

Pennsylvania

UNIFORM APPLICATION

FY 2020 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 796567790

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name Department of Human Services

Organizational Unit Office of Mental Health and Substance Abuse Services

Mailing Address PO Box 2675

City Harrisburg

Zip Code 17105-2675

II. Contact Person for the Grantee of the Block Grant

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Agency Name Office of Mental Health and Substance Abuse Services, Dept. of Human Services

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2018

To 6/30/2019

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Supportive Housing
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Promote independent living and the deinstitutionalization of individuals by increasing housing opportunities for persons of all ages with SMI or children with SED and their families.

Strategies to attain the goal:

Increase dollars towards: Capitol, Bridge, Master Leasing, Clearinghouse, and Fairweather Lodges; Support Olmstead planning process to meet the needs of consumers in the least restrictive setting possible; Continue to provide technical assistance to counties

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage increase of individuals receiving supportive housing services
Baseline Measurement: 8,462
First-year target/outcome measurement: 9,308
Second-year target/outcome measurement: 10,154

New Second-year target/outcome measurement(if needed):

Data Source:

Data Source: County I&E Reports Total MH Number Served Cost Center 3.22, Baseline= FY15-16

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

First Year Outcome (FY 16-17): 7,414

Housing support services are also provided as a component of other services, which in part, help to support people in transitioning to and/or sustaining housing. From FY 15/16 to FY 16/17, the following services showed an increase in total MH numbers served: ACT, Community Treatment Teams, Psychiatric Rehabilitation, Peer Support Services, Consumer Driven Services and Transition/Community Integration. 3,467 more people were served in FY 16/17 (40,201 total number served) than in FY 15/16 (36,734 total number served) by these services, which likely had an impact on the "Housing Support Services" reported as a distinct service.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Second Year Outcome (FY 17-18): 8,342

Housing support services are also provided as a component of other services, which in part, help to support people in transitioning to and/or sustaining housing. From FY 16/17 to FY 17/18, the following services showed an increase in total MH numbers served: Targeted Case Management, ACT, Community Treatment Teams, and Peer Support Services. 3,094 more people were served in FY 17/18 (31,776 total number served) than in FY 16/17 (28,682 total number served) by these services, which likely had an impact on the "Housing Support Services" reported as a distinct service.

How second year target was achieved (optional):

Priority #: 2

Priority Area: Services to Older Adults

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

To increase engagement and access to services across systems for older adults.

Strategies to attain the goal:

Support the three day continuing education training for Certified Peer Specialists for serving the Older Adult Population; promote outreach and education opportunities for older adults; build interaction between services/systems; recruit and train additional professionals

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Unique Number of Individuals receiving medicaid billable Certified Peer Support Specialist Services

Baseline Measurement: 295

First-year target/outcome measurement: 324

Second-year target/outcome measurement: 353

New Second-year target/outcome measurement(if needed):

Data Source:

OMHSAS Data (Promise), Baseline= FY15-16

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Actual for First Year Outcome Measurement (FY 16-17) = 309

Reason Why Target Not Achieved:

Older adults are less likely than younger persons to both report having mental health problems and seek specialty mental health services. Older adults respond well to interventions for depression and other mental illnesses, but limited knowledge, stigma, and lack of access to providers and services create barriers. To overcome these barriers, alternative services to address mental health concerns in older adults, such as peer-delivered services, are needed. Pennsylvania's Certified older Adult Peer Specialist (COAPS) program has demonstrated its effectiveness in multiple settings as an effective intervention in working with older adults with behavioral health concerns, yet information about this services' effectiveness has not yet been fully disseminated to the broader aging field. To address this lack of knowledge, OMHSAS has been working with the University of Pennsylvania to disseminate information about COAPS to the behavioral health and aging systems.

