currently require this level of support. Instead they are monitored for future support needs. Locally, Schuylkill County is the home of a variety of services and provider agencies. This provider network is generally very cooperative and adequately covers the needs of people with Intellectual Disabilities, however, as times goes on we are all faced with more complicated support needs. There have been times that our local network has not been able to support the need. The local Teams have been forced to look outside to neighboring counties and unfortunately, at times, across the state.

Local services range from Day Support Services such as vocational workshops, Adult Training to Family Support and In-Home Supports. The County also has a variety of options for Residential Care including Lifesharing, and Group Homes. Employment has also been and continues to be a large focus in the County. Most recent system challenges have been related to serving people with Dual Diagnosis (ID and MH) who exhibit extreme behaviors as well as those with severe medical concerns. The Administrative Entity continues to focus on ways to address these concerns. During the 2014/2015 fiscal year, two new residential providers moved into Schuylkill County. Discussions also began with another agency to develop a Community Habilitation Program for adults with complicated medical concerns.

In order to streamline the intake and registration process, all individuals in need of ID Services or information, begin at the Administrative Entity. The Quality Manager provides coordination of this support by educating the person/family, determining ID eligibility and assisting those in need of redirection to another system. Once eligibility is determined, people are referred to a local Support Coordination Organization (SCO). The SCO then works to determine needs, evaluate PUNS Status, create an Individual Support Plan (ISP) and offer the option to apply for waiver. Together, the AE and SCO work to evaluate (and prevent) potential emergencies and make recommendations for waiver enrollment. Requests for Base/Block Grant Funding also result from this collaboration. In the end, all information is presented to the County MH/DS Administrator for final approval and determination. One unanticipated need that would be new for the 2015/2016 fiscal year would be additional funding for one person who is funded by Base/Block Grant Funding in a Residential Program/Group Home. Due to increasing needs, this person is now in need of Supplemental Habilitation Services. Payment for such a service would increase his residential costs by \$70,000.

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

	<i>Estimated Individuals served in FY 14-15</i>	<i>Projected Individuals to be served in FY 15-16</i>
Supported Employment	6	10
Sheltered Workshop	4	4
Adult Training Facility	3	1
Base Funded Supports Coordination	114	114
Residential (6400)	3	3
Life sharing (6500)	1	1
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	114	112

Supported Employment:

Employment Supports, has been a focus in Schuylkill County for many years. There are several well-established agencies that provide job support to individuals in all funding streams. All of these agencies are also providers in the OVR Network. Whenever possible, local teams work to coordinate the funding from one system to the other (OVR to the ID System). These providers are well-known by the business community, including the local Chamber of Commerce, which make community assessments and shadowing very possible. These provider agencies are skilled at job carving and job creation. They are also skilled at benefits counseling, which can at times be a barrier, to a person choosing employment. Beginning at the age of transition (14) and through age 26, the Supports Coordination Entity Staff are required to discuss the option of employment with every person and their family. This practice is in line with ODP policy and with the belief that every person holds the ability to contribute to their community through employment. Despite this practice, the number of people employed has decreased. There are currently about 28 people either working or actively searching for employment. Some of this decrease in numbers is related to changes in tracking. The goal for the next year is to increase the cooperation and coordination with OVR. The hope is to expand opportunities through education and training for individuals, families and other provider staff. It should also be noted that Schuylkill County is not an Employment Pilot County. Administrative Entity Staff do, however, work closely with the Local Transition Council and a Local Provider Quality Group. Regular meetings with OVR have also begun in order to develop a more efficient local system.

Base Funded Supports Coordination:

There are approximately 114 people receiving Base Funded Supports Coordination. All of these people are of various ages. They either reside in MA/Waiver ineligible settings, or else their personal circumstances causes them to be ineligible. Many of these people are financially ineligible, some reside in PLF's, ICF's, State Hospital, State Centers, Nursing Homes and Correctional Facilities. All receive Supports Coordination at the degree necessary to support their health and safety. At a minimum, people receive Supports Coordination twice per year. Others that experience a crisis or become in need of emergency placement, tend to require

more intensive and frequent support. Despite their funding, Supports Coordination is provided in the manner necessary. The County MH/DS Program provides funding to support its service through the Human Service Block Grant. It will be essential for this practice to continue throughout the next plan year.

Life sharing Options:

There are currently about 45 people residing in Lifesharing Homes within Schuylkill County among 5 provider agencies. Most are funded through the Home and Community Based Waiver but one person is completely funded with Base/Block Grant Funds. This service option is one that is discussed at every ISP meeting for the purpose of providing early knowledge of the program. Despite funding stream and despite current services, the AE wants all persons and their families to be aware of this valuable service. As residential service needs arise in their future, the hope is that they will select Lifesharing over larger congregate living arrangements. Schuylkill County through the AE Quality Management Initiative, held Lifesharing Events. Some new and innovative events are planned for the 2015/2016 fiscal year in order to spread the word of this service to families throughout the County.