Although efforts have been made to combat stigma, increase access to transportation, and strengthen the workforce of individuals trained to provide peer support services to older adults, these areas persist as barriers to treatment and may account for why the target was not met.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Actual for Second Year Outcome Measurement (FY 17-18) = 356

How second year target was achieved (optional):

Indicator #:

2

Indicator:

Annual Number of Certified Peer Specialists completing the three day Older Adult Specialty Continuing Education Course for CPSs

Baseline Measurement:

191

First-year target/outcome measurement:

221

Second-year target/outcome measurement:

251

New Second-year target/outcome measurement(if needed):

Data Source:

-University of Pennsylvania, Center for Mental Health Policy and Services Research
-Baseline= FY15-16

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Actual Number for FY 16-17: 252

This exceeds first-year target of 221. It also exceeds the second-year target of 251.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Actual Number for FY 17-18: 281

The first-year target exceeded the second-year target. The second-year target progress continued to grow.

Priority #: 3
Priority Area: Peer Support Services
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Support the employability of Certified Peer Specialists (CPS) throughout the Commonwealth.

Strategies to attain the goal:

Promote the use of CPSs for specific populations, including Youth and Young Adults, Forensics, Older Adults, and Veterans; Track employment outcomes for trained CPSs; Support CPSs in the workplace by providing technical assistance to employers about culture changes needed to ensure their success with CPS services.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of Certified Peer Specialists employed in the mental health field
Baseline Measurement:
First-year target/outcome measurement:
Second-year target/outcome measurement:
New Second-year target/outcome measurement(if needed):

Data Source:

Data Source: County Human Services Plans Mental Health CPS Employment Survey, Baseline= FY17-18 Plans

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Total Number (FY 17-18): 1,481

Source: FY 17-18 County Human Service Plans. FY 17-18 data is baseline.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Current data is not available yet.

How second year target was achieved (optional):

Measurements are missing
Baseline: FY 16/17-1401
First year target: FY 17/18-1471
Second year target: FY 18/19-1545

Priority #: 4
Priority Area: Olmstead Planning
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Facilitate the community integration of individuals residing in state hospitals

Strategies to attain the goal:

Follow the Commonwealth's Olmstead Plan, Support the County Olmstead Planning Process.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Community Hospital Integration Program Projects (CHIPPs) completed
Baseline Measurement: 3,446
First-year target/outcome measurement: 3,536
Second-year target/outcome measurement: 3,626

New Second-year target/outcome measurement(if needed):

Data Source:

Data Source: OMHSAS Operations Data, Baseline= FY15-16

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

First Year Outcome (FY 16-17): 3,493

We did 47 CHIPPs in FY 16-17 because we had collaboration with our county partners on that number of individuals that were ready for community discharge with the additional services the CHIPP funding supported. May people are discharged under traditional methods, i.e. they go back to their homes/family or to a residential program that already exists (i.e., no CHIPP money needed to establish it). These are supported by base funds and Health Choices.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Second Year Outcome (FY 17-18): 3551

Pennsylvania did 58 CHIPPs in FY 17-18 because the state had collaboration with its county partners on that number of individuals that were ready for community discharge with the additional services the CHIPP funding supported. Many people are discharged under traditional methods, i.e. they go back to their homes/family or to a residential program that already exists (i.e., no CHIPP money needed to establish it). These are supported by base funds and Health Choices.

How second year target was achieved (optional):

Priority #: 5
Priority Area: Residential Treatment Facility (RTF) Usage Reduction
Priority Type: MHS
Population(s): SED

Goal of the priority area:

Improve the quality of and increase access to community based services in order to reduce the use of RTF placements.

Strategies to attain the goal:

Increase community connections and informal supports through the use of Youth/Family Teams and High-Fidelity Wraparound; Monitor use of respite services and solicit feedback from families as to the impact; Research, fund, and expand community evidence-based and promising practices; Cross Program Office collaboration/plan for increasing education and training to providers that serve ASD populations

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Proportion of RTF Census Per 1,000 Compared to Eligible Population
Baseline Measurement: 1.2774
First-year target/outcome measurement: 1.0974
Second-year target/outcome measurement: 0.9174

New Second-year target/outcome measurement(if needed):

Data Source:

-OMHSAS Data, Baseline=CY 2016

New Data Source(if needed):

Description of Data:

-Eligibles: Average number of eligibles for 12 months
-Eligible Population is all MA enrolled age 21 and under
-C p/1000: (Average Census/Average Eligibles)*1000

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Actual Data (Calendar Year 2017): 1.0242

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Actual Data: (Calendar Year 2018): .935

The difference between the target measurement for Priority #5-Indicator 1 (0.9174) and our actual attainment (0.9350) is - 0.0176. We do not believe that this difference is significant enough to infer that we have not successfully attained the goal.

How second year target was achieved (optional):

Priority #: 6

Priority Area: Youth and Family Involvement

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Increase youth and family involvement and influence in the mental health system in Pennsylvania.

Strategies to attain the goal:

Recruit and maintain an active youth cohort as part of the OMHSAS Planning Council; Recruit and maintain an active youth and family member composition in the county collaboratives formed as part of Systems of Care; Support youth and family participation in state and county sponsored trainings and conferences; Support cross systems collaboration and integrated services delivery reflecting input from youth and family members.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of youth and family members involved in county collaboratives (System of Care), integrated plan development, and local and statewide advisory boards annually

Baseline Measurement: 202

First-year target/outcome measurement: 216

Second-year target/outcome measurement: 230

New Second-year target/outcome measurement(if needed):

Data Source:

Data Source: OMHSAS Children's Bureau/System of Care, Baseline= Point in Time Count December 2016

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

November 2018 Point in Time Count: 327

Data Source: SOC/MHPC

Achieved: The state has increased youth and family member involvement by 61% since the November 2017 Point in Time count. A number of OMHSAS-involved projects have focused strongly on youth and family involvement, including State Leadership and Management Team, County Collaboratives for 10/23/18, 9/25/18, and 8/28/18, Fetal Alcohol Spectrum Disorder Taskforce, PA Mental Health Issues Advisory Committee, Council of Chief State School Officers, Certified Community Behavioral Health Clinics Group, Montgomery County System of Care, BHARP System of Care Grant, Healthy Transitions Youth & Young Adult Network, and My Life of Magellan.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

July 2019 Point in Time Count: 350
Data Source: SOC/MHPC

How second year target was achieved (optional):

Priority #: 7
Priority Area: Prevention
Priority Type: MHS
Population(s): SED

Goal of the priority area:

Targeted and ongoing workforce development for professionals from multiple disciplines that work with infants and young children and their families is essential to ensure that professionals understand infant and early childhood mental health and are quipped to promote positive practices to support these children, prevent problems when risk is identified, and intervene when necessary.

Strategies to attain the goal:

Public awareness, systems specific communications, and the provision of professional development opportunities (in collaboration with the PA Project LAUNCH Partnership, PA Association for Infant Mental Health and other associated initiatives) on and about the need for our cross systems professionals to be infant/early childhood mental health informed (using knowledge, skills and reflective experiences to guide our work with infants, toddlers, and families in promoting social-emotional development and addressing mental health concerns).

The intent of the PA-AIMH Endorsement (IMH-E® and ECMH-E®) is to recognize and document the professional development of infant and family service providers within the diverse and rapidly expanding field, using an organized set of culturally sensitive, relationship-based infant mental health competencies. It is not a license or certification, but rather an overlay onto a person's professional credentials that recognizes evidence of a specialization in the field of infant/early childhood mental health. The Endorsement is one of the first and most comprehensive efforts in the country to identify best practice competencies at multiple levels and across disciplines and to offer a pathway for professional development in the infant, early childhood and family field. The categories are not viewed as a hierarchy, but related to the role that a professional may have in the systems that support young children and their families and include promotion, prevention, intervention, and leadership.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of professionals who have achieved Endorsement®
Baseline Measurement: 0
First-year target/outcome measurement: 45
Second-year target/outcome measurement: 100

New Second-year target/outcome measurement(if needed):

Data Source:

Number of Endorsed Professionals in the following categories:
Infant Family Associate (IFA),
Infant Family Specialist (IFS),
Infant Mental Health Specialist (IMHS),
Infant Mental Health Mentor (IMHM-Clinical, Policy, or Research/Faculty),
Early Childhood Family Associate (ECFA),
Early Childhood Family Specialist (ECFS),
Early Childhood Mental Health Specialist (ECMS),
Early Childhood Mental Health Mentor (ECMHM-Clinical, Policy, or Research/Faculty)