Cross Systems Communications and Training:

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

Schuylkill County also has the ability to access the Dual Diagnosis Treatment Team (DDTT). As individual teams struggle to support those in crisis, the DDTT has played a very important role. The resources provided by this Treatment Team assist providers to get through difficult times and better support the person in the future. When successful, the end result is the person remains in a community placement and does not require hospitalization or state center placement. The DDTT has also been a valuable resource in supporting transitions from the hospital to the community as well as from one provider agency to another. This service has been essential and absolutely invaluable to the local system. Together, DDTT has supported providers and families and as a result many people have been able to remain in their current

placement. Without this support, the outcome would have been different. Several people could have faced additional hospitalizations or even state center placement. Stakeholders in Schuylkill County will continue to work with DDTT and other support systems in the coming year.

The HCQU continues to play a large role in supporting individuals and Teams. They provide necessary support, information and education to those involved. The local provider community especially relies on the HCQU for staff training. As severe health issues or rising concerns occur in a provider setting, the HCQU is one of the first phone calls made. They have assisted numerous staff and families throughout the years. Supports Coordination and AE Staff also rely on their expertise as they prepare the ISP and authorize services/supports. Together with the provider network, the HCQU helped to coordinate a Health Fair in the Spring of 2015. This event was very helpful to local stakeholders and the community.

Emergency Supports:

Schuylkill County AE has an active risk management process, connected both to incident management, PUNS and general review of records. This process is also dependent upon effective communication with the SCO in order to prevent potential emergency situations. With the initiation of the Adult Protective Services Act, additional emergencies situations have presented but few required Base/Block Grant Funding. As the process becomes more formalized additional needs will most likely present. In recent years, Schuylkill County has been conservative with allocation of Base Funding. This practice will continue in the next year in order to be prepared for emergency needs that may occur. These funds and the forecast of potential needs will be evaluated throughout the year to maximize the use of Base/Block Grant Funding. The ultimate goal of the program will be prevention of emergency situations. When that is not possible, every effort will be made to protect the immediate health and safety of the individual.

The Schuylkill Administrative Entity maintains availability after normal business hours. The Director of AE Support Services and Waiver Manager are available as necessary. Contacts are usually made through County Crisis, provider agencies or the SCO. The Office of Developmental Programs also has this contact information. On the rare occasion, that an after hour emergency occurs and the person requires respite or other paid services, temporary Base Funding can be provided. In such cases, a more formal assessment is completed on the next business day in order to determine a more formalized support plan. If this need becomes an ongoing support need and the person is eligible, the AE would follow steps to petition ODP for an Unanticipated Waiver Slot. If this additional capacity is not granted and Base Funding is unavailable, the MH/DS Administrator could request Human Service Block Grant Funding. In all cases, steps necessary to protect the person's health and safety will be the priority.

Administrative Funding:

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

HOMELESS ASSISTANCE SERVICES:

Schuylkill County has various public and private agencies that offer services to those who are homeless or facing eviction. While there is no formal Emergency Shelter in Schuylkill

County, several agencies provide funding for those in need. Agencies gather monthly at the Local Housing Options Team (LHOT) meeting to discuss the homeless assistance needs in the County and share information and resources. The LHOT also coordinates the yearly Point In Time survey. These agencies include the Block Grant agencies, the Pottsville and Schuylkill County Housing Authorities, Schuylkill Community Action, Service Access and Management, the Schuylkill County Office of Senior Services, Schuylkill Women in Crisis, Servants to All and local churches.

The gathering together of the various agencies to work together on homeless assistance needs is an achievement for Schuylkill County. We've also been able to work with private business to provide apartments for homeless individuals/families, using Block Grant funds. Homeless Assistance and Housing is one of the five priorities that Schuylkill County is working to address with the flexibility of the Block Grant. Currently, funding for Rental Assistance is very low in the County, and we need to address that. We also continue to work with Servants to All in the hope of establishing an Emergency Shelter in the County.

	Estimated Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	40	40
Case Management	40	40
Rental Assistance	0	0
Emergency Shelter		
Other Housing Supports		

- **Bridge Housing**

In Schuylkill County, the Homeless Assistance Program, the Human Services Development Fund, Drug & Alcohol and Mental Health work together with Schuylkill Community Action and the Pottsville Housing Authority to provide Bridge Housing services to Schuylkill County residents.

Schuylkill Community Action manages this program, which uses twelve apartments located in one building at the John O'Hara Development of the Pottsville Housing Authority. Potential clients are referred by a variety of agencies. After an intake and comprehensive client assessment, a profile of the prospective client will be developed and sent to the Screening Committee, who will then meet with the client to discuss the program and the client's commitment to attain self-sufficiency. The Screening Committee is comprised of representatives from various County human services agencies. Program participants will sign a lease with the Housing Authority for monthly rent. If they have no income at the time of admission, Bridge Housing will subsidize their rent until an income is established. If an individual is not accepted in the Program, the established appeal process will be offered to the applicant, and if requested, will be followed within the timeframes identified.

If admitted to the program, a client usually stays in the program three to twelve months.

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

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

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

Most clients successfully graduate from this program and the services offered throughout the time they are in Bridge Housing and the aftercare program help them transition to living on their own.

- **Case Management**

Case Management services funded through the Block Grant consist of case management through the Bridge Housing program and aftercare services for individuals who successfully completed the Bridge Housing program.

The aftercare services allow for the continued case management of clients for a year after they've left the Bridge Housing program. This promotes self-sufficiency and prevents the recurrence of homelessness.

- **Rental Assistance**

This service is currently not funded through the Block Grant due to insufficient funding.

- **Emergency Shelter**

The Schuylkill County Block Grant agencies have given funding to Servants to All for Emergency Shelter services. Servants to All is trying to establish a permanent Homeless Shelter in Schuylkill County. We will continue to provide some funding for this service while it moves towards establishing a permanent shelter.

- **Other Housing Supports**

Through the Block Grant, Schuylkill County has been able to fund apartments for homeless or near homeless individuals who are clients of Drug & Alcohol, Children & Youth, Mental Health and the Office of Senior Services. We will continue to fund these apartments and look for other housing supports in 2015-2016.

Describe the current status of the county's Homeless Management Information System implementation.

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

CHILDREN and YOUTH SERVICES

Schuylkill County Children and Youth's participation in the Block Grant program continues to include the following four programs; Multi-Systemic Therapy, Family Group Decision Making (FGDM), Alternatives to Truancy and Housing Initiatives. Throughout fiscal year 14/15 these categorical areas have again received historic funding, though there is more planned expansion of these services during the next fiscal year. The agency again has seen under spending with regards to FGDM, though there is over spending in both the truancy and

MST services. The housing funding has been sufficient. The overspending is offset by use of Act 148 funds provided through the Needs Based Budgeting process. This has allowed the surplus in FGDM funding to be used for joint projects.

The Schuylkill County Block Grant team has continued to focus efforts on the 5 key areas. The following is a breakdown of the areas specific to the needs of C&Y.

Housing:

Affordable, low cost housing has continued to be an unmet need in Schuylkill County. Children and Youth have continued to work with numerous families regarding lack of housing and also inability to financially sustain housing. The Housing Initiative money has again been utilized for rent/security deposit, motel vouchers, oil/utility payments, cleaning services/dumpster rental and also for the monthly rental of a 2 bedroom apartment unit. This has continued to be utilized as an emergency shelter option for clients. In looking at the need for out of home placement due to lack of housing we have continued to see a steady decrease. In 13/14 12% of placements were attributed to lack of housing. In 14/15 this has decreased to 6%. It is obvious that the assistance provided through the housing funding has allowed alternatives to placement to be explored. In addition, one of the areas of collaboration with the block grant committee has been working on affordable permanent housing options. Currently two projects are underway using surplus money from 14/15.

Transportation:

This continues to be a huge challenge County wide. The committee discussed options of pilot programs with the local transportation authority, which may still be pursued in the future. There are public transportation options, though they do not reach many areas in the County, and they operate only during normal business hours. The agency utilizes transportation aides to assist clients in getting to appointments. Unfortunately we have only 3 assigned positions, which do not address the need. In addition C&Y contracts with several in-home providers, where the service can be completed in the family home as opposed to the family traveling to the service. These programs have historically been C&Y exclusive, however moving forward other departments in the block grant are considering utilizing them, which will ultimately assist with some of the transportation barriers.

Transition Age Youth:

The agency has a well-established Independent Living Program which works hands on with the youth ages 16-21. Several programs have been developed to assist youth transitioning to adulthood, which includes; assistance with college forms/tours/applications, GED procedures, educational stipends, housing stipends, nest egg fund, IL group meetings, funded/licensed driver training program. The agency sponsors 2 12 week IL sessions during each calendar year. These sessions focus on important IL areas, which include; budgeting, banking, bargain shopping and meal planning/preparation. The groups are well received.

There continues to be efforts at developing a Mentor Program. The IL department has recently begun dialogue with the Child Welfare Resource Center to develop a recruitment strategy for mentors. The goal is to provide each transition age youth in the IL program with an adult mentor from the community.

Coordinated/Integrated Services:

Schuylkill County is working on adapting to a Systems of Care model. One area that has been suggested in this model is the use of Family Group Decision Making at the CASSP level. FGDM has been discussed as a service that could benefit families outside of C&Y. This is the first effort at utilizing the service beyond Children and Youth families. Children and Youth continue collaboration with all system providers. There is more of an effort at coordinating “team meetings”. These meetings allow all providers and family members an opportunity to review objectives and ensure that all parties are working on the same goals.

Employment:

There continues to be a struggle for clients to secure sustainable employment. Through the collaboration of the block grant partners, a workshop is being planned for 15/16 through Northeast PA Manufacturers & Employers Council. The YES workshop will provide 16 certificate programs. We are targeting both transition age youth and parents who are seeking gainful employment. If successful this may continue to be pursued for varying target populations. The program is slated to begin July 2015. There continues to be a representative from the local Career Link office who participates on the local Children’s Roundtable. They are able to provide updates regarding employment.

	Outcomes	
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children’s needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Children are safely maintained in their own home whenever possible and appropriate	There will be a reduction in the number of youth placed in out of home care by 10% for fiscal year	In comparing the data from 13/14 to 14/15 there was a 9% decrease in the number of out of home placements. The agency is continuing to

	15/16.	utilize services to address issues in the family home as opposed to using out of home placements. MST has continued to be utilized, requiring the additional of a second therapist. If the service continues to increase there may be an opportunity to expand to a third. FGDM and the Access Rebound Program also continue to be utilized as prevention to out of home placement.
		Housing assistance has been provided as a means to prevent placement. In 13/14, 19 placements resulted due to housing issues. In 14/15 this decreased to 8.
Children have permanency and stability in their living arrangement.	Achieve permanency for youth within 12 months of their placement by 10% in fiscal year 15/16.	In 13/14 182 youth were discharged from C&Y placement. The average number of months in care was 15. In 14/15, 162 youth were discharged from care, with the average time in care remaining at 15 months. This is an area that continues to need more aggressive services. FGDM is still under-utilized in permanency planning. This has and continues to be offered. Referrals for MST are now being considered for youth

		preparing for a return home, specifically from congregate care.
Children receive appropriate services to meet their educational needs.	Reduce the number of truant days, by youth being monitored for truancy issues, by 10% in fiscal year 15/16	This goal will continue to be addressed for the next fiscal year. In looking at the data available for the 14/15 school term; the number of absent days for the truant youth was 20% of the scheduled days, however 10% of those absences were considered excused. This would leave us with 10% as unexcused. The Access Rebound program will continue to work with the youth in the program.

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

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

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

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

activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

MST is an intensive family and community based treatment program that focuses on addressing all environmental systems that impact at risk youth, their homes, and families, schools and teachers, neighborhoods and friends. MST is geared towards a target population of youth ages 11-17 that are at risk of out of home placement. This program works with the Juvenile Delinquent population and also high end pre-delinquent youth. The program offers an intensive home based worker who assists the parents at setting appropriate boundaries and addressing issues using the MST approved model.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

The service used more than anticipated. In budgeting, it was anticipated that \$38,000 from the Block Grant and \$12,000 from the Special Grants would be utilized due to expected expansion.

However, an additional \$17,000 in Needs Based funds was needed for fiscal year 14/15. It is expected that additional funding will be requested in the Needs Based budget for 15/16, through Special Grants in order to continue the growth of MST in Schuylkill County.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

No new program being selected.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population	Delinquent/pre-delinquent youth	Delinquent/pre-delinquent youth
# of Referrals	28	30
# Successfully completing program	22	25
Cost per year	\$38,000 HSBG \$12,000 S. G. \$17,615.62 NBB	\$38,000 HSBG \$12,000 S.G. \$19,000 NBB
Per Diem Cost/Program funded amount	\$58.98	\$61.56
Name of provider	Community Solutions, Inc.	Community Solutions, Inc.

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
 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.

Program Name:	Family Group Decision Making (FGDM)
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

For 14/15 there is no additional funding through Needs Based Budget. For 15/16 a request for Needs Based funding was initiated since the agency is anticipating a pilot program. The pilot would provide funding to establish an FGDM coordinator position in the agency staffing compliment. The funding remaining in the Block Grant would still be

available for the other departments. Currently CASSP is starting to make referrals for FGDM as part of their Systems of Care model.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

No new program being selected.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population	All	All
# of Referrals	70	85
# Successfully completing program	64	75
Cost per year	\$80,220	\$95,000 HSBG \$32,000 NBB
Per Diem Cost/Program funded amount	\$3,000/successful conference	\$3,000/successful conference NBB program funded \$32,000
Name of provider	Kids peace	Kidspace Schuylkill County C&Y

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

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.

The use of FGDM funds has continued to increase over the last few years. With the expansion of referrals through CASSP it is anticipated that the budgeted Block Grant total of \$95,000 will be realistic for 15/16. Since FGDM is expanding this appears to be an appropriate time for the agency to consider piloting an in-house program, in order to determine if it can be more utilized.

Program Name:	Alternatives to Truancy
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The Alternatives to Truancy program is a mentor/advocate program. This service in Schuylkill County is provided by Access Services. There has been collaboration between the agency, mentor provider and school districts in order to address the issue of truancy. The mentor/advocates work one on one with the truant youth to first determine the issues resulting in the truancy, and then address ways to deal appropriately with the issues. The mentor will attend school meetings, monitor grades, and assist with getting students involved in extra-curricular activities. In addition the mentor focuses on building social skills by participating in group activities outside their family home.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

The agency has continued to utilize Needs Based funds to cover the additional costs of the Access Rebound (mentor/advocate) program. Additional funds have been requested through the Needs Based Budget process for fiscal year 15/16 in the amount of \$115,000. For fiscal year 14/15 there will be approximately \$115,000 from Act 148 money that will be used to satisfy the total budget for the program.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

No new program being selected.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population	Truants	Truants
# of Referrals	130	140
# Successfully completing program	120	130
Cost per year	\$260,000 HSBG \$115,000 NBB	\$260,000 HSBG \$115,000 NBB
Per Diem Cost/Program funded amount	\$80.00	\$80.00
Name of provider	Access Services	Access Services

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

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.

Program Name:	Housing Initiative
---------------	--------------------

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The funding provided through the Housing Initiative has continued to address a variety of needs for families. The overall goal is to use the funds to prevent out of home placement due to housing issues. Throughout the most recent fiscal year the funds have been used for; rent/security deposit, oil/utility payments, hotel stays, and the monthly rent of an apartment unit. The apartment unit has continued to be utilized as an emergency shelter for families.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

There has not been additional funding requested for 14/15. However, for fiscal year 15/16 the agency has requested \$7,800 in the Needs Based process in order to secure an additional apartment unit.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

No new program being selected.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population	All	All
# of Referrals	66	70
# Successfully completing program	66	70
Cost per year	\$60,000	\$60,000 HSBG \$7,800 NBB
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Schuylkill County C&Y	Schuylkill County C&Y

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

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.

DRUG and ALCOHOL SERVICES

1) Access to services;

The substance abuse services available to Schuylkill County residents includes all levels of care, residents requesting assistance will be offered Screening/Assessment, by a trained case manager who will determine the appropriate level of care as well as making treatment referrals. Residents have access to seven (7) licensed outpatient drug and alcohol treatment providers located in-county or directly over the county line. These providers are contracted with the SCA to complete the screening/assessment and

referral as well as outpatient treatment. The SCA also contracts with multiple Non-Hospital Detox and Rehabilitation, Hospital-Based Detox and Rehabilitation, Halfway House, Partial Programs and Outpatient Drug-Free and MAT and case management for adults and adolescents. Depending on the provider, SCA funding, Health Choices and Private Insurances may be accepted. The only exception is the type of Medication Assisted Treatment (MAT) that is available to all residents. The SCA only funds Methadone Maintenance for MAT; whereas Health Choices and some private insurance offer the option of Buprenorphine or Vivitrol for MAT.

2) Waiting list issues;

Residents can contact any Outpatient Provider to request Screening and Assessment, they must present with Proof of Residency and any Proof of Income and complete the DDAP Financial Liability, and they will be able to access the necessary and appropriate level of care to meet their needs. Since the SCA has seven providers completing the screening/assessment/referral, there are not any issues with waiting lists at this time and would need to be reported to the SCA at once if they are not able to schedule appointments within the allotted timeframe. The issues the SCA is currently experiencing is with inpatient treatment services; Detox and Rehab. In some cases, the SCA funded client can be waiting 5 to 7 days for a Detox bed and 7 or more days for a Rehab bed, depending on need; male, female, co-occurring, etc. This issue is across the state at present time; providers are full, there has been an increase in referrals and need for treatment. Providers must consider their options of adding additional beds or requesting the ability to flex their bed capacity as necessary.

3) County limits on services;

The SCA does not have any limits on services available to residents, the only limit on services is funding for one screening/assessment in a six month period. The Outpatient providers must be willing to forward their assessment, with consent, to another provider if it is more appropriate for the client. The SCA, at this time, only funds Methadone Maintenance as a Medication Assisted Therapy. Due to an increase in opioid use/abuse and the demand for treatment, the SCA is considering other options for this population. The use of Vivitrol with the prison population has shown promise across the state, and this option may be investigated further. The cost and administration of this medication, by a physician, will take research into the benefits for our county. A comparison can be made between this medication and Outpatient treatment and the cost of Inpatient treatment services.

4) Coordination of care across the system;

The SCA expects its providers, both outpatient and inpatient to take the proper steps to insure a client is moved from one level of care to the next with the necessary services set up and in place to assist the client's transition and aid in their recovery. The SCA is in the process of getting the position of Certified Recovery Support (CRS) approved through Community Care Behavioral Health (CCBH) to further support clients. This service will be funded by the SCA for clients who are not eligible for Medical Assistance. At

this time the outpatient providers, as well as the SCA are utilizing case managers for this purpose, but the CRS service appears to be able to provide more support to their peers.

5) Any emerging substance use trends that will impact the ability of the county to provide substance use services;

Currently Schuylkill County, as well as the rest of the state, is experiencing an opioid epidemic, resulting in overdose deaths and increased treatment utilization. The SCA is taking many steps to combat this issue, but will take additional funding and community cooperation. The SCA has applied for several grants to assist in the prevention of overdose and the expansion of treatment services. We are looking for funds to increase the availability of Naloxone to our First Responders, including Police and EMS. We are proposing scheduling trainings to take the myths out of Naloxone and answer questions that first responders may have in response to the use of Naloxone. We feel that it is also important to reach out to the community and offer training sessions for family/friends of the opioid addict so they understand the purpose of Act 139 and the significance of that legislation. The SCA has also requested funds to expand our MAT services, by offering clients Vivitrol as an MAT. The Vivitrol was chosen because of some of the success it is showing and also because there is no withdrawal from this medication, whereas Buprenorphine reports withdrawal symptoms occur when the medication is discontinued.

In addition to the above services the SCA is looking to fund/expand, we would also like to focus on the overdose survivor. The patient that is fortunate enough to have their overdose reversed and is accepting of transportation to their local emergency room. The hospital has several options with this patient when they present through the ED, but ultimately we, the SCA, would like to be notified so we can case manage that person. Our goal is to offer the hospitals a mobile assessor during business hours and our usual crisis referrals for after-hours. The mobile assessor will be able to complete the screening/assessment if able, depending on how the client presents. The mobile assessor/case manager will then be able to refer directly to treatment, complete the COMPASS application if necessary and serve as the liaison between hospital and provider and SCA. This service is the most beneficial for residents of Schuylkill, however these services have a cost and funding is always limited and requires cooperation from the hospitals as well as many other agencies.

Target Populations

The Schuylkill County SCA offers services and providers to all Targeted Populations, where we see gaps in the services are as follows:

- **Older Adults (ages 60 and above)**

Although the number of Older Adults referred for services utilizing SCA funding is a relatively low number; approximately 3% of total clients served, the SCA has had conversations with our Outpatient Providers regarding their ability to offer treatment to this population based on their needs. The number of Older Adults referred for services is too low to warrant a special treatment track with our providers, but we will address issues individually as they occur.

- **Adults (ages 18 and above)**

Adults, ages 18 and above, are the largest population seeking services within the SCA and as such, there are multiple treatment providers for all levels of care in which to refer this group. The SCA has conversations with the Outpatient Treatment Providers at our Provider meetings about being able to match the client with the level of care and the facility in which they are most appropriate. At present time, the only gap in services for this age group; is probably not being able to identify the overdose survivors who are in need of case management to a treatment referral.

- **Transition Age Youth (ages 18 to 26)**

The Transition Age Youth and the Adolescent populations are we see some gaps in services in Schuylkill County. What is occurring is there are sufficient Outpatient Providers for the OP Level of Care; however, there is not the constant demand for IOP for this age group, so the client must be referred for OP. Since transportation continues to be an issue within Schuylkill, it is often difficult getting this group into treatment, as public transportation is not usually an option. The other issue at times is the caregiver's motivation to get their child into treatment and if they are not willing or cannot provide transportation, the adolescent is not able to attend. The SCA has been exploring the possibility of reaching out to an Outpatient Provider to see if there is one interested in offering treatment services within the school. This will take effort and outreach to the schools and the providers, but since some of the districts have been accepting of allowing a Mental Health Provider offer Outpatient services within the school. Being able to bring the service to the client is a goal of the SCA.

- **Adolescents (under 18)**

Although the SCA is not usually responsible for funding treatment for this age group, there is a lack of licensed inpatient treatment providers who are in network with CCBH, some of the clients may have already been through one or two of the providers already, so we are limited at times on where to refer this population for treatment. So the cycle that we see is that the adolescent receives inpatient care and the options for referral upon discharge are quite limited, and usually only Outpatient. The SCA

would like to pursue grant or reinvestment funding to pilot a community-based program that would serve the client and their family in their own environment.

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

The biggest gap in services for the Co-Occurring population is that we only have one, out-of-county Outpatient Treatment Provider that is dually licensed and can offer both Psychiatric and Substance Use treatment. This provider is geographically located in the next county, so it is only feasible for residents in the northern end of the county. The SCA does contract with multiple inpatient treatment providers that are licensed as Co-Occurring so clients can receive a diagnosis and non-addictive medications or continue on the non-addictive medications they have been prescribed by their own physician. A gap in services for this population is having a case manager or certified recovery support that is competent with this population and can offer valuable assistance with discharge planning and follow along post discharge.

- **Criminal Justice Involved Individuals**

The SCA participates in the Prison Project that was unveiled state-wide at the beginning of this Fiscal Year to serve the Criminal Justice involved/Incarcerated population. Under this project the SCA will utilize their case manager to assess inmates at the Schuylkill County Prison as referred by their APO, Public Defender, etc. We are able to screen/assess and determine the appropriate Level of Care and Refer to treatment. In the time between the referral and the bed date, the SCA will complete the COMPASS application for the individual and have their Medical Assistance turned on the day they are to be released from prison to treatment. The SCA also provides funding for an evidence-based journaling program, "Breaking the Cycle", which is offered to participants in the Pre-Release Program that is being coordinated with the Adult Probation Office and the Schuylkill County Prison. APO determines client eligibility for the Pre-Release Program and then they are referred for the appropriate level of care and the Breaking the Cycle Group is an option following the completion of treatment. Breaking the Cycle is a ten week group program that meets twice weekly and follows a series of journals and the nice part is our APO schedules an officer to meet with the participants and sit in on groups. We have been offering the groups for approximately a year and are in the process of collecting data.

- **Veterans**

Although the Drug & Alcohol Program does not have a specific Veteran's Outpatient treatment service, we do refer Veteran's with VA benefits to a Veteran's program in Pottsville. This program offer Outpatient services to vets with VA benefits, otherwise they would have to leave the county for those services. We can make referrals to the VA programs or we have access to two inpatient programs that

have separate services for veterans. We have the Outpatient Provider who is completing the screening/assessment get information to aid in the most appropriate referral.

Recovery Oriented Services

The Schuylkill County Drug & Alcohol program currently offers assistance to residents by purchasing and distributing bus tickets to those involved in treatment that need assistance getting to and from the treatment providers. We continue looking at other ways to address the transportation issues we face in the county. As a Block Grant county we are looking for ways to address this issue, as it affects many clients involved in several systems. We are in the process of getting approval from CCBH to add Certified Recovery Support to Schuylkill. I have had conversations with a provider that is willing to offer the service here since they have a successful program running in other counties. We feel it is a much needed service and can benefit our clients in many areas and we are looking at ways the SCA can collaborate with this service as well, from the Outpatient Providers to the Prison referrals. Since there is only so much that a case coordinator can do within the community, having a CRS available will offer clients another option to continue services.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND:

For each of the five categories, Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services, please complete the chart below with current and next fiscal year's individual information. Also for each of the five categories, please explain how

allocated funding will be utilized by the county to support an array of services to meet the needs of county residents by providing the following in the format provided:

- The program name (if applicable)
- Changes, if any, in service delivery from previous year
- Specific service(s) - from the list of allowable services under each category in Appendix D, describe how services are provided
- Planned expenditures for each service

Note: Please ensure that the estimated individuals in the chart and planned expenditures in the narrative match what is included on the budget in Appendix C.

	Estimated Individuals Served in FY 14-15	Projected Individuals to be Served in FY 15-16
Adult Services	22	25
Aging Services	0	0
Children and Youth Services	0	0
Generic Services	5	6
Specialized Services	3,050	3,100

Adult Services: Please provide the following:

Program Name/ Description: (i.e. Meals on Wheels....)

Home Delivered Meals – provides meals, which are prepared in a central location, to homebound individuals in their own homes.

Changes in Service Delivery from Previous Year: (If no changes, indicate “none”)

None

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

Home Delivered Meals

Planned Expenditures:

\$4,500

Program Name/ Description:

Homemaker/Personal Care – this service provides non-medical personal care, and in some cases homemaker services, to individuals who are functionally unable to perform life-essential tasks of daily living due to a short-term disability or until they can get into a long-term service.

Changes in Service Delivery from Previous Year: (If no changes, indicate “none”)

None

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

Homemaker/Personal Care

Planned Expenditures:

\$27,500

Aging Services: Please provide the following:

No services that fall under this category are planned at this time.

Program Name/ Description:

None

Changes in Service Delivery from Previous Year: (If no changes, indicate “none”)

None

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

None

Planned Expenditures

None

Children and Youth Services: Please provide the following:

No services that fall under this category are planned at this time.

Program Name/ Description:

None

Changes in Service Delivery from Previous Year: (If no changes, indicate "none")

None

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

None

Planned Expenditures

None

Generic Services: Please provide the following:

Program Name/ Description:

(Include which populations served)

Transportation (all populations that fall within the income guidelines) – Transportation to medical services for those without Medical Assistance. Mainly for dialysis patients.

Changes in Service Delivery from Previous Year: (If no changes, indicate "none")

None

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

Transportation

Planned Expenditures:

\$2,500

Specialized Services: Please provide the following:

Program Name/ Description:

(Include whether it is a new service or combination of services)

Outreach Case Management – provides residents of the Shenandoah, Mahanoy City and Tamaqua areas with comprehensive information regarding programs available through Schuylkill County Human Services Agencies while also facilitating access to those programs.

Changes in Service Delivery from Previous Year: (If no changes, indicate "none")

None

Planned Expenditures:

\$34,000

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.

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

Community Volunteers in Action (CVIA) is a volunteer recruitment program sponsored by the Schuylkill County Commissioners through the Block Grant Programs. The mission of CVIA is to give individuals the opportunity to build community awareness and encourage their involvement in the provision of volunteer service to those persons and communities in need. CVIA provides a central clearing house of information on current volunteer opportunities in human services and on volunteers who are referred to the various agencies. Information in the database is used to make referrals that best match the volunteers' interests and abilities with the agencies' needs. The CVIA Advisory Committee is made up of representatives from each agency in the County's Human Services, the United Way and The Red Cross. The purpose of the Committee is to provide agency and community representation in order to steer, direct and advise the efforts of CVIA in identifying volunteer needs and promoting volunteerism within Human Service programs. The CVIA Director facilitates the County's Make A Difference Day and the Community Contacts program. Community Contacts is a program that trains community volunteers to be contacts in their communities for residents needing information about the County's human services programs. Both programs have won multiple awards.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance or Drug and Alcohol, please provide a brief description of the use and complete the chart below with individuals and expenditure information. The full description for these services funded by HSDF should be included in the narrative of the respective program.

Category	Estimated Individuals	Planned HSDF Expenditures
Mental Health		
Intellectual Disabilities		
Homeless Assistance		

Drug and Alcohol		
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Note: Please refer to Appendix C -2, Planned Expenditures for reporting instructions.

Appendix A

Appendix A
Fiscal Year 2015-2016

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF SCHUYLKILL

The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,

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.

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.

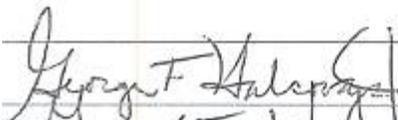
The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

	George F. Halpern, Jr.	Date: _____
	GARY J. Hess	Date: 6-24-15

Appendix C

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	1,519		491,209		19,143	
Administrator's Office			491,084		19,802	
Adult Developmental Training - Adult Day Care						
Children's Evidence Based Practices			22,109		891	
Children's Psychosocial Rehabilitation Services	25		1,030,016		52,715	
Community Employment & Emplmt Rel Svcs	47		98,434		2,891	
Community Residential Services	2,314					
Community Services			184,558		7,442	
Consumer-Driven Services	795		59,885		1,221	
Emergency Services	14		4,800			
Facility Based Vocational Rehabilitation	1		14,419		581	
Family Based Mental Health Services	31		994,076	31,578	29,120	
Family Support Services	401		342,299			
Housing Support Services	1,838					
Mental Health Crisis Intervention			174,898		1,822	
Other	298					
Outpatient			68,873			
Partial Hospitalization	30		481		19	
Peer Support Services	1		160,000			
Psychiatric Inpatient Hospitalization	63		961		39	
Psychiatric Rehabilitation	25		355,296			
Social Rehabilitation Services	326					
Targeted Case Management						
Transitional and Community Integration						
TOTAL MH SERVICES	7,728	4,493,398	4,493,398	31,578	135,686	0

INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office	114		624,550		45,373	
Case Management	127		138,906	174,532	6,922	
Community-Based Services	4		303,517		27,705	
Community Residential Services			222,194			
Other	245			174,532		
TOTAL ID SERVICES	245	1,289,167	1,289,167	174,532	80,000	0

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES						
Bridge Housing	40		125,672			
Case Management	40		8,000			
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
TOTAL HAP SERVICES	80	128,172	133,672		0	0

CHILD WELFARE SPECIAL GRANT SERVICES						
Evidence Based Services	115		126,350		6,650	
Promising Practice						
Alternatives to Truancy	140		234,000		26,000	
Housing	70		51,000		9,000	
TOTAL CWSG SERVICES	325	411,350	411,350		41,650	0

DRUG AND ALCOHOL SERVICES						
Case/Care Management	150		82,471			
Inpatient Hospital	2		5,000			
Inpatient Non-Hospital	75		125,000			
Medication Assisted Therapy	10		28,000			
Other Intervention	25		8,000			
Outpatient/Intensive Outpatient	50		20,000			
Partial Hospitalization	15		10,000			
Prevention	100		20,000			
Recovery Support Services	220		10,000			
TOTAL DRUG AND ALCOHOL SERVICES	647	341,819	308,471		0	0

HUMAN SERVICES AND SUPPORTS						
Adult Services	25		32,000			
Aging Services						
Children and Youth Services						
Genetic Services	6		2,500			
Specialized Services	3,100		34,000			
Interagency Coordination			32,114			
TOTAL HUMAN SERVICES AND SUPPORTS	3,131	118,114	100,614		0	0

7. COUNTY BLOCK GRANT ADMINISTRATION						
GRAND TOTAL	12,156	6,782,020	6,782,020	206,110	257,336	0

Appendix D

Ted Dresibach, Executive Director
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