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The Endorsement system should be ready to accept applications for Endorsement in late Spring/Early Summer 2018. In addition, examinations for Early Childhood Mental Health Specialist (ECMS) and Early Childhood Mental Health Mentor (ECMHM-Clinical, Policy, or Research/Faculty) are in development and will likely not be ready for administration until late 2018. Capacity to review applications/exams could be delayed if PA-AIMH does not have enough reviewers to meet demand- therefore an alternative data point could be "applications pending review".

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

CY 2017: 19

The Endorsement Application System for PA-AIMH officially launched in August 2018 following the Endorsement of the leadership cohort. There was a slight delay in opening the application system, as the leadership cohort needed to undergo some training related to reviewing applications and exams the first half of 2018. OCDEL has provided funding to support 55 professionals in their Endorsement, and many of those professionals have yet to begin their application process, however this group will be targeted during the 2019 FFY.

Additionally, OMHSAS has allocated \$335,000 to counties for FY 18-19 to ensure a continued increase in workforce development to ensure professionals understand infant and early childhood mental health and are equipped to promote positive practices to support these children, prevent problems when risk is identified, and intervene when necessary.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

CY 2018: 32

Description of Data: Pennsylvania Association for Infant Mental Health (PA-AIMH) Endorsement Application System (EASy)
Data issues/caveats that affect outcome measures: The Endorsement system was launched in August of 2018. IECMH Endorsement® remains voluntary, therefore applicants can proceed through the application review and examination process (where applicable) at their own pace. There is a national barrier to administering the Early Childhood Mental Health Specialist and Mentor categories due to exam development per the Alliance for the Advancement of Infant Mental Health. As additional state support increases for Endorsement, there is an anticipation of increased interest in Endorsement® across sectors. CMHSBG categorical funding was increased in SFY18-19 for this priority to enable more people to receive Endorsement and is being continued in SFY19-20. There are currently 44 people in the process of achieving Endorsement.

How second year target was achieved (optional):

Priority #: 8
Priority Area: Suicide Prevention
Priority Type: MHS
Population(s): SED

Goal of the priority area:

Increase suicide prevention in education settings

Strategies to attain the goal:

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of children referred to the SAP program annually
Baseline Measurement: 21,927
First-year target/outcome measurement: 24,119
Second-year target/outcome measurement: 26,312
New Second-year target/outcome measurement(if needed):

Data Source:

Data Source: SAP Joint Quarterly Reporting System, Baseline: CY2015

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Baseline Measurement: 2014/2015 academic year (August, 2014-June, 2015)

First Year Actual: 21,465 during 2015/2016 academic year

Reason Why Target Not Achieved: Increases or decreases in these statewide data from year-t

First Year Actual: 21,465 during 2015/2016 academic year. The 2015/2016 academic year covers August 2015 through June of 2016.o-year may reflect a number of change sand do not necessarily reflect missed targets at the local level. For instance, there may be changes in student enrollment, or changes in policies and procedures that lead to differences in SAP team reporting and referrals.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Second Year Actual: 23,779 during 2016/2017 academic year (August, 2015-June, 2016)

The 2016/2017 academic year covers August 2016 through June of 2017 and may reflect a number of changes and do not necessarily reflect missed targets at the local level. For instance, there may be changes in student enrollment, or changes in policies and procedures that lead to differences in SAP team reporting and referrals.

How second year target was achieved (optional):

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2018	Estimated/Actual SFY 2019	Expense Type
\$18,336,671	\$36,957,605	\$36,957,605	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

NOT FINAL

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$938,761,867	
SFY 2018 (2)	\$938,761,867	\$938,761,867
SFY 2019 (3)	\$941,197,233	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2017 Yes X No
 SFY 2018 Yes No X
 SFY 2019 Yes No X

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

4/30/2020

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Footnotes:

