DAUPHIN COUNTY

2016/17 Human Services Block Grant Plan

Submitted by:

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Dauphin County Commissioners

Jeff Haste

DAUPHIN COUNTY
HUMAN SERVICES BLOCK GRANT PLAN
2016-17

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Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN
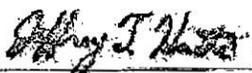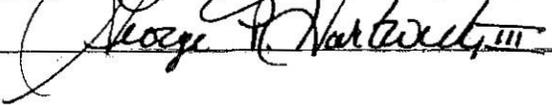
ASSURANCE OF COMPLIANCE

COUNTY OF: _____Dauphin_____

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

B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Jjtle V.I 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 wili comply with regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE
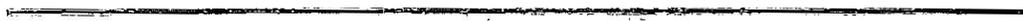
Signatures   Please print

[signature]	Jeff Haste	Date:
[signature]	Mike Pries	Date: 6/29/16
[signature]	George P. Hartwick, III	Date: 6/29/16

Appendix A

ASSURANCE OF COMPLIANCE

Appendix B
County Human Services Plan Template

PART l: COUNTY PLANNING PROCESS

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

The Planning Advisory Committee met four times in preparation of the 2016/17 Human Services Block Grant Plan. Like previous years, Dauphin County has utilized various tools and forums in assessing the local need. Through community forums, summits, focus groups and numerous cross-systems work groups, the county regularly asks for input and feedback from youth, adults, families and the community in terms of how we can improve services and where there are gaps in services. Planning and Advisory Committee meeting minutes and supplemental materials are made available to the public on the Dauphin County website at w^{y}ww.dauphincounty.org .

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

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

community committee and faith-based committee. These groups provide valuable input for our planning process as well.

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

Paid employment is an essential goal for many homeless persons, persons with an intellectual disability, persons with a mental health diagnosis, persons with a substance use disorder, and teens aging out of the Children and Youth foster care system. In 2014/15, in collaboration with Office of Vocational Rehabilitation and Goodwill Industries, the County rolled out a new initiative known as ProjectSearch. This cross systems approach with Intellectual Disabilities and Human Services Development bolsters employment opportunities across many of the consumer population of the Human Services Block Grant. The partnership with the business community has been overwhelmingly successful. The impact of this decision has enabled the agency to increase its client participation and this plan year we anticipate case load in supportive employment to go from 47 to 75 participants.

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

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

The County has experienced success with the diversionary program operated out of the Dauphin County "Booking Center". This program enables the County to screen individuals to determine the most appropriate setting to address their needs and the community needs. The County continues to build its data base, while assembling the resources necessary to assist individuals meet their needs in a cost effective manor for the local tax payers.

The County has developed its internal funding formula and it has been tested and verified. This mechanism or "funding formula" will assist in the allocation of resources by applying quantitative analysis to programming and the best use of resources. This upcoming year will focus on provider data collection. A web portal is under construction to enable providers to

report their outcome data directly to the County. The County has every intention to share its model with the Department and other Counties if interested.

Additionally, for plan year 2016/17 the County has also highlighted three new initiatives in the areas of: transportation-which is described in more detail under the Human Services Section; Integrated Data Platform across all systems-which is also described in more detail in the Human Services Section; and, a Mental Health Check-in Center concept which is described in the Mental Health portion of this plan.

PART Il: PUBLIC HEARING NOTICE

Act 80 of 2012 requires the selected counties to hold two public hearings under the auspices of the Sunshine Act, 65 P.S. {701 et. seq., prior to submission of the Human Services Plan to the Department of Public Welfare. Dauphin County held three such public hearings on August 21, 2015; November 13, 2015; February 26, 2016; and May 27, 2016. The hearings were properly advertised as required by the Sunshine Act and a copy of the proof of publication and meeting minutes are included as a part ofAPPENDIX E of this plan.

PART Ill: MINIMUM EXPENDITURE LEVEL

Not applicable

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights

FY 15-16 has been focused on realigning county service priorities to available funding and supporting agencies dependent upon (non-medical assistance) County funds to stay open and accessible to adults with SMI and co-occurring disorders, emerging target population needs, and developing options to improve access and quality of care. This FY 16-17 plan is written without knowledge of the level of funding that will be available or when it will be available. The Dauphin County Mental Health Program continues to refine adjustments related to the allocation from the FY 12 -13 budget reduction totaling $1,931,200.

Further reductions in funding will continue to decrease the quality and quantity of MH services in our community, will decrease timely access and exacerbate staffing issues. Dauphin County MH system has benefitted from the Human Services Block Grant process in directing funds to areas of need within the MH program. Areas of program focus in FYI 6-17 will continue with 1) efforts to divert people from inpatient level of care as their first contact with the MH system as well as reducing the rate of inpatient readmissions; 2) identifying permanent, safe, and affordable housing for adults moving out of transitional licensed programming and a new area will involve

the local criminal justice system by 3) working with the local criminal justice system in understanding the role the mental health has in providing treatment and community supports which may not reduce or change individual's propensity to commit serious crimes and exploring opportunities for effective programming.

In FY 15-16 a more realistic understanding of the pressures of the Department of Correction (DOC) to do aftercare planning has been shared. Unfortunately, persons with serious mental illness (SMI) are not the largest population concern. The DOC classification system tends to over identify persons to be referred to the MH system. Some efforts are underway to improve the DOCs expectations of the mental health system in relationship to persons referred for D&A services, basic housing, and medical care upon discharge. Dauphin County is concerned about prioritizing persons being discharged from the State Correctional Institutions in need of long-term care when County residents being discharged from Dauphin County prison are not afforded the same benefit. Long term care options for persons with mental illness and criminal history are limited. One resident has been referred to over 300 nursing homes and denied admission to South Mountain four times. Coordination with DOC staff about persons maxing out of DOC needs improvement as many person are referred to the MH system for D &A, medical, or housing needs that are beyond the scope of the county MH system.

We continue to explore options to more effectively serve people with SMI and criminal histories i_n the County MH system and with court related agencies. We are also exploring programs and services that may reduce arrest recidivism such as a reporting center and/or a cognitive behavioral approach to antisocial thinking and behaviors that are primary criminogenenic risk factors.

The most notable change during FYI 5-16 has been the complete implementation of Medical Assistance Expansion which improved access to coverage for Dauphin County residents. When persons understand how to get and maintain coverage; the system can use HealthChoices funds successfully to manage care and allow County funds to be used for supports and services not paid by Medical assistance. Staff are committed to maximizing the benefits of the Community HealthChoices program for the needs of dual eligible (Medicare and Medicaid) with long-term care needs when it is implemented in 2019. Dauphin County has significantly improved the process of MA application through the County Assistance Office.

FY14-15 is the most recent full year of mental health programs operation for data analysis in the Block Grant Plan. The mental health allocation constitutes 72.4% of the funds managed in the Dauphin County MH/ID Program. Expenditures are closely tied to funding levels. 4.5% are administrative costs. The MH Program served more people in FY 14-15, with a slight decrease in the Crisis Program and slight increases in MH.

Table 1 — Comparison of Persons served FYI 1-12 through FY14-15

PROGRAM AREA	PERSONS SERVED FY 11-12	PERSONS SERVED FY 12-13	PERSONS SERVED FY 13-14	PERSONS SERVED FY 14-15
Mental Health	4,495			4,537

| Crisis Intervention | 3,493 | 3 ,344 | 3,190 | |

Outcome data was received from MH providers in a redesigned recovery format. Design, planning and reporting for the Block Grant Outcomes system has started. Data collection and analysis will be done in early FY 16-17. Baselines were established for cost areas in FY 14-15. The cost areas have been reformatted to reflect Block Grant reporting categories. Funds directly managed by Dauphin County mental health include state allocated, CHIPP, federal non-Medicaid and county matching funds.

Access to other funding such as Medicaid/PerformCare and Medicare impacts how State allocated County funds are used by residents registered in the system. Changes in the number of persons served and/or dollars expended can be atfributed to several factors including but not limited to:

- rate changes,
- more intensive services (frequency) being provided to a smaller number of persons based upon individualized need,
- shifting service use or trends based on services being predominately voluntary,
- start-up of new services/new service providers, and
- the use of evidenced-based interventions.

The availability of funds is another factor impacting numbers of persons served and dollars expended. Table 2 captures the use of State allocated County funds for two fiscal years by cost center. Significant increases in community employment reflect a change away from facility-based services and full implementation of licensed psychiatric rehabilitation services.

Table 2 — County Mental Health Expenditures by Cost Centers in Dollars

MH Cost Center	2013-14	2014-2015
Administrators Office	842,306	890,344
Assertive Community Treatment	130,567	149,603
Administrative Case Management		1,468,155
Community Employment	27,875	205,801
Community Residential		9,667,637
Community Services	387,526	357,241
Consumer-Driven Services	156,146	156,639
Emergency Services	699,292	669,020
Facility-Based Voc. Rehab.	62,953	42,962
Family-Based Services	2,684	0
Family Support Services	75,270	74,981
Housing Support		1,239,565

Crisis Intervention	1,124,248	
Outpatient	603,002	988,652
Partial Hospitalization	172,517	146,948
Peer Support Services	168,944	143,390
Psychiatric Inpatient Hospitalization	116,737	255,993
Psychiafric Rehabilitation	153, 054	384,818
Social Rehabilitation	751, 537	756,170
Targeted Case Management	I , 254	
COUNTY NTNTAL HEALTH TOTAL	**$18,799,602**	**$19,619,483**

A comparison between two fiscal years is illustrated in Table 3 using service type or cost centers. There is some relationship between decreased costs and persons served in FY 14-15.

Table 3 — Service Types by Numbers of County Registered Persons

Service Type		2014-15
Assertive Community Treatment	25	19
Administrative Case Management	3,426	3,688
Community Employment	9	28
Community Residential Services	397	409
Community Services	2,000	2,100
Consumer-Driven Services	180	250
Emergency Services		1,605
Facility-Based Vocational Rehabilitation	15	8
Family-Based Mental Health Services	1	0
Family Support	39	38
Housing Support	237	253
Crisis Intervention	2,431	2,341
Outpatient	734	572
Partial Hospitalization	55	38
Peer Support Services	30	36

Psychiatric Inpatient Hospitalization	17	10
Psychiatric Rehabilitation	30	81
Social Rehabilitation	201	196
Targeted Case Management	903	823

The table above includes duplicated service use by type since persons may use multiple services at the same time and a variety of services throughout the year. MA enrollment status may also be intermittent due to employment or an inability to maintain enrollment re-certifications due to their disability.

Medical assistance managed care or HealthChoices Behavioral Health services are managed locally in a five (5) county collaborative through the Capital Area Behavioral Health Collaborative (CABHC) and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth Caritas. Table 4 shows the type of service, number of persons served and expenditures. In FY 12-13 8,511 Dauphin County residents received HealthChoices funded services and in FYI 3-14 approximately 8,700 were served. For FY 14-15 more than 9,500 were served.

Table 4- Dauphin County HealthChoices FY14-15 Mental Health Services by Number of Persons / Costs

ice	Person	ars
In atient sychiatric, includes Extended Acute Care		$13,486,502
Partial Hos italization	379	1,315,459
Ou atient		6,721,842
Behavioral Health Rehabilitation Services (BHRS)	1,885	13,331,782
Residential Treatment		2,351,432
Cloza ine/Cloza ine Su ort	6	888
Crisis Intervention	830	447,388
Famil -Based NTH Services	203	2,341,731
Tar eted MH Case Mana ement		5,151,008
Peer Su ort Services	1 13	197,252
Other MH, includes Assertive Community Treatment, S ecialized treatment, Tele- s chiat	926	
MANAGED CARE TOTAL:	9,728	**$ 47,403,727**

Services such as BHRS, Family-Based MH Services and Residential Treatment are exclusively for children, teens and young adults up to 21 years of age. Clozapine and Peer Support Services are solely for adults, and all other types of services include both children and adults. The number of persons using psychiatric hospitalization, Family Based MH Services and RTF services decreased. The number of persons using outpatient clinic services increased. Approximately 374 persons received their outpatient services through tele-psychiatry.

The Board of CABHC, CABHC committees, PerformCare committees and initiatives offer county participation and input. Individuals and families also have roles in committee work as advisors and experts. County roles include monitoring and administrative functions and person-specific involvement. Analyzing the costs of services, examining processes used in managed care, and addressing grievances and complaints are some examples of programmatic roles for the County MH program as well as planning and evaluating services as managed care requirements. Children's mental health services are almost entirely funded by managed care.

Additional program initiatives include:

- A formal review of person with SMI entering Dauphin County Prison.

Among the findings are that the incidence of mental illness in the local prison population is comparable to national statistics. And a recent review of DCP detainees found that out of 1,101 detainees adrnitted from December 2015 to February 2016 that 56 person or (5.1%) were open with the BSU and that 116 persons or (10.5%) had been closed from the BSU within the previous three years. A majority of both the open individuals (n — 34; 61.0%) and the closed individuals (n = 83; 72.0%) had been arrested for nonviolent crimes. The majority of open individuals (54.0%) were arrested for misdemeanor charges. The majority of closed individuals (52.0%) were arrested for felony offenses. A majority of the open cases, 43 people, or 76.7% had a prior arrest within the past two years, and similarly of the closed cases, 83 people, or 71.6% had a prior anest within the past two years. A majority of people, 105 or 61% of the limited study group were released from DCP in less than 60 days. Our data is consistent with national research indicating that MH treatment alone does not reduce criminal justice involvement or reduce recidivism for person with SMI who are involved in the criminal justice system.

- Dauphin County uses mental health resources in fiscally responsible and personcentered ways.

Outcome data was received from MH providers in a redesigned recovery format. Design, planning and reporting for the Block Grant Outcomes system has started. Baselines were established for cost areas in FYI 4-15. The cost areas have been reformatted to reflect Block Grant reporting categories. Funds directly managed by Dauphin County mental health include state allocated, federal non-Medicaid and county matching funds.

Access to other funding such as Medicaid/CBHNP and Medicare impacts how our funds are used by residents registered in the system. Changes in the number of persons served and/or dollars expended can be attributed to rate changes, more intensive services (frequency) being provided to a smaller number of persons based upon individualized need, shifting service use or trends since most all services are voluntary, start-up of new services/new service providers and the use of evidenced based interventions. Availability of County funds is another factor impacting numbers of persons served and dollars expended. The State Department of Human Services' development for Community HealthChoices to improve long-term care for persons with serious mental illness and Medicaid/Medicare are viewed as a positive step for vulnerable individuals.

- Dauphin County needs partners, including OMHSAS, to address the use of mechanical restraints among children and to create therapeutic best practices for children on inpatient programs. Dauphin County mental health monitors unusual incidents, conducts investigations, and resolves complaints.

The use of mechanical restraints on children's inpatient units is a critical concern. Over many years, we have monitored its use and we review every incident report independently from PerformCare. Dauphin County is extremely concerned about the use of mechanical restraints in children's mental health programming. Rarely do incident reports suggest imminent danger and the documented escalation of events are opportunities for other types of interventions.

The Dauphin County MH/ID Program believes mechanical restraints can be and should be prevented. The use of mechanical restraints leads to injuries and teaches children to use physical methods of expression instead of verbal communication skills. It reinforces the use of physical power and control and is dehumanizing. We understand the psychiatric protocols are in place as well as parent/custodial permissions. However, we are opposed to mechanical restraint use and its frequency. The use of mechanical restraints is not best practice, yet it only appears to be used with children.

In 2014, we applauded the reduction in the use of mechanical restraints in one inpatient hospital located in the Lehigh County area. Prior to that, OMHSAS took one action with the same program by convening a meeting with all BH-MCO Medical Directors and the facility administration. Program-level efforts at that inpatient facility included a work group chaired by the Director of Nursing and staff education, including with psychiatrists. These activities yielded positive results.

In FYI 4-15 a total of four (4) mechanical restraints occurred for three (3) youth. Two of the youth were age 15 and one was age 8. Two of the three youth were mechanically restrained at the same psychiatric inpatient facility. Thus far in FY 2015-16, Dauphin County had a total of seven (7) youth who were mechanically restrained. The total number of mechanical restraints for all these youth were 24. Six of the seven (7) youth were mechanically restrained at one psychiatric inpatient facility. The ages of the youth ranged from 6 to 13 years old. One youth was mechanically restrained 15 times.

Our experience indicates that the use of mechanical restraints is limited to a few facilities. Action is needed by all children's mental health entities to find therapeutic methods of eliminating the use of mechanical restraints with all children in the Commonwealth.

Mental health providers use at least two unusual incident reporting systems. There were 339 Adult Unusual Incident Reports (UIRs) reviewed and entered into the Dauphin County database in FYI 415. This is an increase of 23.7% from the previous year. Serious Illness was the largest category with 165 (48.6%). The second highest category was Criminal Event Involving the Police (107 of 339, 31.6%). The number of reports in this category tripled from FYI 3-14. There was one victim of a homicide and no homicides are known to have been committed by persons registered in the MH system. The third largest category was death with 33 reports or 10% of all incident reports for the year.

There were 119 Unusual Incident Reports (UIR) during FYI 4-15 entered into the State's Home and Community Services Information System (HCSIS) database by CRR and LTSR programs serving Dauphin County or by the county for individuals identified as diverted from a State Mental Hospital (SMH) or previously in a SMH. Law enforcement activity was the most frequent reported event with 36 reports or 30.3%. In FY 2013-2014 and illness was the second largest category with 34 reports or 26.8%.

There were 789 children's unusual incident reports for a mean of 4.4 per child. There were 34 children with 5 or more incidents reported. 109 incidents involved children with ID only supports coordination using MH services; and 33 children with incident reports were being served in both MH case management and ID supports coordination. The number of incidents involving children with an ID diagnosis increased. Most incidents are reported in Residential Treatment settings and BHRS (Behavioral Health Rehabilitation Services).

There were 34 people registered with MH services who died in FYI 4-15 compared to 36 in 201314. Among the reported deaths, there were two (2) death investigation and three (3) death reviews were completed by the MH Quality Assurance Specialist.

There were 19 complaints reviewed during FY 14-15 of which 13 were formal and 6 were informally managed. Four of the reported complaints were for Adult Protective Services and information was provided to the external State investigator. The types of formal and informal complaints are listed in order of frequency by type.

- Dauphin County engages persons using mental health services in system improvements.

Persons using services, family members, MH/ID Advisory Board members, MH program staff, and other stakeholders were included in developing the Block Grant narrative and they provide ongoing input into Dauphin County's system for recovery and resiliency-focused services. Program representatives to the County's Block Grant Advisory Committee are engaged in an ongoing assessment and review process. A survey on the number of employed Certified Peer Specialist (CPS) staff revealed 24 persons are employed in Dauphin County. Twelve (12) are fulltime and twelve are part-time employees. Among the 24 CPS, fifteen (15) are employed in MA funded CPS programs.

Dauphin County launched plans to further the use of families in provider quality management activities. Agencies have plan to use the knowledge and expertise of families to improve intake functions and service delivery.

Dauphin County Community Support Program (CSP) Committee is a conduit for receiving input and tapping into ideas, skills and expertise in an evolving recovery-oriented system. The HOPE Troupe reached out to about I ,000 persons by using songs, stories, and humor to convey to the general public awareness about mental illness and a message to combat the stigma associated with it. The grant funds were also used to support the provision of booklets for Mental Health First Aid training for adults and child-first responders with Keystone and Pennsylvania Psychiatric Institute.

- Dauphin County is collaborative and works to reduce the use of Residential Treatment Services.

For several years, Dauphin County MH has focused on reducing the use of Residential Treatment because it is not evidence-based or community-based care. The RTF census in 2014-15 totaled 37 children and teens. In FYI 3-14 the number of persons in residential treatment totaled 46 and in FY2012-2013 the total was 55. Diverting from RTF into community based treatment, reducing the length of stay in RTFs, and preventing readmission to an RTF remain active goals in children's mental health services.

Children' s MH staff continue to use a coaching /consultation model preparing MH case managers and supervisors for effective interagency tearn meetings, facilitation and leadership. The County staff focused on less actual team meeting participation in 2015-2016 increasing the use of coaching and consultation prior to the team meetings. Among the forty-one youth reviewed under this model, 16 or 39% were served in a less restrictive level of care than RTF.

Efforts with Dauphin County Social Services for Children and Youth continue to focus on children in RTFs and CRR-HHs without a discharge resource. In many cases, parent rights were terminated and the children face multiple stays in out-of-home treatment settings. Activities include engagement of independent living staff, child-specific resource recruitment and linking children to specialized treatment to improve their transition/discharge stability. MH has outreached to the new CYS administration to improve this area and develop new, more effective strategies. In 2015 MH launched the use of a strengths assessment called "All About Me". It is part of the youth's discharge from out-of-home freatment and provides a snapshot of the youth' s accomplishments in their own words. Other collaborations with CYS and Juvenile Probation include: policy and procedure reviews, children and teens spending too many years in RTF settings and case-level communication between CYS and CMU's Mental Health Blended Case Managers. In FY 14-15 Parent Child Interaction Therapy (PCIT) was implemented and in FYI 5-16 Dialectical Behavior therapy for Teens is being implemented specifically at the request of Dauphin County CYS. Efforts to transition children into homes with community-based care must be redoubled in FYI 617. Children in the CYS system experience a lack of resiliency and vulnerability about their future.

e The role of Dauphin County mental health is to provide technical assistance and expertise in Behavioral Health Managed Care.

Dauphin County MH/ID Program ' s HealthChoices behavioral health partners are PerformCare and the administrative oversight agency of PerformCare, Capital Area Behavioral Health Collaborative (CABHC). The Board of CABHC, CABHC committees, PerformCare committees and initiatives offer county participation and input. Individuals and families also have roles in committee work as advisors and experts. County roles include monitoring and admiriistrative functions and personspecific involvement. Analyzing the costs of services, examining processes used in managed care, and addressing grievances and complaints are some examples of programmatic roles for the County MH program as well as planning and evaluating services as managed care requirements. Children's mental health services are almost entirely funded by managed care.

County mental health had lead responsibility for an analysis of inpatient and services data investigating the root cause of high (over 10%) psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of an

inpatient discharge. A real time notification system for persons with 2 or more 30-day inpatient readmissions was established in FYI 3-14 and continues. County MH hosts meetings with inpatient, case management entities and other interagency team members within the MH system to strategize on changing the overuse in inpatient care at a person and cross-system level.

Dauphin County has no new reinvestment project responsibilities at this time. Implementation continues for a few previously approved projects. The Mobile MH/ID Behavioral services team will continue reinvestment funding through FYI 6-17 as well as add two additional teams for the remaining Cap 5 counties. The implementation of a RED —like (Re-Engineering Discharges) behavioral health program locally is highly anticipated, and PerformCare is responsible for implementing.

County children's staff works closely with Mental Health case management to improve the interagency meetings which review care, child & family outcomes, recommend types of services, and resolves conflict among team members. Goal is for mental health case managers/ supervisors and clinical care managers from the BH-MCO, PerformCare to function independently in interagency team meetings with other systems and families.
The county continues to meet with PerformCare to review the high number of children in continuous care with BHRS services despite a lack of measurable outcomes. From these periodic meetings, strategies are formed for the BH-MCO to address other treatment options and increase the use of evidenced based interventions. PerformCare selected a new BHRS provider to address the critical wait lists, Holcomb and there have been other changes to the dauphin County provider network in BHRS and with services to children in shelter/detention settings as the fiscal year comes to a close.

b) Streneths and Needs

An overview of the strengths and opportunities to better meet the changing needs of the priority population groups mandated by the public mental health system is provided in this section and underscore the existing systems strengths and future opportunities for improvements, emerging issues/trends and the consequences of population changes impacts from other human service systems and the court/corrections. The following charts provide a brief format displaying the populations served in the system, assessed strengths, and identified opportunities. Special groups within the target population are also highlighted in a chart format. The Dauphin County service system is described by cost centers which are essential to a recovery and resiliency oriented system.

1. Dauphin County Mental Health System: Strengths and Opportunities for Mental Health Target Populations

- Older Adults (ages 60 and above)

Stren hs	O ortunities

Crisis Intervention and emergency services access	Collaboration with County located Skilled Nursing facilities
Walk-in Intake/Registration and in community/home intake appointments	Forensic/older adult issues without access to skilled nursing homes/services
Person-centered planning with AAA	Training on guardianship issues by AAA
Blended/ICM Case management	Additional training or webinar on appropriate nursi_ng home referral and assessment processes
Geriatric Psychiatric IP resources	Additional training on OAPS for MH providers, including peer operated proy•ams
Center-based Social Rehabilitation Services	Using Nursing home referral guidelines established in 15-16 will develop County policy and procedure
Licensed Psychiatric Rehabilitation Services	
Assertive Community Treatment (ACT)	
Consumer Operated Drop-in Center	
Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources	
Community Support Planning & Interagency Teams	
Advocacy	
Coordination of psychiatric and medical concerns	
Use of Older Adult Protective Services process, when needed	

e Adults (ages 18 and above)

Stren ths	O ortunities

Crisis Intervention & Emergency Services Outreach, including in-reach to Homeless persons Walk-in Intake access at BSU and community/home/jail intake appointments as requested Homeless Case Management/SOAR ICM & Blended Case Management, including Forensic BCM Homeless Outpatient Clinic Community Support Planni_ng and Interagency Teams Tele-psychiatry & WRAP and NR Evidenced-based outpatient clinic services (DBT,CBT, Co-occurring & D/A) Expansion oftele-psychiatry Jail diversion at NfDJ/pre-trial MH Screening at County Central Booking Assertive Community Team (ACT) Certified Peer Specialists and imbedded in IP units Center-based/lndividualized Social Rehabilitation Licensed Psychiatric Rehabilitation Services Consumer Operated Drop-in Center NANfI Dauphin County Family-to-Family Program SMI priority in ail residential services Forensic CRR Program DBT-focused Adult CRR program SANIHSA-model Supported Employment Services Transitional CRR Programs for Crisis and Diversion Crisis Intervention Program leadership [personnel changes Education and use of Adult Protective Services system Sex Offender Outpatient Services Active Communi Su ort Pro am Committee	Reestablishment of Mental Health Court Use of data to guide dialogue with local Court and Criminal Justice system Continue a "workshop format" to address inpatient readmissions with targeted case management and inpatient program entities casespecific reviews Expansion of Certified Peer Support staff countywide Continued implementation of Mobile N'ffI/ID Behavioral Intervention Services (YR 3) Continued Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County Local NTH & Jail with access to South Mountain equal to DOC access for hard to place individuals in nursing home settings under age 60 Continue and expand 811 PRA Demonstration vouchers with Local Lead Agency — CACH Behavioral Health RED Program at PPI in collaboration with PerformCare and CABHC with reinvestment Outcome of First Episode Psychosis (FEP) proposal submitted with PPI, CMU and YWCA to OMHSAS Implementation of 1--RvflS for homeless PATH services Groundbreaking on capital investment (reinvestnent) Housing LI_HTC/PHFA called Sunflower Fields On-going Leadership Academy for CPS members Continue emailing monthly Resource Sharing to enrolled families

● Transition-age Youth (ages 18-26) including Persons Transitioning from Residential Treatment Facilities

Stren ths	O ortunities

Walk-in intakes appointments at BSU & community/home intake appointments, including shelter/detention/jail	Work plan design and implementation of CRRto ITP model
Blended Case Management	Expansion of existing CRR-ITP program
Interagency Teams & Multi-system Case Reviews	Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs
Evidenced based outpatient clinic services (DB TTeens, DBT,CBT)	CYS administration engagement on teens in RTF & CRR-HHs long term]lack of discharge resources
Expansion of tele-psychiatry	Identify funding source for JEREMY —like project for transitioning teens with autism
Flexible Outpatient start-up	Outcome of First Episode Psychosis (FEP) proposal submitted with PPI, CMU and YWCA
Less reliance on RTFs and CRR-Host Homes	Continue and expand 811 PRA Demonstration vouchers with Local Lead Agency — CACH
Transition Planning to Adult Services	Reduce use of mechanical restraints for all children
The JEREMY Project	
Transitional Adult Program —CRR	
Proposal for Transition-age Persons with Autism based upon The JEREMY Project	
FBIvffIS Program for persons with Autism	
New Approved CRR Host Home- Intensive Treatment Program at NHS of PA Capital Region	
Strengths and needs assessment conducted annual beginning at age 16	

⬤ Children (under age 18) including Persons Transitioning from Residential Treatment Facilities

Stren ths	O ortunities
Guiding Good Choices Implementation	Support providers implementing Family Engagement Plan and activities
Student Assistance Program NIH Consultation	Expansion of CRR-HH/ITP
County and County-wide School District meetings on system improvements (School-Based Behavioral Health Goal)	Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs
Walk-in intakes at BSU & community/home intake appointments, including shelter/detention	Expansion of BI--IRS Provider Network
Fast-track for children recommended for Out-ofHome Treatment	Use of Sanctuary model in all children's setting and reduce the use of mechanical restraints for all children
Blended Case Management	Continue Resiliency in Action training to providers
Coordination/planning between CMU and BHMCO at person-level	Expand use of tele-therapy; address challenges
School-based Mental Health Outpatient	Expand VALLEY STRONG initiative
Flexible Outpatient Start-up	Continuing Guiding Good Choices implementation with PerformCare
Expansion of tele-psychiatry	Explore feasability of Functional Family Therapy in Dauphin County with PerformCare and CABHC
Respite	
The Incredible Years implemented under schoolbased outpatient clinics	
Less reliance on RTF/CRR Host Homes	
Multi-systemic Therapy & FBMHS	

CRR —Host Home Intensive Treatment Program Case management monitoring & advocacy for children in RTFs Coaching and support to CMU Children's Supervisors Human Services' Supervisors Group Multi-system Case Reviews & Interagency Team Meetings County cross-system protocol for collaboration Zero tolerance on use of mechanical restraints PCIT and DBT Teen with two (2) outpatient providers in collaboration with Dauphin County Children and Youth PerfomCare/CABHC BHRS Summit Action Plan #2 Tele-therapy at select RTFs Holcomb BHRS Start-up FBN'H-IS Team expansion VALLEY STRONG initiative in Northern Dau hin County	Continue to address strategies with PerformCare on over authorization and long term use of BHRS among older teens (BHRS Summit #2) Family focus group on preparing for RTF/CRRHH discharges

🐾 Adults and Older Adults Transitioning Out of State Hospitals

Stren ths	O ortunities
Crisis Intervention Program and Emergency Services Outreach, including in-reach to Homeless persons Walk-in Intake access at BSU and community/home/jail intake appointments. Homeless Case Management/SOAR ICM & Blended Case Management Homeless Outpatient Clinic Community Support Planning and Interagency Teams County-level State Hospital Diversion/Coordination Extended Acute Care access and diversion CRR and Domiciliary Care programs Long Term Structured Residence Specialized Care Residences (PCH-Licensed) Tele-psychiatry & WRAP and WIR Evidenced-based outpatient clinic services (DBT,CBT, Co-occurring & D/A) Assertive Community Team (ACT) Certified Peer Specialists & CPS imbedded in IP units Center-based/lndividualized Social Rehabilitation	Collaboration with County located Skilled Nursing facilities AAA training on nursing home referrals/altemative to nursing homes and assessments Address Forensic/older adult issues without access to skilled nursing homes/services Implementation of a "workshop format" to address inpatient readmissions with targeted case management and inpatient program entities Expansion of CPS Continued implementation of Mobile N'IH/ID Behavioral Intervention Services (YR 3) Implement Bridge Rental Housing with Housing Authority of Dauphin County Crisis Intervention Program leadership /personnel changes Continue and expand 811 PRA Demonstration site with Local Lead Agency - CACH

Licensed Ps chiatric Rehabilitation Services	
Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family Program SMI priority in all residential services SANfHSA-model Supported Employment services Transitional CRR programs for Crisis and Diversion DBT focused CRR Program Sex Offender Outpatient Services Improved CRR referral process to improve occupancy across all residential services	

e All Persons with Co-Occurring Mental HealtWSubstance Abuse

Stren ths	O ortunities

Guiding Good Choices Implementation

Guiding Good Choices Implementation Harm reduction philosophy Service provider fraining, including homeless network D&A Screening at Intakes and Transitions ICM & Blended Case Management Services Interagency Teams & Multi-system Case Reviews Referrals/Monitoring of use of D&A Services Coordination with Courts and Probation Services Therapeutic Community in Adult Forensic CRR Assertive Community Team (ACT) Integrated COD Outpatient Clinics at two duallicensed providers: TW Ponessa and PA Counseling Services New leadership at Dauphin County SCA	Monitoring of MH and SA service use through PerformCare by Co-Occurring identified target population Establish referral process with DOC by passing MH

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

Stren ths	O ortunities
Crisis Intervention Program and Emergency Services Oufreach, including in-reach to Homeless persons Walk-in Intake access at BSU and community/home/jail intake appointments. Homeless Case Management/SOAR ICM & Blended Case Management, including Forensic BCM Homeless Outpatient Clinic Community Support Planning and Interagency Teams County-level State Hospital Diversion]Coordination Jail diversion at MDJ/Pre-trial N'fH Screenin at County Central Booking	Re-establishment of Mental Health Court Use data-driven information to educate other systems on role/responsibilities of NIH system Address Forensic/older adult issues without access to skilled nursing homes/services Continued use of Forensic Contingency Funds Continued coordination with DOC-SCI on reentry of Dauphin County residents with SN,fl back into their home communities Service access for HealthCoices members in DOC-Community Correctional Centers while in DOC custod

Extended Acute Care access CRR and Domiciliary Care programs Long Term Structured Residence Specialized Care Residences (PCH-Licensed) Tele-psychiatry & WRA_P and IN'TR Evidenced-based outpatient clinic services (DBT,CBT, Co-occurring Nff-l & D/A) Assertive Community Team (ACT) Certified Peer Specialists Center-based/lndividualized Social Rehabilitation Licensed Psychiatric Rehabilitation Services Consumer Operated Drop-in Center NA_VTI Dauphin County Family-to-Family Program SMI priority in all residential services SAMHSA-model Supported Employment services Transitional CRR programs for Crisis and Diversion Forensic CRR DBT Focused CRR Sex Offender Outpatient Services Crisis Intervention Program leadership /person_nel changes Advocacy in housing matters Revamped admission process to Gibson House Forensic CRR	Continued to implement Bridge Rental Housing with Housing Authority of Dauphin County Review Gibson House programming and outcomes

- Children with Juvenile Justice Involvement

Stren ths	O ortunities

Student Assistance Program Consultation Walk-in intakes at BSU & community/home intake appointments, including shelter/detention Fast-track for children in need of Out-of-Home Treatment Blended Case Management Coordination/planning between CMU and BHMCO at person-level Coaching and support model between County and CMU staff School-based Mental health Outpatient Flexible Outpatient start-up Respite Less reliance on RTF/CRR Host Homes Multi-Systemic Therapy & FBMHS CRR —Host Home Intensive Treatment Program Case management monitoring & advocacy for children in RTFs Human Services' Supervisors Group Multi-system Case Reviews & Interagency Team Meetings Coun cross-system rotocol for collaboration	Support providers in Family Engagement activities Expansion of CRR-HW ITP Expansion of BHRS Provider Network in Dauphin County with Holcomb Behavioral Health Advocate the Use of Sanctuary model in all children's setting, especially Inpatient Continue Resiliency in Action training to providers Expand VALLEY STRONG initiative Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among all children Continued WII-I consultation with BH-MCO on transition issues/service needs Review proposal for Functional Family Therapy in Dauphin County/engage BH-MCO and oversight agency
Zero tolerance on use of mechanical restraints DBT Teen with two (2) outpatient providers in collaboration with Dauphin County Children and Youth PerformCare/CABHC BHRS Summit Action Plan Tele-therapy at select RTFs VALLEY STRONG initiative in Northern Dauphin County Triage Group at Schaffiler Shelter to access needed services, including psychiatric evaluations and short-term treatrnent Strengths and needs assessment conducted annual beginning at age 16 Direct communication at case specific level with assi ed de endency and delin uency •ud es	

- All Veterans and Their Families

Stren ths	O ortunities

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

- Lesbian/Gay/Bisexual/Transgendered/QuestioningAntersex Persons

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

- RacialÆthnic/Health/ Linguistic Disparities for All Persons

All Persons Experiencing Racial/Ethnic and Health Disparities in the MH System

Stren ths	O ortunities

Diversity Forum participant Two (2) Agencies convene internal Diversity/Cultural awareness Committees Agencies recruit and retain staff representative of diverse community The relationship between health and mental health are fully understood and prioritized among person registered with the MH system. County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BHMCO. On-going commitment to wellness activities for children and adults in MH system. Emphasis on coordination and communication between primary care, specialized care and behavioral health. BH-MCO has multi-year priorities identified on PH/BH integration. Active Quality Assurance Management in County N'ff-l Program in addressing chronic/preventable health issue among adults and children with MH concerns. Advocacy with BH-MCO and ONCHSAS on needs related to dual eligible (Medicaid and Medicare)	Continue to triage care due to periodic budgetary cuts and the lack of prior cost-of-living increases not tied to real costs which continue to impact the availability of services and waiting periods to access services. Maintain role in County level planning for county funded as well as BH-MCO funded services. Expected roll out of Medication Reconciliation Toolkit from PerformCare Continuation of active Quality Management Community HealthChoices in 2019

All Persons with Language and Linguistic Support needs in MH system

Stren ths	O ortunities
Policies and procedures at County and BH-MCO in place to address provision of language and linguistic support needs in N'fl-l service access. Commitment to diversity in workplace/provider hiring for direct care and management services to represent cultural, language, and ethnic demographics of the population of persons in publically funded NIH system. Contract with the International Services Center for ethnically-specific support services, typically recent immigrants of Asian descent. Use of Language Line available through Crisis Intervention Program and among other service providers when staffing is not representative of population in services. CMU and Keystone Human Services maintain onoin cultural com etenc taskforces.	A comparative survey of workforce demographics has not been conducted since the 1990's among County rvfl-l system. Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs. Work with International services Center as needed on program modifications.

All Persons with Deaf and Hard of Hearin needs in the MH s stem

Stren hs	O ortunities
Policies and procedures at County and BH-MCO in place to address provision of support needs in MH service access. Use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. Participation in training when identified/available on issues of persons with deaf and hard of hearing needs. Use of technical support to enhance participation in Nfl-l system. Contract with PAHrtners for deaf-specific services in CRR and targeted case management FY14-15 BH-MCO credentialing ofPAHrtners for deafspecific NIH services in 2015.	Continued use of consultation with ONåHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs. Use of technical support to enhance participation in MH system. Continued identification of resources for deafspecific services both County-funded and BH- MCO funded.

2. Essential Services in a Recovery and Resiliency-Oriented Mental Health System

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

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

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

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

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

Community Services: Information and referral self-help is offered via telephone through CONTACT Helpline, a 24-hour listening, information and referral service for residents of Dauphin County. CONTACT Helpline services aid all residents in their use of community health and human services. Listening actively and sensitively enables callers to talk through their concerns and identify their needs for listening, problem solving and/or referral. Providing the caller with the key information (agency name, address, telephone number, eligibility requirements, fee schedules, program services, service delivery sites, handicapped accessibility and other pertinent information) on agencies that can respond to the caller's need. CONTACT operates the 211 call center.

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

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

Blended Case Management (BCM) is available at the CMU for adults, older adults, transition-and all children & teens that meet State eligibility criteria. BCM also meets the case management

needs of persons with serious mental illnesses and co-occurring substance abuse disorders. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family, and may offer limited adaptive skill training. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services on a 24/7 on-call basis. The Blended case manager assists individuals regardless of whether their needs decrease or increase. Over 900 persons are County funded each year and PerformCare funds over 2,100 persons receiving targeted case management services. County funds are used when a person is ineligible for Medicaid funding and their needs require more than administrative support.

Outpatient: Dauphin County has nine (9) contracted and licensed outpatient clinic providers offering medication management, outpatient therapies and psychiatric evaluations. Over 700 persons receive outpatient services åtnded with County managed funds because they have no insurance at the time of presentation or need. Our commitment to developing evidenced based outpatient skills continues with PerformCare, CABHC and the provider network. Implementation of Flexible Outpatient for children and families stared in FYI 5-16 with one agency.

The table below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics of the County contracted outpatient clinics.

Table 5 — Contracted Outpatient Service Providers 2014-15

Provider	Satellites	Uni ue characteristics
Catholic Charities of the Capital Region		Homeless Clinic and works with Mission of Mercy. No Medicare
Community Services Group	Primary clinic in Lancaster; Dauphin County is satellite	Children and families. Groups for adolescents. PCIT certified and DB T Teen frained
Commonwealth Clinical Group		Specialized offender and at-risk offender services to adults and teens. No Medicare
NHS of PA Capital Region	Com_munity-based sites & northern Dauphin County site	Primary clinic co-located with CMU, PA model; psychiatry, DBT certified /DBT Teen, PCIT certified, Open access Clinic 2days/week
Pennsylvania Psychiatric Institute (PPI)		Culture specific —Hispanic and geriatric clinics, Clozaril and dual diagnosis (MH/ID) clinics. DBT trained
Pennsylvania Counseling Services	Community-based sites, including school-based sites	Also a D&A outpatient provider. Integrated COD clinic Harrisburg City location

Pressley Ridge	School and communitybased sites. Also in Northern Dauphin	Staff trained Play Therapists, The Incredible Years used in school based clinics
TW Ponessa and Associates	Primary clinic in Lancaster; Dauphin County is a satellite	Also a D&A outpatient provider. Integrated COD clinic. CBT certification
Youth Advocate Programs	Community and schoolbased site	Certified Registered Nurse Practitioner/Art Therapist; CBT certification

There are several additional licensed outpatient clinics in Dauphin County that are funded by only PerformCare, private insurance and/or Medicare. These include, but are not limited to, Alder and TeamCare, Outpatient clinic access should continue to be prioritized. Due to nearly $7 million dollars in expenditures for outpatient services per year, PerformCare has lead responsibility. Recommended changes to outpatient regulations aimed at lessening the administrative cost burden to providers while maintaining treatment standards are still pending years after consensus across the Commonwealth. Strengthening the clinical skills of therapists through the implementation of evidenced-based practice models continues to be a priority. PCIT (Parent Child Interaction Therapy) is in full operation in two outpatient clinics with Children and Youth system involvement. A DBT (Dialectical Behavioral Therapy) program for teens is being implemented in FY15-16.

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

One type is acute inpatient care at the Pennsylvania Psychiatric Institute (PPI) in Harrisburg. PPI is a joint venture between PinnacleHealth Hospitals and the Milton S. Hershey Medical Center/PSU College of Medicine. Inpatient psychiatric services include 14-16 beds for children and adolescents, 20 adult geriatric beds, 20 general adult psychiatric beds and 20 adult high-acuity psychiatric beds. Bed capacity has been addressed by aggressive psychiatry recruitment at PPI.

The second type of inpatient care available to Dauphin County residents and in close proximity to the County is extended care located at Philhaven's Extended Acute Care program in Mt. Gretna (Lebanon County). The 22-bed Extended Acute Care offers a beneficial diversion from State Hospital use at Danville State Hospital. The majority of the beds (13 of 22) are managed by Dauphin County. This program is primarily funded by PerformCare and some Medicare managed care programs. Plans are underway to expand availability of EAC services in the cap 5 area and Dauphin County expects to add some beds as a result. During FYI 4-15 49 referrals were made for

Extended Acute care. 29 of the 49 referrals (59.2%) were admitted to Philhaven or Holy Spirit's EAC programs. 20 persons (40.8%) were diverted from the EAC and were referred to communitybased treatment, returned to their family home or voluntarily entered a licensed transitional housing program.

All referrals to State hospital care are reviewed and monitored at the County MH staff. The disposition of referrals is done in close coordination with the referring psychiatric inpatient program, the individual's interagency team and contracted agency's to best meet the person's needs and fully use existing resources. County funding for Extended Acute Care is limited; HealthChoices/PerformCare is the primary funding source. In FYI 4-15, there were 49 persons in care at Danville State Hospital for a 12 month period. Twelve (12) persons were new admissions to Danville State Hospital, and fourteen (14) were discharged. The mean length of stay at DSH was 3.7 years. 27% of persons at Danville have been there five years or more. Thirty (30%) percent have been at Danville less than one year. Two (2) person were admitted and discharged in the same year and as of June 30, 2016 there were 33 persons from Dauphin County. Effective 12/31/2015 Dauphin County's 35 designated beds were reduced to 32 beds effective 1/1/2016.

PerformCare expended over $13 million dollars for all inpatient care to Dauphin County for 900 residents. County funding supported 10 persons with no insurance or resources for intensive care and County expenses were about $250,000 in FY 14-15. Costs have had exceptional growth during FY 14-15 due to increased clinical acuity and the related decreased ability to participate in securing or acquiring of insurance benefits (MA) and maintaining benefits.

Partial Hospitalization: Partial hospitalization services are available for all target populations with some programs focusing on rapid entry, acute care, brief intensive treatment model and others on recovery models to maintain optimum recovery gains. NHS of PA Capital Region, Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. These include services to adults with serious mental illnesses, including persons with co-occurring disorders — substance use, children and teens. The total number of persons served was 38 due to no insurance or gaps in insurance coverage. PerformCare also funds partial hospitalization services for 379 persons in Dauphin County per year.

Crisis Intervention: The Dauphin County Crisis Program (CI) is the only direct service offered at MH/ID that provides 24-hour, 7 days per week telephone, walk-in, and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities — CMU, Keystone Intensive Case Management, and NHS of PA Capital Region's ACT — establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system. Crisis services are funded County managed funds and by PerformCare, HealthChoices BH-MCO. Full staffing has been a priority in FY 15-16.

Over 3,000 persons used Crisis Intervention services in FY2014-15. There are indications that many cases have become more complex resulting in an increase in overall staff time expended. The number of actual hospitalizations was 1761 because some persons (n= 2341) were able to be diverted to other dispositions/treatment services. 54% of all inpatient admissions facilitated by Crisis were to Pennsylvania Psychiatric Institute (PPI), the only inpatient program located in Dauphin County. The remaining admissions were to about 15 other psychiatric inpatient

programs, some of which are a considerable distance from Dauphin County. The Pathways Program operated by PPI in the Emergency Department of Harrisburg Hospital can fast-track persons to PPI's outpatient and partial services beginning the intake process at the emergency department. Crisis also served 247 persons at risk for re-admission (within 30 days following an inpatient discharge), and outreaches and interventions were done with 147 persons identified as homeless in FYI 4-15.

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

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

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

Competitive employment, including supportive employment as an evidenced-based model, is available for individuals on the job at the employer's location to provide support in the employment experience. It may also involve job finding. Support decreases as the individual gains competitive employment skills. With Dauphin County funds, 28 persons received transitional and competitive employment in 2014-2015. In FY 14-15, the County transitioned employment funds to a YWCA of Greater Harrisburg supportive employment program. A five-year SAMHSA funded grant program ended federal funding and a limited capacity has been maintained through County funding. Sustainability of supportive employment programs for persons with a serious mental illness is a high priority because the model leads to competitive employment that may reduce the persons need for supervised living, intense treatment and economic dependence.

Facility-Based Vocational Rehabilitation Services: The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment. Persons in facility-based vocational services are consistently assessed for transitioning to more independent work experiences. In FY 2014-2015, 8 persons received services. These services will decrease by attrition as resources are prioritized to support persons seeking competitive employment.

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

Aurora Social Rehabilitation Services provide rehabilitation support for adults seven days per week. The program employs a certified peer specialist as part of their staff complement, which

has had a huge impact on how services are delivered in the program. Aurora also provides the Transitional Life Skills (TLS) designed to help members maintain their independence and wellbeing through the development of life skills and social supports. Aurora's Hispanic Life Skills Program is designed for members who are Spanish speaking with limited or no English language skills. Activities include daily activities at the drop-in center, weekly individual socialization, biweekly group support and team building activities. A Volunteer Program provides volunteer opportunities for members. Participation in this program helps foster self-esteem, develops better community awareness, and helps develop marketable job skills.

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

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

Respite is offered through the County program and the following inforrnation for FY 14-15 is based upon needs not being addressed by the reinvestment funded Respite Management service.

Table 6 —Respite Services FY14-15

Type	# youth	Hrs/Days	
Overnight	o	0	days
Parents Day Offl	22	130	hours
Camp scholarships	18	720	hours
Undu licated	38		

Youth Advocate Program's Respite Management Service funded through PerformCare with reinvestment funds, served 102 individuals from Dauphin County. A total number of 2,073 hours and 51 days of respite were provided.

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

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

Table 7— Adult Community Residential Rehabilitation (CRR) Programs 2014-15

CRR Pro ram	Characteristics	Ca aci	Provider
Crisis and Diversion CRR Windows	Crisis stabilization; step-down or diversion from Inpatient care.	12 (2 Crisis 10 Diversion) and I bed	NHS ofPA Capital Region
Crisis and Diversion CRRAdams Street	Crisis stabilization; step-down or diversion from Inpatient care.	14 (2 Crisis 12 Diversion) and 1 bed	Community Services Group, Inc.
Front Street	Full care staff intensive.	15 (single/double)	NHS ofPA Ca ital Re ion
Gibson Blvd	Full care Therapeutic Community model; D&A education, 12-Step, MH forensic	16 (single/double)	Gaudenzia
Lakepoint Drive	Staff intensive. Cluster apartments in suburban area; private bedrooms; individual and small ou skill development; conti_nuous staffing and on-call s stem	10 (5, two-bedroom cluster apartrnents)	Keystone Mental Health Services
Taylor Park	Staff supportive. Scattered apartments in urban area; private bedrooms; individual & transitional; continuous staffing and on-call system	14 (7, two-bedroom scattered apartments)	Keystone Mental Health Services
The Brook	Staff supportive. Clustered apartments in suburban area: separate bedrooms	12 (6, two person apartments)	Keystone Mental Health Services
Third Street	Staff intensive. Apartment building in urban setting; rivate bedrooms	16 (8, two- bedrooms shared a artments	Elwyn
Transitional Adult Program	Three-bedroom home with intensive staff supports	Three (3) young adults	Keystone Mental Health Services
DBT Focused Adult Program	Three-bedroom home with intensive staff supports	Three (3) adults Opened in FYI 6	NHS ofPA Capital Region

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

All adult residential services are considered transitional housing, and the goal of the service is to increase psychiatric stabilization and daily living skills toward independent community living. There were a total of 409 persons served in residential services. 213 of them were in residential services other than the Crisis and Diversion CRR programs. Among the 213 served in FY 14-15 73 (34.5%) were discharged during the fiscal year. The following table reflects the number/percentage of discharges by types of discharge and the length of stay among persons discharged for the past fiscal years.

Table 8- Persons/Percent of Discharges by Type

Type	Numbers 12-13, 13-14 and 14-15	Percentages in 12-13, 13-14 and 14-15	Examples
Recovery	51/45/33	50%/54.2%/45.2%	Independent housing, appropriate use of treatment/support
Higher Level of Care - Psychiatric	14/12/9	13.7%/14.5%/12.3%	Referred to acute inpatient care and other LT IP care
Higher Level of Care — Medical		5.9%/6.0%/9.6%	Referred to inpatient medical care and/or skilled nursing care
Incarceration/Arrest	15/8/7	14.7%/9.7%/9.6%	Arrested and/or sentenced
AWOL	9/4/8	8.8%/4.8%/11%	Left without notice or plan
Rule Violation	2/2/4	2.0%/2.4%/5.5%	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	4/4/2	3.9%/4.8%/2.7%	Choice
Deceased		1.0%/3.6%/4.1%	
Total	102/83/73	100.0/100.0%/100.00/0	

The type of discharge data shows that slightly less than half of all discharges (45.2%) from residential services during FY 14-15 were positive and recovery-oriented. This is slightly less than the previous year. The number/percentage of persons discharged for a higher level of medical care increased and the reason for discharge for medical care increased from 6.0% to 9.6%. In FYI 415 seven (7) persons were arrested or sentenced while living in mental health services; relatively the

same number as in 13-14. The number of persons discharged due to a rule violation doubled from 2 persons to 4 persons. This is not the desired outcome for persons exiting residential services. Person exiting the program without a planned discharge is also increasing and this is considered a negative outcome. In a voluntary recovery-oriented system, all discharges can be planned.

The number of discharges decreased between FYI 3-14 and FYI 4-15. This could be attributed to changes in Harrisburg City rents which are increasing and more difficult for persons on low income to find affordable, safe housing. Medical issues are increasing among the population and residential services are not equipped to deal with some of the complex medical conditions particularly in the non-elderly adult population. Under a Memorandum of Understanding with the Area Agency on Aging more information and knowledge will be needed to navigate the long-term care systems. Alternatives to skilled nursing care may be options for persons who are psychiatrically stable.

Each residential provider has a work plan which allows them to focus on increasing their transformation to a recovery-oriented system by increasing the number of positive outcomes at discharge and maintaining an average length of stay around 2 years.

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

Administrative Case Management: The CMU is the Dauphin County Base Service Unit (BSU). The CMU also operates a satellite location in northern Dauphin County. Access is assured through a walk-in availability four days per week from 9:00 a.m. to 3 p.m., Mondays through Thursdays. Scheduled appointments, evening appointments, and off-site intake interviews are also available. Core services include identification of presenting concerns, strengths and needs assessment, psychosocial history including other system involvement or needs, D&A screening, mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management or any other level of case management services. Real-time electronic authorizations for County-funded services are coordinated through the BSU and County office for all services with the service provider network and case management entities. Administrative case management is solely funded through County managed resources and the CMU served 3,400 individuals in FY2014-15. Administrative case

management allows persons to stay registered in the system and receive County funded treatment, rehabilitation and support services.

Emergency Services: The Crisis Intervention Program has a lead system role to carry out emergency mental health services for children, adults, older adults, transition-age youth, as well as all other populations of persons with serious mental illnesses or serious emotional disturbance including services to persons with a co-occurring disorder in Dauphin County. Coordination and cooperation with targeted case management agencies, the ACT and the Behavioral Health Managed Care Organization's care management staff are essential. Service elements include bed searches based upon consumer/family choice and preferences, coordination, and court coordination. It is estimated that 1,600 persons will receive emergency services in Dauphin County this current fiscal year. Hospital emergency departments (ED) are the primary referral source for Crisis. Given the large number of referrals at ED, PPI has stationed a staff person to help process admissions at Harrisburg Hospital.

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

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

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

Dauphin County has no new Housing reinvestment project responsibilities at this time. Implementation continues for a few previously approved projects. Closing on the LIHTC [Capital investment project named Sunflower Fields was completed in May 2016. The Bridge Rental Subsidy Program with the Housing Authority of the County of Dauphin was fully implemented and it is expected that 4-6 persons will be enrolled at the end of FYI 5-16. .

CACH, Capital Area Coalition on Homelessness, is Dauphin County's Local Lead Agency (LLA) and the MH program has been supporting CACH in implementing LLA responsibilities. DHS and PHFA (Pennsylvania Housing Finance Agency) use LLAs to locally manage project-based housing subsidies for non-elderly, low income and disabled persons. Developers with approved Low Income Tax Credit projects may participate in HUD's 811 project-based rental subsidy program and sign an MOU to work with the LLA. Service providers will support potential tenants in the application, and leasing activities, and will provide ongoing supportive services so that tenants maintain permanent affordable housing. All the vouchers assigned to Dauphin County will be used by June 30, 2016.

Assertive Community Treatment (ACT): Assertive Community Treatment (ACT) Team is an Evidenced-Based Program model designed to provide treatment, rehabilitation, and support services to adults with serious mental illness whose needs have not been met by the more traditional mental health services. NHS of PA Capital Region's ACT Team is multi-disciplinary mental health staff, including a peer specialist and drug & alcohol specialist. The NHS of PA ACT, organized as an urban team model, has a capacity of 100-110 persons who meet specific criteria for the service. The service is funded with County managed funds and HealthChoices PerformCare. County funds may support an estimated 19 persons- decrease due to the intensity of the service and the limited funded. The NHS of PA Capital Region ACT Team meets fidelity and licensing requirements annually.

Psychiatric Rehabilitation: The Dauphin County MH Program has been working with a qualified mental health provider to establish a center-based psychiatric rehabilitation program by repurposing the use of Housing support funds. The licensed program began operations in FY 14-15 and has enrolled 81 persons annually. Psychiatric rehabilitation is a Medicaid funded service, but not approved as such in the Capital area with PerformCare. MA funding is a priority need for Dauphin County.

Children's Psychosocial Rehabilitation Services: Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of children and teens from 0-21 years of age. Most services for children 0- school age are provided to children with Autism Spectrum disorders, other developmental disorders and/ or trauma-related disorders of childhood. All BHRS is ftnded solely under the HealthChoices behavioral health managed care program. Mobile Therapy is the most commonly requested and authorized service for children, including older teens and young adults with the second most frequent service being Summer Therapeutic Activities Programs (STAP). Other types of State-approved BHRS services include Behavioral Specialist Consultants and Therapeutic Staff Support. Dauphin County has nine (9) BHRS providers. Over the past two years, there has been a concerted effort for assessment and strategic planning to address cost drivers using root cause analysis, overuse of service areas without demonstrated person-level benefit, and realignment of organizational priorities. PerformCare in concert with Dauphin County and CABHC solicited a new BHRS provider to address extended wait periods for services over 50 days from authorization. The greatest needs are among children without an Autism diagnosis and their families based on FY 14-15 and FYI 5-16 data. During the current fiscal year, Holcomb Behavioral Health's approval process was too long and implementation will be fully done in FYI 6-17. In the spring 2016, two BHRS providers closed

operations (Keystone Autism Services and New Story) and two (TW Ponessa and TrueNorth Wellness) expanded through transition of some staffing and family referrals.

Children's CRR Host Homes and Residential Treatment Facilities: CRR services for children, teens and young adults, persons are licensed as CRR Host Home programs and are solely funded by PerforrnCare. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. CRR Host Homes have undergone a reexamination among local counties, the BH-MCO, families, and other child-serving systems. The CRR Host Home model called Intensive Treatment Program (ITP) has improved the intensity of treatment. NHS of PA Capital Region has a new service description but has not expanded the program. Efforts in FYI 6-17 will allow other existing CRR programs to transition to this type of CRR programming.

Residential Treatment Facilities (RTFs) are a level of care only available under the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for children from 0-21 who meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County. Thirty-seven (37) children and teens were served in RTF in FYI 4-15 compared to 46 children and teens were served in FYI 3-14 and 55 served in FYI 2-13.
Residential MH Treatment is an overused resource that will never be evidenced-based in serving children and teens with a serious mental illness. Dauphin County's mental health system is a strong leader within the MH system and with other child serving agencies in reducing the use of RTFs and improving community-based EBPs and locally based treatment services. Tele-therapy was available in FY14-15 for families and children in distance RTF programs. No out-of-home treatment services are funded under the Block Grant; all are funded under HealthChoices.

Children's Evidence-Based Practices: Children's Evidenced-Based Practices have evolved as services specifically for children in the Juvenile Probation and/or Children and Youth systems. Start-up ftmding is occasionally available through CYS or through grants. Once implemented, the services should be largely frnded by Medicaid Health-Choices. Multi-Systemic Therapy (MST) was first approved as a BHRS exception service in Dauphin County in January 2005. There are currently two providers offering MST in Dauphin County. Seventy-one (71) youth were served by MST and 87% were discharged successfully. Family Functional Therapy will be explored in FYI 6-17 in the Cap 5 service area.

Priorities in HealthChoices include a focus on clinical skills in licensed psychiatric outpatient clinics. Providers were funded or supported in other ways by CABHC to increase skills among outpatient staffin Cognitive Behavioral Therapy. Trauma-focused CBT was implemented for TW Ponessa and Youth Advocate Program in FYI 5-16 with certification. No children's evidencedbased programming is currently funded through the Block Grant.

The Incredible Years was implemented by Pressley Ridge in the Harrisburg and Middletown Area school districts. Young children, ages 5-9 exhibiting aggression and conduct issues benefit from a small structured group through a school-based outpatient clinic site and parents also participate in a group experience. Parents reported improvements in: concentration and social/emotional competence. Completion rates for the program in Harrisburg were 82% for children and 75% for

parents, and in the Middletown Area completion rates were 100% for children and 0 % for parents. In order for this program to be viable, the provider must work on engaging and maintaining parent involvement.

Parent-Child Interaction Therapy (PCIT) was implemented in 2015 with Community Services Group and NHSPA Capital Region. Designed for children with disruptive behaviors ages 2-7, PCIT is an evidenced based outpatient therapy. The therapist uses specialized techniques to coach parents to modify their child's behavior. Providers conducted joint marketing to 1 1 groups of stakeholders. This service was implemented as an evidenced based alternative to BHRS which is not evidenced based for effectiveness or positive outcomes.

One of Dauphin County's most promising practices is The JEREMY Project funded through reinvestment funds. Dauphin County began The JEREMY Project under a competitive grant from OMHSAS in FY 2001-2002. Making Joint Efforts Reach and Energize More Youth (JEREMY) has provided a boost forward for young people ages 16-22 by focusing on person-centered planning and preparation for adult life in four domains: education, employment, community, and independent living. In the program, participants learn to maximize control in their own lives by developing healthy peer relationships, decision-making skills, lawful and drug-free social activities, better self-esteem and acceptance. A transition age program for teens with Autism was developed, but no funding source has been identified.

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

There are three approved CPS providers in Dauphin County: CMU, Philhaven, and Keystone Mental Health Services and about 1 1 3 persons received PerformCare funded Peer support services in FY2014-2015. Aurora Social Rehabilitation, NHS of PA Capital Region ACT, YWCA Supported Employment and Pennsylvania Psychiatric Institute 's inpatient program have imbedded peer specialists in their services. 24 persons in MH recovery are employed in Dauphin County. Twelve are full-time and 12 are part-time employees. Dauphin County is interested in continuing to expand peer support services, as they are truly a catalyst for moving the mental health system toward recovery and resiliency at a system and individual-level.

Consumer-Driven Services: Patch-n-Match is a consumer-run organization with a full-time director and two full-time staff open 5-days/week. It is a reintegration program that assists people to recapture or gain skills necessary to function independently in the community. Patch-n-Match, Inc. offers a daily hot lunch, as well as educational, social and recreational opportunities for participants, both at the center and in the comrnunity. The program is also open one Saturday every month. During FY 15-16 efforts have concentrated on reporting, staffing and Board involvement.

Transitional and Community Integration Services: Dauphin County is not currently using this cost center, although many of the activities described in the definition are carried out at administrative,

management and direct service levels within Dauphin County and in collaboration with other systems, including the Courts.

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

c) <u>Recovery and Resiliency Oriented System Transformation</u>

1. The incidence of mental illness in the local prison population is comparable to national statistics. Mechanisms need to be used to the fullest extent to reduce incarceration in the local prison with persons eligible for release or conditional release by increased diversions, improved re-entry, and engagement of adults in mental health recovery.

The forensic involvement of persons residing in Dauphin County with a serious mental illness (primarily in Dauphin County Prison (DCP) but not limited to that facility) presents a complex challenge for mental health administration, the mental health system, the local legal and criminal justice system. Data indicates that approximately 15% of the prison population have a serious mental illness and are eligible for diversion or re-entry. The legal and criminal justice systems tend to overstate the percentage of their population with a mental illness that can be considered for diversion or re-entry. Incarceration is known to be one of the highest stressors that an individual can face in their lifetime even for those without a serious mental illness (SMI); for those who have SMI it can be overwhelming. Supporting recovery and resiliency will require a comprehensive collaboration to (a) effect timely diversion from detention when possible, (b) reduce the time in detention when diversion is not possible, (c) provide MH treatment, psychiatric rehabilitation, and other support services to alleviate psychiatric symptoms, manage recovery, and (d) supporting substance abuse treatment for persons with a co-occurring disorders that results in incarceration. The criminal justice system needs to look at ways to engage and address a person's criminogenic characteristics dovetailing mental health and/or co-occurring recovery in order to reduce the rate of re-offending. We are commencing on the third year without a specialty MH Court which functioned successfully for many years and while most partners support the idea and functions of a specialty MH Court, there is not yet commitment from the Court to operationalize a MH Court model in Dauphin County due to various factors. The MH system needs to review and potentially reset our efforts with the adult forensic population.

The purpose of this transformation priority is to review and/or create/ modify policies, procedures and protocols to support diversion, re-entry and service planning in collaboration with the local criminal justice system. Participants in this process include Crisis Intervention Program, CMU, Keystone ICM, Dauphin County pre-trial Services, Adult Probation and Judicial Center staff. Leadership will be provided by County MH/ID Program.

Review and Refine Judicial Center Screenin /Assessment for MH Needs			
	Timeline for FY1617	Fiscal Resources	Priority Tracking
1. Review data findings and recommendations 2. Brainstorm strategies to efficiently address timely screening at Judicial Center 3. Identify screening tool for Pre-trial staff and design assessment tool for CIP/w-1 Case management staff for assessment 4. Chart Process 5. Develop/revise policies and procedures 6. Train crosssystem staff 7. Implement 8. Assess	June - July 30, 2016 August —September 2016 October 3 1, 2016 October 2016 Oct Nov 2016 December 2016 December 2016 _ March 2017	No additional fiscal resources are needed beyond County and participant staff time for research, communication and planning meetings. County will explore training resources available through grants as applicable.	This priority will be tracked through County staff meetings which occur every two weeks, County MH staff meetings with CMU management once per month, and MH County and CMU supervisory staff once per month and Pre-Trial services bi-monthly. The priority will be added to the County Adult Annual work plan and reviewed in supervision with the Deputy Administrator. The N'ffI/ID Administrator will review in the Block Grant Advisory Committee and has direct oversight of the Crisis Intervention Program.
1m rove Forensic NIH Case Mana ement Practices for Forensic PO ulation			
	Timeline in FY2016-2017	Fiscal Resources	Priori Trackin

1. Review data findings and recommendations with CMU. Conduct literature/research review on best practices	June — July 2016	No additional fiscal resources are needed beyond County and participant staff time for research, communication and planning meetings.	This priority will be tracked through County MH staff meetings which occur every two weeks, County N'fl-l staff meetings with CMU management once per month, and Nfl-l County and CMU supervisory staff once per month and Pre-Trial services bi-monthly.
2. Review existing Forensic Blended case management description and all related policies and procedures with CMU	July —September 2016		
3. Engage Keystone ICM and NHS ACT in issue and impact on their services including policy and procedure	July-September 2016	County will explore training resources available through grants as applicable	
4. review Brainstorm strategies to change practice with CMU, Pre-Trial, KICM, M-{S, DCP and Adult	September 30, 2016		The priority will be added to the County Adult Annual work plan and reviewed in supervision with the Deputy Administrator.
5. PO Chart Process. Develop And/or revise	October —December 2016		
6. policies and procedures	February 2017		
7. Train cross-system staff.	February 2017		
8. Implement. Improve Coordination for Dauphin County SCI resident referrals for	September — December 2016		The WI/ID Administrator will review in the Block Grant Advisory Committee
9. aftercare. Assess.	January-March 2017		

2. Persons in transition between the child and adult mental health service system are at high risk for exploitation/victimization, homelessness, criminal activity, not maintaining their mental health recovery and may also lack family or community support.

The JEREMY Project was developed in the late 1990's to assist young people ages 16-22 (originally ages 14-22) to successfully transition from the children's MH system to adult mental health system by supplementing the support provided by child and adult case managers. Individuals in The JEREMY Project must have a primary mental health diagnosis and be residing in Dauphin County, not in out-of-County treatment. Individuals must need support in at least 2 of the 4 transition domains: Education, Employment, Independent Living, and Comrnunity/Socialization. The JEREMY Project has the capacity to serve 50 individuals per year. Services are provided one-to-one and in small groups. The Transition Coordinator must arrange for or participate in interagency team meeting in order to assist and support with transition within the mental health system.

The purpose of this transformation priority is to review the demographic and outcome data of youth previously in The JEREMY Project, the effectiveness in preventing the high risk factors in transition and post-transition and determine if The JEREMY Project target population and services/interventions need to be modified to meet concerns of the high-risk transition-age population in Dauphin County, not in out-of-County treatment.

Steps	Timeline for FY 2016-17	Fiscal Resources	Priority Tracking
1. County will engage CABHC in this review as their staffing allows. Conduct a review of three years of program participant demoyaphic and outcome data based upon paid claims and !vffl case management notes.	July 2016	No additional financial resources will needed beyond existing staffing and CABHC funding. Parties involved will include: County child and adult staff, CMU management and supervisory staff, The JEREMY Project Transition Coordinator and CABHC as the funding source.	This priority will be tracked through County rvffl staff meetings which occur every two weeks, County staff meetings with CMU management once per month, and MH County and CMU supervisory staff once per month.

The priority will be added to the County Adult and Child Annual work plan and reviewed in supervision with the Deputy Administrator. |
2. Review literature and best practice information from other sources.	August 2016		
3. Formulate recommendations for The JEREMY Project funding source and host agency, CMU.	October-November 2016		
4. Meet with stakeholders on implications for current program and develop strategic plan, as need.	December — January 2017		
5. Amend as needed Transition Assessment tool introduced at CMU in FY2015-2016 for all registered persons during transition to adulthood.	January 2017		
6. Train and support MH case management supervisors in working with high risk persons in fransition. Assess.	April-June 2017		
7.	July 2017		
	FY2017-2018		

3. The Adult Community Residential Rehabilitation (CRR) programs in Dauphin County are considered to be transitional licensed housing. Dauphin County and the CRR providers have engaged in interagency planning, service implementation, and

length of stay (LOS) work plans to keep the length of stay around two years from admission. There continues to a small but entrenched group of persons with LOS between 3-12 years.

The Dauphin County MH/ID Program operates eight (8) CRR programs for adults with Serious Mental Illness - Three (3) CRR Programs are currently licensed as Full Care (Elwyn, NHS, Keystone/Lakepoint) vary in capacity from 10 to 16 persons. In 2016-2017, the Keystone/Lakepoint program will transition to a Moderate Care CRR due to changes in DHS/OMHSAS/BHSL licensing interpretation. There will continue to be on-site staffing 24/7 ill the scattered apartment program. Two (2) CRR programs licensed as Full Care (NHS Dialectical Behavioral Therapy-informed, KSS Transitional Adult Program) each have a three (3) person capacity. Three (3) CRR Programs are licensed as Moderate Care (Keystone) have one site is 12 persons and two sites are 14 persons. Gaudenzia Gibson House operates a Forensic Full Care CRR with for sixteen (16) persons. Dauphin County's total CRR program capacity is 103 beds.

The goal of interagency team is to motivate CRR consumers to move on into permanent independent supported housing within about two (2) years by offering a variety of housing options along with community supports and services. The interagency teams are person-centered and may additionally include MH case management, family, service providers, peer support, a housing locator and others at the request of the individual.

As of June 1, 2016 there are thirteen (13) individuals in CRR programming with a length of stay between 3-12 years. The purpose of this transformation priority is to assess barriers to transitioning individuals to supported housing and services to maintain recovery with existing interagency teams and implement strategies to identify safe and affordable housing options and supports needed to maintain recovery.

Ste s	Timeline for FY2016-17	Fiscal Resources	Priori Trackin
1. Target group identified among all interagency team members and transformation priority goal shared.	July —August 2016	No additional staff resources are needed at County and provider level.	There are two primary tracking mechanisms currently in place. The Residential Program database operated by the County, and securely accessible on the web by designated providers, is used to track census and dates of admissions and discharges.
2. Individuals and their team members identify potential barriers to independent housing and recovery	September- October 2016	Identification of certified peer support services will be needed.

Potential need to identify additional 811 Housing units | |
| 3. Identify certified eer su ort | October 2016 | Potential need to ex and additional | |

resources and offer and develop consensus goals. 4. Service plans across all involved providers are modified to focus/address on barrier resolution, crisis and contingency planning. 5. Transition planning through monthly or more frequent interagency team meetings. 6. Monitoring of teams or county participation in teams for resource development, allocation and advocacy. 7. Follow-up monthly on services and supports to maintain recovery in community nonlicensed settings.	November-December 2016 November- March 2017 September 2016 - June 2017 January — June 2017 and FY2017-2018	resources for Bridge rental subsidy program which is reinvestment funded.	Weekly reporting spreadsheets are being delivered on a weekly basis by the residential providers, describing in detail current status of individual's planning and transition.

4. Guiding Good Choices, an evidenced-based universal prevention program, was implemented in Dauphin County with the assistance of AmeriHealth Caritas, PerformCare and Dauphin County Mental Health and Drug & Alcohol staffs in FY 2015-2016.

The Guiding Good Choices curriculum was selected by Dauphin County MH/ID Program because it compliments efforts to improve the system' s work with parents and families as leaders and experts within the MH system. Implementation involved identification of an implementation model, EBP training by developer, recruitment of parents affiliated with two (2) school district to carry out the program and two sites completing the program by June 30, 2016. Parents received a stipend and were trained to conduct the program as well as supported by trained County MH staff at every session. Child care was provided with school district resources. School districts were selected based upon a brief overview and their ability to support the implementation of the program in their district with parents as trainers.

The purpose of this resiliency priority is to plan Guiding Good Choices activities in FY 16-17.

	Timeline for FY2016-17	Fiscal Resources	Priori Trackin
1. Meet with parent trainers and school districts from Fy 1516 and plan GGC activities in Upper dauphin SD and Derry Township SD for FY 16-17.	August —October 2016	No additional staff resources are needed at County. Confirm costs for stipends and training with PerformCare.	This priority will be tracked through County MH staff meetings which occur every two weeks.
2. Identify resources needed to support existing parents with stipends.	August - October 2016	Inventory existing materials/workbooks.	The priority will be added to the County Child Annual work plan and reviewed in supervision with the Deputy Administrator.
3. Outreach to remaining Districts in Dauphin County on interest and ability to meet preservice requirements.	October 2016	Seek funding for four (4) MH sponsored groups in FYI 6-17.	
4. Survey all trained entities (D&A) in County for FYI 6-17 schedule to avoid	November-December 2016		The Administrator will report on this priority at Block Grant Advisory meetings.
5. duplication. Based upon identified new school districts and funds, select two (2) additional school districts. Implement	January-February 2017		
6. according to FYI 516 plan with parent training and support. Evaluate.	February April 2017		
7.	May - June 2017		

5. Dauphin County is collaborative and seeks to expand and improve the array of services and supports to the adult priority population, including transition age person with serious mental illness.

The Dauphin County MH/ID Program in collaboration with the Pennsylvania Psychiatric Institute (PPI), CMU (base service unit and blended case management), YWCA of Greater Harrisburg (EBP supported employment) recently submitted a proposal to the Office of Mental Health and Substance Abuse, for the development of a Coordinated Specialty Care model for a First Episode Psychosis Program. NAVIGATE was the selected training and implementation model. The FEP program will serve individuals age 16-26 and work with individuals untreated for 24 months. The FEP program incorporates several components that are essential in

developing a successful program. This comprehensive and collaborative approach will include Targeted Case management, Peer Support, Resiliency Skill Building, Psychotherapy, Psychiatric services, Family Psycho-education and on-call Support and Crisis response. If we are successful recipients of a grant, an implementation plan will be designed according to OMHSAS requirements according to the timeline requested by OMHSAS.

The purpose of this transformation priority is to continue the partner's education and understanding of the program and prepare for a successful resubmission in FYI 6-17.

Ste s	Timeline for FY2016-17	Fiscal Resources	Priori Trackin
1. Seek feedback from OMHSAS on proposal. 2. Reconvene planning group with partners to review feedback 3. Identify areas and resources to improve partner's understanding of FEP 4. Evaluate current practices/ba_rrier to successfully FEP proposal. 5. Bring in independent consultant to assist. 6. Redesign using feedback and research on model. 7. Draft new proposal for submission.	July 2016 August - October 2016 October 2016 November 2016 — January January-February 2017 February — March 2017 May June 2017	No additional staff resources are needed at County or among provider partners. Engage CABHC and PerformCare. Identify external consultants and identify resources from CABHC/PerformCare	This priority will be tracked through County MH staff meetings which occur every two weeks. The priority will be added to the County Adult Annual work plan and reviewed in supervision with the Deputy Administrator. This will be discussed a CABHC Clinical meetings and OMHSAS monitoring meetings. The W-I/ID Administrator will report on this priority at Block Grant Advisory meetin s.

d) Evidence Based Practices Survey:

Evidenced based Practice	Service Available in County	Number Served in County*	Fidelity Measure Used	Who Measures fidelity	How often is Fidelity Measure done	SAMHSA EBP Toolkit	Staff Trained in ESP	Comments
Assertive Community Treatment	Yes	111	TMAC	perform Care CABHC	Annual	Yes		Urban Team
Supported Housing								

Supported Employment	yes	50	SAMHSA Toolkit	Program Director	Annual	Yes	Yes	SAMHSA Grant ended 2014
Integrated Treatment CoOccurring (MH/SA)	Yes	18	Hazeldon Patient Rating Scales		Day 1-30so-go	No	Yes	Two (2) OPT D & A Providers
Illness Management Recovery	Yes	50	SAMHSA IMR Toolkit	Group Leader	After grp completion	Yes	Yes	Four (4) providers
Medication Management (MedTeam)	No							
Therapeutic Foster Care	No							Foster care treatment
Multi-systemic Therapy	Yes	100	Therapist Adherence Measure	Provider MST, inc.	Weekly	No	Yes	Two (2) certified providers
Functional Family Therapy	No							FY20162017 Planned
Family Psychoeducation	Yes	10	SAMHSA Toolkit	Class Leader	After grp completion	Yes	Yes	Family-to-

*Estimate for FY16-17

e) <u>Recovery and resiliency oriented Promising Practices Survey:</u>

Recovery and Resilency-oriented and Promising Practices	Service Provided	Number Served*	Comments
Consumer Satisfaction Team	Yes		CABHC contract with CSS, inc.
Family Satisfaction Team	Yes		CABHC contract with CSS.lnc.
Compeer	No		
Fairweather Lodge	Yes	14	Two (2) Community Lodges
MA Funded Certified Peer Specialist	Yes	158	Three (3) Providers
Other funded CPS	Yes	20	County funded
Dialectical Behavioral Therapy	Yes		One (1) certified provider; FY1516 two (2) providers trained in DBT Teen
Mobile Services/ln-Home Medications		86	Mobile Psychiatric Nursing
Wellness Recovery Action Plans (WRAP)	Yes	79	Five (5) Providers
Shared Decision Making	No		

Psychiatric Rehabilitation Services	Yes	110	One (1) licensed provider
Self-Directed Care	No		
Supported Education	No		Planned in FY16-17 with successful FEP grant
Treatment of Depression in Older Adults		243	Older Adult OPT Clinic
Consumer-operated Services	Yes	189	Drop-in service
Parent Child Interaction Therapy	Yes		Two (2) providers
Trauma Focused Cognitive Behavioral Therapy	Yes	30	Two (20 providers; certification started in 5/2016
EMDR	No		
The Incredible Years	Yes	30 child/15 parent	One (1) provider in two school districts through school based outpatient; parent group County funded
Mental Health First Aid Adults and children	Yes	100+	Two 92) trained providers; one provider conducted adult and youth in FY15-16

*Estimate for FY16-17

** Both adults, children and families

INTELLECTUAL DISABILITIES SERVICES

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

Continuum of Services Narrative: (include the strategies that will be utilizedfor all individuals registered with the county, regardless d the funding stream)

Each individual enrolled in the Intellectual Disabilities system will be assigned, or if desired, will choose a Supports Coordinator. The Case Management Unit (CMU) is the Supports Coordination Organization (SCO) for Dauphin County residents with intellectual disabilities. CMU is dedicated to helping people become connected and remain connected to their community. The CMU of Dauphin County is a private, 501(3) (c) non-profit agency, which was incorporated in 1990 to provide comprehensive case management services for residents of Dauphin County who need mental health, intellectual disability or early intervention services. CMU provides conflict-free supports coordination services under contract with the Dauphin County Mental Health/lntellectual Disabilities Program and the Department of Human Services.

Figure 1: Estimated numbers of individuals to be served in specific services areas during Fiscal Year 2016-2017.

Service Type	Estimated Individuals served in FY 15-16	Percent of total. Individuals Services (n = 1311	Projected Individuals to be served in FY 16-17	Percent of total Individuals Served
Su orted Em loyment	47		75	
Pre-Vocational		0		
Adult Trainin Facility	0	0		0
Based Funded Supports Coordination	250		250	
Residential (6400 /unlicensed	26	20/D	20	10/0
Life Sharing (6500)/unlicensed	1		1	
PDS/AWC	147	11%	165	13%
PDSNF	36		45	3%

Family Driven Family Su ort Services	90		100	

Service Area Planning for 2016-2017 — EveryDay Life for All

Supported Employment

Dauphin County is an Employment 1 st County. Along with Dauphin County's sister counties (Cumberland and Perry), a stakeholder group of job seekers, professionals, intellectual disability employment providers, parents, community organizations, and school district representatives, is working to embed Employment 1 st strategies into its everyday practices, not only in the intellectual disabilities system, but also local school systems as well. Employment 1 st reflects the belief that individuals with disabilities can work and there is a real job for everyone; a job with real wages and benefits, side-by-side with co-workers without disabilities. It raises the expectation among individuals, families, schools, human service agencies and businesses, that individuals with intellectual disabilities of working age will be hired because of their abilities, not because of their disability. Work brings not only increased financial security, but also increased opportunities for membership in the community, choice, access, and control.

Describe the services that are currently available: The following services, targeted towards community integrated employment, are available to Dauphin County residents: Supported Employment and Transportation. Through Dauphin County's Employment 1 st group, we have arranged for employment specialists to become certified in Customized Employment, including Discovery. Ninety (90) percent of all employment providers now have staff that are certified in Customized Employment and Discovery.

Identify changes in your county practices that are proposedfor the current year that will support growth in this area and ways that ODP may be ofassistance in establishing employment growth activities. NOTE: Our County is not an Employment Pilot County.

1. Increase the number of employment specialists certified in Customized Employment and Discovery. Through Employment 1 st, agencies collaborate in arranging local staff training opportunities. Another cohort of employment specialists will complete their training in July 2016. School district staff are invited and regularly participate in these training opportunities.
2. Information is shared with early intervention providers about the opportunities for youth and adults with disabilities as they enter adulthood and the world of work. It is emphasized that all people with disabilities, with natural and formal supports can be contributing members of their community. Early intervention providers are asked to share this information with the families of the infants and toddlers they are serving so the vision can start early.
3. Outreach continues with the local workforce development board, Chamber of Commerce and other business led networks. Outreach highlights the "untapped" workforce that is available in the community. The County Board of Commissioners have joined Dauphin County in recognizing businesses that are hiring a diverse workforce. Apprenticeship opportunities are being explored.
4. State and local funding is prioritized to support the employment needs of Dauphin County residents with intellectual disabilities.

5. Continue collaboration with area school districts:
    a. School district representatives are active members of the local Employment First stakeholders group. This group has developed documents that are shared with students/families at an earlier age regarding futures planning and the important role that families and the community have in successful transition to employment.
    b. The county continues to collaborate with schools and employment providers to offer employment support to transition age youth. Youth are encouraged to work — having a work experience prior to graduation.
6. A Transition Fair is scheduled for March 8, 2017. Sponsored by Dauphin County, Cumberland/ Perry County and HACC (Harrisburg Area Community College), I I th and 12th graders with disabilities, teachers, and parents are invited to attend this event. Events in the fall are scheduled to provide transition information to parents of younger students. A dynamic group of families, disability agencies and school district transition staff partner to bring this day together. Participants hear inspiring stories of success, as well as attend a variety of workshops and visit resources tables for detailed and personalized information.
7. Collaboration with OVR (Office of Vocational Rehabilitation) and other employment systems to support folks with ID in obtaining and maintaining employment:
    a. The County submitted a request to hire a "Cross System Transition Navigator" that is funded by both OVR and Dauphin County ID program. This position supports transition age youth with disabilities and their families to establish an IEP (Individual Education Plans), ISP (Individual Support Plan) and/or IPE (Individual Plan for Employment) directed toward competitive employment. If approved, this position will assist youth and their families to access the individual's supports mandated through IDEA (Individuals with Disabilities Education Act) and those available through other disability associated programs, including community workforce programs needed to successfully transition to adulthood and the world of work.
    b. In partnership with OVR and Goodwill Keystone Area, the county will continue Project SEARCH. Project SEARCH supports individuals in obtaining the job skills and work habits needed for employment in Dauphin County businesses. Individuals participating in this service will receive support in obtaining employment by the time they exit their internship. NOTE: Seven (7) individuals graduated from the first cohort and all are working part time or more and in jobs making higher than minimum wage. The second cohort started in April 2016. These interns are between the ages of 21 and 28. Interns are working in county government and complete three (3) internships throughout the entire program.
8. The county collaborates with both Goodwill and the Center for Industrial Training (facility based employment programs) to identify individuals interested in moving from employment at a sheltered workshop to competitive employment.
9. Individuals receiving O VR services will receive "follow along" services once OVR funding ends. OVR' s new Early Reach Coordinator is a collaborator with staff at the CMU, as well as with families and individuals.
10. Collaboration with families, students and higher education programs:

a. County staff has been instrumental in outreach to local colleges and universities and in assisting families to explore college options during the last years of special education and after graduation.

Assistance from ODP: Please note that the Employment 1 stakeholders group submitted cornments on PA's Employment First Executive Order. A list of ideas have already been shared with ODP (Office of Developmental Programs), OVR and the Department of Human Services (via Mr. Steve Suroviec).

Supports Coordination

Describe how the county will assist the SCO (Supports Coordination Oganization) to engage individuals and families in conversation to explore natural support available to anyone in the community.

l . The county is establishing a regional initiative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families Through the Life Span". The county will coordinate efforts with the SCO so that Support Coordinators are involved in this process, as well as increase their competencies through training and materials developed related to this practice.

2. The county will support efforts at the SCO, as well as other community efforts, to share resources, both formal and informal community resources with individuals and their families using the Community of Practice strategies, as well as attending resource fairs and using alternative media opportunities.

3. The county will explore a 'repeat' workshop for stakeholders (including families and individuals) related to the role of natural supports in building an everyday life. This is conducted in partnership with Temple University Institute on Disabilities.

Describe how the county will assist SCS (Support Coordinators) to effectively plan for individuals on the waiting list.

1. The county and the SCO meet on a regular basis to review the waiting list and prioritize waiver and funding opportunities. This ongoing communication will continue. When service gaps exist, the SCO works with the county program to identify providers and other community resources to meet service needs.

2. The county and the SCO are exploring additional opportunities to reach "unserved" individuals and their families and keep them engaged in the system through e-mail, electronic newsletters, remote meeting technology, etc.

3. The county and the SCO have developed a tool that assists the SCO/Support Coordinators in sharing information about residential services (6400 licensed facilities) with local teams. The goal is that teams consider the needs and preferences of the individuals and consider natural supports prior to use of this highly restrictive service option.

4. The county, via the SCO, will share information with families about respite care opportunities. A new tool is a listing of all opportunities available in the county that is accessible to counties via the county website and the CMU website. Respite care is an important service for families needing a break from their caregiving roles.

Describe how the county will assist the SCO to develop ISPs that maximize community integration and Community Integrated Employment.

1. The county will explore methods of identifying community resources such as community mapping, web based resources for individuals, families, providers, and Support Coordinators. This is of particular interest to Home and Community Habilitation providers as they fully implement the new CMS federal rule.
2. The county will engage the SCO and providers to embed "Supporting Families Through the Lifespan" practices.
3. The county is developing an OVR/ID funded position to support Support Coordinators i_n their work with transition age youth. This position focuses on community integrated employment and direct engagement of youth in their last two years of high school.
4. The county and the SCO will explore methods to share success stories with individuals and families using accessible media options.
5. The SCO is an active member of Dauphin County's local Employment First group. The county supports their active involvement by sharing information and working collaboratively on all projects/initiatives.
6. Often individuals with disabilities and their families are reluctant to explore independent living, instead seeking a community group home with higher levels of staff supervision and restriction. Information is shared about the use of independent living technology to enhance a person's ability for independent living and safety.
7. The county is supporting four (4) providers interested in adding Support Broker to their service array. The county has engaged Temple University/lnstitute on Disabilities (using the Disability Planning County Support Broker grant) to bring training to this area. Training is scheduled for the fall. This is a service option that will enhance the work of Support Coordinators as individuals and families explore the use of community resources and community integration. In addition, a number of individuals currently living in licensed community homes, are seeking to live on their own. This service provides the support to develop a plan for this to become a reality.

Life Sharing Option

Describe how the county will support the growth of Life sharing as an option. mat are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers?

1. Dauphin County continues to address the needs of individuals listed on the emergency PUNS for Life Sharing. The challenge in serving this group of individuals is in locating individuals/families willing to offer Life Sharing services in their home.
2. County staff is active on the Statewide Life Sharing Coalition which seeks to overcome barriers and enhance outreach to local communities.
3. SCS receive annual training specifically targeted to understanding Life Sharing, the options, the benefits, etc. They are also encouraged to view the Dauphi_n county video on this service option and share with families.

How can ODP be ofassistance to you in expanding and growing Life sharing as an option in your county?

1. A statewide listening tour to explore what is working? What is needed? What are the baniers to expanding this service opportunity?
2. Coordinated effort to share success stories. Dauphin County has a video that is shared with families. This has been helpful.
3. Some barriers that need to be addressed: 1. Lack of startup fimds•, 2. developing a life sharing relationship takes time emergency needs sometimes take precedence when waiver opportunities are available; 3. handling emergencies such as hospital stays by the life sharing provider (using reserved capacity when caregivers have extended hospital stays; and 4. adding companion as an allowable service.

Cross-Systems Communication and Training:

Describe how your county will use funding, to increase the capacity ofyour community providers to more fully support individuals with individual needs.
1 . The county and engaged stakeholders are focusing on areas of everyday life that lessens dependence on the formal system. We believe that if folks are engaged in their community, their safety is enhanced. In addition, working adults rely less on formal support systems. Training and resource development have focused on employment and respite care. Renewed emphasis will focus on Participant Directed Services during the coming year.
2. Providers are engaged in county initiative as presenters, participants, attending meetings, etc. Regular provider meetings are held to keep the provider network informed of local, state and national requirements and practices.
3. The county is exploring additional options to support individuals to live in their community
   i.e. transitional housing. Transitional housing would assist the individual, their family and the SC to better identify formal and informal support needs.
4. Another focus for Dauphin County is ensuring that every individual has an effective method of communication. The county program will provide access to technical assistance in order to develop provider expertise in this area. In addition, the use of communication technology is emphasized. Fiscal year 2016-17 will focus on developing a framework for having these conversations by the SC with individuals, families and providers of service. It must be assured that each individual is afforded an adequate communication assessment and accessibity of communication devices as needed.
5. The county program utilizes Health Choices Reinvestment dollars to fund a Mobile Crisis Team. This team works with existing teams when the needs of an individual are impacted by both a mental health diagnosis and ID.

Describe how the county will support effective communication with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.

1. During this past year, the county office and other cross-system agencies, have formalized and are implementing its mandate for cross-system collaboration. Communication and collaboration with MH partners continues to be enhanced. Cross-system team meetings

occur when individuals have ID, as well as mental health challenges. Just as important, planning for systemic change is occurring at the management level.

2. One (1) diversion bed, specifically for individuals with intellectual disabilities, is utilized with Community Services Group. The bed is used to divert a person's stay at a psychiatric hospital or as a step down when they leave the hospital. In addition, these opportunities can be used to learn more about a person and their abilities when a person is new to the ID system and requesting residential support services.

3. Dauphin County has focused efforts to enhance communication, collaboration and teaming on behalf of individuals having both an ID and a mental health diagnosis. This has resulted
in increased understanding and partnerships between the systems. Training and technical assistance to teams will continue throughout FY 16-17. In addition, PPRT (Positive Practices Resource Team) is used as a tool as well.

4. The county mental health and intellectual disabilities program has a Memorandum of Understanding (MOU) with the Dauphin County Area Agency on Aging. This MOU outlines collaborative practices and cross system communications.

Emergency Supports

Describe how individuals in an emergency situation will be supported in the community (Regardless ofavailability ofcountyfunds or waiver capacity)
1. The county program follows the Planning and Managing Unanticipated Emergency Bulletin.
2. The county follows the necessary procedures to file incidents, filing with Child Protective Services, Adult Protective Services, Older Adult Protective Services, as well as local police departments.
3. Crisis Intervention Services are available 24 hour a day/ 7 days a week.

Does your county reserve any base or block grantfunds to meet emergency needs?
1. All funding, community resources and family resources are considered when an individual has an emergency need.
2. Base dollars are utilized to meet emergency needs as available.

mat is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether inside or outside normal working hours?
1. The county has an Emergency Response Plan.
2. All funding, community resources and family resources are considered when an individual has an emergency need.
3. Base dollars are utilized to meet emergency needs as available.
4. Due to the high need for some individuals for very expensive ID services, it is likely that some folks will go without service until funding is made available. Dauphin County complies with the ODP requirement that individuals served first are those individuals designated in Emergency Status on the PUNS. While individuals are waiting for funding, base dollars are used for respite care, habilitation, and other low cost services.

5. In the case of an emergency situation, individuals have 24 hour access to Dauphin County's Supports Coordination Organization (SCO), as well as to Crisis Intervention. An agreement exists between the SCO and Crisis for 24 hour service. In the event that a person would need residential or respite care outside of their home, planning for this can occur outside normal business hours when needed. This is managed through the 24 hour service.
6. For individuals needing alternative living a.1Tangements, residential programs are utilized when a vacancy is available for short terrn respite and emergency care. If the person is not enrolled in one of the waivers, base dollars would be utilized to fund this service.

Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

1. Attached.

Additional planning for Fiscal Year 2016-2017 is based on the folks currently listed on both the emergency and critical PUNS. While folks move on and off the PUNS list because their needs change or services are provided, the overall number of folks in both of these categories at any one time remains relatively the same.

Figure 2. PUNS Report (June 17, 2016)

Service Area	Emergency	Critical
Adult Day Supports	18	13
Agency Group Home or Aparfinent less than 24 hours	9	16
Agency Group Home of Apartment — 24 hour staff	22	21
Assistive Technology	18	9
Community Employment (Supported Employment)	45	31
Environmental Accessibility	11	6
Family Living/Life Sharing	15	13
Habilitation	95	78
Individual Home Owned/Leased by the person with under 24 hours staff support	5	8
Individual Home Owned/Leased by the person with 24 hour staff support	2	2
Occupational Therapy	13	6

Other Day Supports Volunteering	18	9
Physical Therapy	10	3
Post-Secondary/Adult Education	8	7
Pre Vocational Supports	19	11
Respite Supports less than 24 hours	36	20
Respite Supports — 24 hours	35	15
Speech Therapy	14	6
Transportation	61	41
Unduplicated Total	**121**	**117**

Administrative Funding:

Describe how the county will utilize the trainers with individuals, families, providers and county

l. The county is establishing a regional initiative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families Through the Life Span". The county will coordinate efforts with the Family Advisors and Trainers to offer training and support to families in Dauphin County wishing to explore the Community of Practice tools. Parents from this county have been encouraged to identify as Family Advisors.
2. The same options will be made available to the individuals/self-advocates from this county. The county supports a large and vocal self-advocacy group called Speaking for Ourselves.

Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish those activities?

1. Resources to hire a local Family Navigator to support families living in Dauphin County.
2. Explode media options that can be used to share information with families and individuals.
3. The county will explore remote meeting technology to provide greater convenience to families and individuals in accessing information.
4. Resources and materials that can be shared with individuals, families and providers.

Describe how the county will engage with the HCQU (Health Care Quality Unit) to improve the quality of life for the individuals in your community. Describe how your county will use the data generated by the HCQU as part of the Quality Management Plan process?

1. Health Care professionals from the Health Care Quality Unit are accessed to provide individualized training related to health care.

2. Ongoing support and fraining is also provided to staff to determine if preventative measures are needed and are implemented. Training and technical assistance is also provided as needed.
3. A monthly Risk Management Team reviews data, identifies trends and provides follow up as needed.

Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process aspart ofyour Quality Management Plan. Are there ways that ODP can partner with you to utilize the data more fully?
1. The county recently engaged the IM4Q provider to provide regular and current trend information about what individuals are reporting about the services they are receiving. This will enable the county to act more effectively on negative trends.
2. The county regularly reviews IM4Q reports, provides updates to providers and includes negative trend areas in the Quality Management Plan.
3. Regular meetings are held with IM4Q Staff to review trends. Meetings will be held on an annual basis with the monitors to learn their impressions directly from the monitors.
4. IM4Q contract was renegotiated with a specific listing of deliverables.

Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?
1. The county is currently working with ODP and Better Together (ODP's technical assistance entity) to develop a 'face to face' Risk Mitigation Training. This training will reinforce the key concepts from ODP's Risk Mitigation webinars, but also include real life's situations relevant to Dauphin County. Providers and SCS will be invited to be part of this technical training. All teams, when appropriate, will be better equipped to identify and mitigate risk, even for folks with the most challenging needs.

Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?
1. See above.
2. Monthly risk management meetings are held to review trends, solutions and follow up as needed with providers and teams. Training needs are also identified and resources to access training are made available.
3. ODP could support regional risk management meetings to review aggregate data, trends, themes, sharing of best practices, constructive/solution oriented appropriate to developing competency and promoting systemic improvements.
4. ODP could develop family-friendly materials that could be utilized by county, SCOs, providers and advocates to address risk management priorities.

Describe how you will utilize the county housing coordinatorfor people with intellectual disability.

1. All efforts to assist individuals in locating affordable and safe housing will be utilized.

Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.
   1. Providers are required to develop an Emergency Preparedness Plan. The content of the plan is reviewed during provider monitoring activities.

Participant Directed Services (PDS):

Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?

1. Through provider monitoring, the county learned that families find the training and documentation requirements associated with using the agency with choice model of PDS is cumbersome and difficult to complete. This feedback was presented to ODP for ongoing improvements.
2. The county (as mentioned previously) will soon be able to offer the services of trained Support Brokers. This service can support individuals receiving PDS.
3. The county plans to hold open forums with individuals currently utilizing both Agency with Choice and Vendor/Fiscal PDS services. The purpose of the forums is to learn what is working and what is not and to engage participants in identifying solutions. When appropriate, ideas will be shared with ODP.
4. Information will be shared with individuals and families to inform about PDS and encourage PDS participation.
5. It is recommended that ODP:
   a. Develop training materials for Common Law Employers (CLEs) and Managing Employers (MEs), including webinars that can be viewed by new and reviewing CLEs and MEs.
   b. Develop an orientation for all new CLEs and MEs.
   c. Provide annual training and updates on employment law.
   d. Hold regular forurns/networking events and opportunities for ᵊarticipantsMES and CLEs.

Community for All:

ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community?
   1. Advocate for increased capacity.
   2. The county and the SCO will conduct a review of the needs of the individuals listed in the data source.
   3. Appropriate actions will follow.

HOMELESS ASSISTANCE SERVICES

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

Bridge Housing:

Bridge Housing is a transitional housing program that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Clients must receive case management, supportive services and have a service plan that describes how the program will assist them for up to 18 months with the goal of returning client to the most independent life situation possible. This component is designed to "bridge" the gap between Emergency Shelter and stable long — tern housing. Clients are generally eligible for 12 months of program participation. With county permission, a service provider can extend a client's stay from 12 to 18 months. The YWCA and Brethren Housing Associates provide Bridge Housing. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County's FY 15-16 Block Grant Plan. No changes are planned to Bridge housing in FY 16-17.

Case Management:

Case management services assist clients in overcoming barriers in order to move from homelessness (out of shelter, off the street or out of danger of eviction) to a more stable situation and obtaining self-sufficiency. Case managers make referral and linkages to mainstream resources, other social service agencies and medical and treatment providers. Case managers work with HAP clients to establish realistic goals in the areas of basic life skills, financial management, parenting, home maintenance, employment preparation or employment skills. HAP clients benefit from the advocacy role case managers provide and their assistance in navigating social services and educational systems and obtaining funding for other services, finding health care, meeting basic needs, and obtaining assistance in their search for permanent housing. Case management services are available to any client receiving HAP services. Gaudenzia and Christian Churches United are funded to provide case management services. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status change and/or the number of evictions successfully resolved as reported in Dauphin County's FY 15-16 Block Grant Plan. No changes are planned to Case Management in FY 16-17.

Rental Assistance:

The Rental Assistance program provides payment for delinquent rent for both apartment and mobile home lots; and security deposits and/or first month's rent for families and/or single

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

Emergency Shelter:
The Emergency Shelter service provides an immediate refuge and housing to individuals and families who have no legal residence of their own. Shelter providers also provide food, support, case management, and programs that promote self-sufficiency through building life skills. Shelter providers also connect participants to mainstream resources and develop strategies to identify and mitigate the circumstances that led to homelessness. Shelter stays are about 30 days with some variance based on the client' s needs and circumstances. Dauphin County funds four providers for Emergency Shelter Services: Christian Churches United provides coordination of the shelter process for Dauphin County for the provision of intake and assessment services as well as payment to the shelters for limited client emergency shelter stays and emergency hotel/motel vouchers for persons when no shelter capacity exists. Christian Churches United makes referrals to the following three emergency shelter service providers. Catholic Charities of the Diocese of Harrisburg, PA, Interfaith Shelter for Homeless Families, the only emergency shelter provider in the capital region that serves intact families. Flexible bed space allows the shelter to serve up to forty-five (45) residents. The YWCA of Greater Harrisburg serves homeless women and homeless women with children and has a capacity of twenty (20) beds. Shalom House also serves homeless women and their children and has a capacity of twenty-one (21) beds. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County's FY 15-16 Block Grant Plan. No changes are planned to Emergency Shelter in FY 16-17.

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

HMIS: CACH is the lead agency for the HUD Continuum of Care PA 501 and is in full implementation of HMIS for HUD and ESG services and providers using Bowman Service Point software. HAP providers are using HMIS for their HUD and ESG funded programs and we continue to track HAP outcomes and HAP reporting.

CHILDREN and YOUTH SERVICES

Dauphin County Social Services for Children and Youth's (Agency) restructuring of 2014 was re-evaluated and enhancements were made in 2015 to make the process and procedures more worker friendly and to build on identified strengths of staff and Agency systems. However, the impact from the initial shift in service provision continued to affect

the Agency. Staff turnover remained an issue with direct service casework and supervisory staff. Additionally several administrative level positions became vacant in 2015, requiring supervisory staff to fill these roles while maintaining their regular responsibilities. With the appointing of a new Administrator, Annmarie Kaiser, in September 2015, the Agency began to fill vacant leadership positions. The Assistant Administrator and Quality Assurance Supervisor positions were filled in the Spring of 2016.

As of this writing, only three casework, four support staff and three Directors' positions (two of which are currently filled with supervisors in a dual role) remain vacant. These remaining vacant positions are expected to be filled by June 2016. Department of Human Services also approved the Agency to increase staff compliment by: 2 supervisors; 10 caseworkers and 4 caseaides during Fiscal Year 16/17.

In addition to the challenges mentioned above, the numerous changes to the Child Protective Services Laws that were effective December 31, 2014 added a significant number of new referrals in 2015 and 2016. Throughout the most recent licensing period, the Agency was averaging 16-21 new referrals daily. To manage the influx of families and services to the child welfare system, the Agency has worked diligently to maximize all funding streams to support the children and families of Dauphin County. We use Block Grant funds, Federal, State and County funds and Medical Assistance dollars to provide services to our families. We have developed and maintained strong collaborative relationships with our funding partners to help be innovative in our provision of services. This is evidenced by our participation in both the Human Services Block Grant and the Title IV-E Waiver Demonstration Project.

The Agency has begun revising the Program Division and the required oversight responsibilities for the providers. The Educational Liaison/ Prevention Program (ELPP) Specialist position was filled in March 2016 through an internal promotion of a caseworker. The role of this Program Specialist is to assess families presenting for truancy concerns at the District Justice level, for any potential child welfare needs; mediate any concerns pertaining to IEPs; assist in enrollment and transportation concerns; liaise between the Agency and the school districts. While at truancy court, referrals may be made to Check and Connect, Multi-Systemic Therapy (MST), Parent Child Interaction Therapy (PCI T) and the Positive Parenting Program (Triple P) as a means to assist families in resolving concerns prior to being formally assessed for services by the Agency. The ELPP has also restarted the Educational Subcommittee of the Children's Roundtable. In this, community providers, schools within the County and various casework staff will be collaborating to problem solve concerns related to truancy; enrollment; transportation coordination and strengthening the relationship between the Agency and the schools. This will also facilitate a dialogue about each school district's truancy prevention program preferences as well as identify needs for such services. It is anticipated that through these discussions there will be an increase in County-wide Check and Connect and MST utilization (or other truancy prevention services).

Another change within the Program Division was the utilization of our available data to track and manage the number of children in out of home care as well as the number of children accepted for continuing services. The clerical support staff for the Division

pulls data from the CAPS system on a monthly basis. Information pertaining to current number of children in out of home placement and placement type is shared with the Placement Provider; Adoption; Independent Living Program Specialists as well as the Foster Care Program Manager. Data is reviewed to determine referrals for service needed for children, such as those through the Independent Living and Statewide Adoption and Permanency Network, as well as tracking the placement types being used. The Foster Care Program Manager will use this information pertaining to placement types when recruiting families for foster parenting to better inform potential applicants about the need for family homes as well as the current reasons for placement in a higher level of care or shelter stay. Consideration will be made to determine how best to train and support the families coming forward in an effort to decrease the number of placements in shelter and congregate care settings. This process ties into the Agency's use of Block Grant funds for Parent Resources for Information, Development and Education (PRIDE) training. As the well-informed and targeted recruitment of families intensifies, it is expected that the Agency will receive more applicants, which will in turn be participating in the PRIDE curriculum.

With regard to the Demonstration Project, similar data pulls are shared with the Program Specialists for both Behavioral Health and Intervention. The Behavioral Health Program Specialist reviews the children (ages 2 through 7) who are accepted for service, for potential referrals to PCIT while the Intervention Program Specialist reviews the families accepted for service that reside in the 17103-17104 zip codes for potential referrals to Triple P. It is hoped that by continuously sharing this information and having conversations with casework staff about the families they work with, there will be an increase in appropriate referrals for service to meet the families' need.

Dauphin County Human Services is in the process of building an integrated data platform that would allow all human service departments to access and share, with appropriate permissions, specific information regarding individuals and families receiving services through each of the categorical agencies. This system will assist in assuring for the coordination of services and prevent duplicative efforts by multiple systems. As many of these families are involved with the Children and Youth system, the Agency will be a contributing member in the form of $50,000 from our allocated budget.

	Outcomes

Outcomes

Safety	1 . Children are protected from abuse and neglect.
	2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1 . Children have permanency and stability in their living arrangement.
	2. Continuity of family relationships and connections are preserved for children.

Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs.
	2. Children receive appropriate services to meet their educational needs.
	3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Reduced CYS Placement Numbers (related to Safety Outcome #2)	CYS runs a report each month pertaining to families which have been accepted for continued service. This is distributed to the Program Division and Senior Management for analysis and used in many discussions regarding prevention and intervention service referrals. Agency performance on this area is communicated with staff and stakeholders regularly.	Family Engagement Strategies Spectrum (FCC Grant) Rental Assistance Transitions Program MST Samara Visitation Center
Improved Placement Stability (related to Permanency Outcome	CYS analyzes its placement stability rating from the Hornby Zellar data packages as they are released. While Dauphin's 2014 QSR concluded, the Count Improvement	Family Engagement Strategies Spectrum (FGC Grant) Rental Assistance Transitions Program MST

	Plan (CIP) was developed, placement stability was one of the identified 3 benchmarks. On top of HZA reports, several internal analysis reports are completed on placement stability.	Samara Visitation Center PRIDE Foster Parent Training
Improved Placement Reentl)' Rates (related to Permanency Outcome	Same as above for Placement Stability. Dauphin receives reports from Hornby Zellar. Placement reentry rates were also an identified area of focus in our 2014 QSR County Improvement Plan. This resulted in many internal analysis reports which have aided in our understanding of our reentry data and guided our decision making on programming. These internal reports have continued to drive decisions.	Family Engagement Strategies Spectrum (FCC Grant) Rental Assistance Transitions Program MST Samara Visitation Center

Program Name:	Family Group Conferencing

Status		Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016		New	Continuing	Ex andin
			X	

Family engagement is the foundation of our practice in Dauphin County. Family Group Conferencing (FCC) is the primary planning mechanism used with families engaged in the

child welfare system. FGCs are offered to every family and at each decision making point from initial involvement with the Agency and all steps moving forward. This process places the family in the role of informer and decision maker, thereby increasing their engagement in the plan. Outcomes associated with the practice include the enhancement of stability for youth in placement, effective safety planning, and strong plans for youth exiting placement.

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

While FGC is the preferred planning model, Dauphin County Children and Youth has expanded its utilization of family engagement strategies and has implemented a continuum of family engagement meetings to ensure the families' participation in the decision making process. The Agency utilizes Pre-Court Meetings, Family Engagement Meetings, Team Meetings and Blended Perspective Meetings as strategies to engage families in all aspects of decision making. These various strategies make up our family engagement continuum. Please reference the below chart for a synopsis of each family engagement strategy.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	All families at all case decision making points	All families at all case decision makin points
# of Referrals	103 FGC referrals to date	400 referrals across the Family Engagement Continuum
# Successfully completing program	84 FCC referrals resulting in conferences. Total of 376 family engagement meetings combined to date, This includes 140 pre-coun meetings; 7 blended perspective meetings and 136 family engagement meetings.	At least 80% completion
Cost per year	$465,000	$465,000

Per Diem Cost/Program funded amount	See Note	See Note
Name of provider	Primarily handled by internal CYS staff. Overflow handled by JusticeWorks	Primarily handled by internal CYS staff. Overflow handled by JusticeWorks

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

> Were there instances of under spending or under-utilization of prior years' funds? X Yes O No

Although FGC experienced under-spending of $44,000 for FY 15/16, the Agency has continued to see steady high numbers of family engagement activities with families when compared to previous years.

The Agency has an internal Family Engagement Unit to provide FGC service to families. This team currently consists of a supervisor, 4 full-time caseworker positions, a case aide, and a clerical staff person. The annual costs for the Family Engagement Unit include the staff's salaries, benefits, and related operating costs under the Block Grant.

Due to caseworker vacancies, there have been periods of time when the Family Engagement staff have been required to maintain primary casework responsibilities. It is believed that this had an adverse impact on the number of engagement meetings and formal FGCs that the staff was able to complete. Additionally, there was modifications made to fiscal accounting for those Engagement staff that were performing direct casework. As the Agency moves to full staff complement, the Engagement Unit will be refocused to working primarily within the FGC service instead of direct service casework which will lead to 100% utilization of funds.

Meeting Type	Duration	Location	Who's Involved	Precipitating Factor	Format	Purpose	Frequency
Family Engagement	less than 1 hour	(illegible)	(illegible)	A referral is made when a court hearing is scheduled, most often when a placement occurs or a decision needs to be made before court to create consensus in the family group and the agency.	Allotted scripted strips of information sharing by the agency for the family and visa versa if applicable. Planning can occur if the family willing, able and there is enough time.	To familiarize the family group with the court process as well as what led up to needing court involvement. It can also be used to create a plan to present to court either with the consensus of the agency or not.	A Pre-Court Meeting most often occurs before the Shelter Care or A&D Hearing, but can be utilized before any court hearing during the life of a case.
		This meeting can be held anywhere, often due to the nature and the emergent need of the meeting it is held at the agency or in the family's home.				Often this meeting is used during a time of crisis, the purpose would be to resolve what precipitated the crisis or resolve what the agency is still concerned about with the family situation.	This meeting can be utilized at any time during the life of a case.
	2 – 4 hours	This meeting needs to occur in a neutral location (for the family and the agency).	caseworker, supervisor, family and family supports, community resources and additional providers	A referral for a Family Group Conference can be made at any time during the case, especially when planning and momentum building needs to occur regarding the direction of the case/family plan.	A Family Group Conference follows the format as prescribed by the state, which includes: strengths, concerns, resources, private family time, and plan/review (and a meal).	The purpose of an FGC is for the family group to receive information from the agency, providers and community supports and then have time (privately) to plan. This planning most often focuses on the concerns that bring this family to the attention of the system. The end product is a plan that resolves all of the aforementioned concerns.	This meeting can be utilized at any time during the life of a case. It is most often used when a Family Services Plan needs to be created or updated or a major event occurs in the case/family system.
	1 – 3 hours	This meeting can occur anywhere, due to the size of the group it usually occurs in a large meeting area (i.e. churches, community centers etc.)	identified youth, newly identified family, family supports, agency caseworkers involved, community members	A referral is made for a BPM if Family Finding has started for a youth. The referral happens when family members and community supports who have not previously been involved are interested in learning more about the youth and his/her current situation.	A BPM has a general format of information sharing with a larger group of family/community supports. These meetings include a discussion of the youth's history (if of placements, if of past workers), the positives/strengths of the child, future hopes for the child/future as well as the youth's foreseeability. The information sharing portion of this meeting concludes with the Biggest Unmet Need. The rest of the meeting can vary depending on the family history and involvement, options include: a time of picture sharing, the sharing of a meal, producing a genogram/family tree and sometimes minimal planning regarding future context.	The purpose of the BPM is to create a space where the larger family/community support group can meet to engage with their youth currently in the system. This space gives the family an opportunity to spend time with and re-acquaint themselves with this youth. A portion of this meeting is then devoted to educating the family group regarding the child's history and current reality.	This meeting most often occurs during Step 8 of the Family Finding process, or at the start of a case when a lot of family/community members have been identified that are not familiar with the youth/family's situation.
Perspective Meeting	less than 1 hour	This meeting can occur anywhere but because of the emergent nature it is often occurs at the agency.	most often agency/providers (family/family supports included when needed/appropriate)	Often a referral for a team meeting is made when the various service providers/agencies are not on the same page about a family situation. Where appropriate this can also be used to get a provider and the family group on the same page.	The Team Meeting has no prescribed format, it is more often a facilitated discussion regarding the immediate concerns of a case not possible solutions that can be engaged.	The purpose of a Team Meeting is to build context regarding a family involved with one or more agencies.	This meeting can be utilized at any time during the life of a case.

Program Name:	Rental Assistance			
Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016		New	Continuin	Expandin
			X	

Housing assistance continues to be a high need for the families assessed and serviced by the Agency. The allocation will continue to provide funds for first month's rent, security deposits, or back due rent for families who are able to document capacity to financially maintain the housing once the current matter is resolved. The Agency added services to the housing grant to include a moving and cleaning service. It is expected that this allocation will directly impact placement prevention and enhance the timeliness of reunification efforts for families and children.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families in need of financial support to prevent the removal or their children, or to expedite the return of their children from out of home placement	Families in need of financial support to prevent the removal or their children, or to expedite the return of their children from out of home placement
# of Referrals	133 unduplicated families	144 unduplicated families
# Successfully completing program	WA	
Cost per ear	$168,877	$134,019
Per Diem Cost/Program funded amount	Varies	Varies
Name of provider	Dauphin County Social Services for Children and Youth	Dauphin County Social Services for Children and Youth

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

X Yes No

The Agency's Rental Assistance portion of the Block Grant is anticipated to come in approximately $11 ,344 under budget. The need for (and type of) assistance varies depending on the individual family's available resources. The Agency will continue to work with families to ensure that needs are being met and that Rental Assistance is provided for sustainable housing and not as a temporary solution. It is anticipated that as awareness of the moving and home cleaning services increases with staff, the utilization and cost will increase accordingly.

Program Name:	Strength Based Family Workers (SFW)			
Status			Enter X	
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding
			X	

Strength-Based Family Workers is a professional development course and credentialing program for direct service caseworkers to learn the skills associated with strengths-based practice in working with families. This curriculum is supported by the Administrative Office of Pennsylvania Courts as a component of the Permanency Practices Initiative, and the Agency has chosen to utilize this curriculum to create a community wide approach to working with children and families. The use of this credentialing program for staff development is expected to enhance the options for families within their own communities, provide fundamental tools to community providers, and to enhance the strength and duration of relationships within the community. Each of these outcomes supports a continuum of care for sustainable change.

Complete the following chart for each applicable year.

	FY -15-16 16	FY 16-17
Description of Target Population	See note below	See note below
# of Referrals	12 staff with 1 staff member currently enrolled	20 max per class cohort
# Successfully completing ro ram	8	Up to 85% completion
Cost per ear	$16,200	$16,200

Per Diem Cost/Program funded amount	Program Funded	Program Funded
May2016 Name of provider	Temple University and Pressle Rid e	Temple University and Pressley Ridge

NOTE,

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

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

X Yes No

SFW was underspent this year by $6,300. It is hypothesized that the Agency's employee turn-over rate has had a significant impact on staff capacity for (and interest in) participation in this program. While the Agency is working towards being at full staff complement, there have been periods of time when our vacancy rates were very high. The workload responsibilities to service the families shift to existing staff in greater number when there are casework vacancies. With the exception of required work assignments and trainings, this transfer of responsibilities does not allow for time out of the office. Once vacancies are filled, and new staff is appropriately trained to assume casework responsibilities, it is anticipated that the number of participants in this program will increase. Additionally, the ELPP program specialist will be presenting this opportunity to staff and actively recruiting mentors and trainers for SFW.

Program Name:	Check and Connect				
Status			Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017					
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding	
			X		

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

Complete the following chart for each applicable year.

	FY -15-16	FY 16-17
Description of Target Population	See note below	See note below
# of Referrals	326	200
# Successfully completing program	33 completions 176 active referrals 106 referrals pending assignment by end of June 2016.	At least 80% completion
Cost er year	$326,042	$379,507
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of rovider	PA Counseling	PA Counseling

NOTE:

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

For FY 15/16 Dauphin County Children and Youth expanded the program to several districts in the Harrisburg region. Additionally, the Educational Liaison is able to refer families for the service to a possible alternative to the Agency's formal involvement with the family. Typically, those referrals are made following a truancy court proceeding or during school meetings for youth that qualify.

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

Program Name:	Multi-Systemic Therapy (MST)

Status			Enter X	
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding
			X	

Multi-systemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders (their homes and families, schools and teachers, neighbourhood environment and friends and peers). MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is

needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12 through 17 who have a very long history of arrests. Dauphin County has contracted for MST for more than 10 years. This service is utilized by both Children and Youth and Juvenile Probation.

Complete the following chart for each applicable year.

	FY 15-16	FY 46-17
Description of Target Population	See Note Below	See Note Below
# of Referrals	127 (34 currently active	100
# Successfully completing program	30	At least 70% completion
Cost per ear	$258,000	$135,140
Per Diem Cost/Program funded amount	See Note Below	See Note Below
Name of provider	Hemp field Behavioral Health and PA Counselin	Hemp field Behavioral Health and PA Counseling

NOTE:
Target Population: MST is an evidenced-based intervention that targets high risk juveniles exhibiting criminal and/or anti-social behaviors that often co-occur with mental health issues, substance use, as well as, family, school, and peer struggles. Cost Per Year: The cost is dependent on several factors including which provider is doing the service, as well as the MA status of the youth at the time of the referral. An initial authorization is permitted to allow the provider to begin working with the youth and family while the managed care funding is being established. MST is billed as weekly units. MST is a Medical Assistance funded service. Dauphin County's mental health insurance provider for Medical Assistance is Perform Care (formerly CBHNP). Dauphin County Children and Youth/ Juvenile Probation continue to enter budgetary contracts with the providers for the same weekly rate as defined by Perform Care. The two providers utilized for traditional MST are paid separate weekly rates. Hemp field Behavioral Health is paid $572.22 while PA Counseling is paid $575.73.

MST- PSB (Problem Sexual Behaviors) is no longer provided in Dauphin County as of February 1, 2016. Hemp field was offering this specialized version of MST for a number of years to meet the needs of youth who presented with these

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

behaviors. Hemp field made the decision to discontinue MST-PSB due to inconsistent referral numbers.

O   X

MST was overspent this prior fiscal year by $95,826. The Program Specialist for Behavioral Health along with County Mental Health Services will be assessing whether MST referrals have the potential to be served by another available program. This will assist the Agency in ensuring that families are connected to the most appropriate service to meet their identified need; in addition to ensuring maximization of available programs.

Program Name:	Transitions Program				
Status				Enter X X	
Funded and delivered services in 2015-2016 but not renewing in 2016-2017					
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing X	Expanding	

The Transitions Program was implemented to provide transitional housing options for families. This transitional housing program assists families in building informal support networks while they build competencies in the areas contributing to their housing struggles. This includes debt recovery, budgeting, employment coaching, social services for any identified mental health or substance abuse issues, and parenting supports. While working with families on these areas, it also provides the physical housing units for families at little to no cost to them initially. The program is intended for families whose current housing situation is, or will very soon be, impacting the ability of the caregivers to maintain custody of their children. This program allows for youth to remain with their families in the community and can also be used to more quickly reunify youth from out of home placement back to their families.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17 5-17
Description of Target PO ulation	See Above	See Above

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

# of Referrals	Program Capacity = 4 families	Program Capacity = 4 families
# Successfully completing pro ram	4	4
Cost per ear	$68,123	$68,123
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Brethren Housing Association	Brethren Housing Association

O   X

Program Name:	Parent Resources for Information, Development and Education (PRIDE)

Status		Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding
			X	

Dauphin County implemented the PRIDE foster parent training series (Parent Resources for Information, Development, and Education). The PRIDE model is operated by the Child Welfare League of America. Detailed information on this model can be located: http://www,,cwla.orq/proqrams/trieschman/pride.htm

Implementation of this training model has provided extensive training for foster parents to encourage ongoing advanced skill development The model includes pre-service training required before a family can accept a foster child. It also then includes 87 additional hours of In-Service training that will be accomplished over a several year period for each foster parent. Dauphin County Children and Youth has quadrupled the number of annual training hours required of its foster parents and the PRIDE model is the method for this skill development effort. It is hoped that by investing in this extensive additional training, that youth currently placed in congregate care will be able to be stepped-down into our agency foster homes.

Complete the following chart for each applicable year.

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

	FY 15-16	FY 16-17
Description of Target Population	100% of Dauphin County Foster Parents	100% of Dauphin County Foster Parents
# of Referrals	172 Agency Foster Parents	1 86 Agency foster parents
# Successfully completing program	100%	100%
Cost per year	$240,000	$240,000
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Families United Network (FUN	Families United Network

X

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

PRIDE was underspent by $42,000 this prior fiscal year. The Foster Care Program Manager will be focusing on recruitment this fiscal year. It is anticipated that through intensive recruitment of foster families, the Agency will have more resource families available to participate in the PRIDE curriculum.

Program Name:	Samara Visitation Center				
Status s			EEnter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017					
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016		New	Continuin		Expandin
			X		

The Samara Visitation Center is a homegrown model designed and built by the Agency and the provider, Samara. One of the goals of the Child Welfare Demonstration Project is to improve re-entry rates for children returning home from foster care. Using visitation in a more therapeutic manner, in which parents are mentored, coached, taught about developmental stages, etc. can positively impact the Agency's re-entry rate.

The program consists of orientation and four phases:

⬤ Orientation

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

⬤ Assessment/RelationaI Phase

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

e Collaborative Phase

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

D. Independent Phase

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

E. In-Home Phase

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

Com lete the following chart for each applicable ear.

	FY 15-16	FY 16-17
Description of Target PO ulation	See Note Below	See Note Below
# of Referrals	29 families	28 Families
# Successfully completing program	6 completions; 21 families currently enrolled	At least 80% completion
Cost per ear	$227,000	$232,337
Per Diem Cost/Program funded amount	Program Funded	Program Funded

Name of provider	Samara	Samara

NOTE:

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

Were there instances of under spending or under-utilization of prior years' funds?
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O Yes X No
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Samara was overspent for this prior fiscal year. The cost per year includes rent and utilities for the visitation house which totaled $27,673 for the year. There is a concern that some families may not be ready for the level of intervention that Samara will provide, so the service is not able to be truly effective. An example of such a family would be ones presenting with active substance abuse addiction or untreated mental health concerns. While these families may eventually benefit from the program, the timing of the referral may be too soon. The Intervention Program Specialist will be working closely with Samara leadership and Agency staff to ensure that the families being referred for the service are appropriate and willing participants.

DRUG and ALCOHOL SERVICES

Waiting List

Dauphin County currently experiences waiting lists of one (1) day to two (2) weeks for detox beds. We also experience waiting lists for women's inpatient and adolescent inpatient beds. Methadone maintenance slots also have waiting lists of up to one (1) week. We are attempting to remedy this situation (see Barriers section). There are several initiatives going on at the state level in the Department of Drug and Alcohol Programs (DDAP) to try and have a real time database of detox availability state-wide that could be accessed by SCA's and other parties (emergency rooms, providers, etc.), but at this time we call every detox every day or several times a day to check on bed availability. Building and maintaining relationships with our detox and other providers and taking a shared responsibility for making sure limited detox and other beds that routinely are in short supply are utilized effectively, is critical for our clients.

Barriers to Access

Waiting lists for beds and limits placed on beds have become barriers. Waiting lists, especially on detox bed availability, have become routine since the spike in heroin and opioid overdoses. We are attempting to alleviate this problem by investing county dollars to match reinvestment dollars from CABHC and expanding detox bed capacity with our provider, Gaudenzia Common Ground. Other capacity issues include beds for women and beds for adolescents. We have found that recently the spike in opioid use and the need for facilities to save beds for other programs, projects and/or insurances has caused a backlog to access.

When talking about barriers we always take into consideration transportation. Many of our programs provide transportation, but it is a hard funding issue. Mental health concerns become a barrier. Many times individuals are on strong medications and cannot be managed at a nonhospital-based level of care. We have contracted with as many facilities as we can, but the shortage of hospital-based beds often becomes an issue when trying to place a client with a serious co-occurring diagnosis. We find that the hospital-based beds are also experiencing waiting lists. In Dauphin County we are contracting with an outpatient facility that has a cooccurring license which works well with mental health clients and those returning to the community that have been in inpatient co-occurring programs. As mental health moves toward things like tele-medicine and mobile licensing that are not licensed under drug and alcohol we expect this to increasingly be a barrier. For example, we are seeing an increase in needleinjecting heroin users with severe infections and other sever medical condition related to their use where they are either hospitalized long term or home-bound with nursing care or IV antibiotics. Without for flexibility in providing treatment for these patients their risk of returning to addiction in greatly increased.

Barriers for adolescents have become daunting. There are only two (2) adolescent inpatient programs that we have been able to confract with, and at times the wait to get a bed is up to two (2) weeks. It is also notable that there are no adolescent halfway houses in the state of Pennsylvania. This is difficult because adolescent emergent care becomes a choice between parents losing time from work to monitor their youth or placing the youth in a hospital setting.

In Dauphin County we are working to build a strong adolescent community program and recovery support program by working with the RASE project. See more details in the Recovery Support section.

Other barriers include insurances that have come on the market with Medicare expansion that burden participants with high copays, deductibles and very limited in network services. Many times individuals cannot access treatment because of high copays and deductibles and cannot access treatment that is in network because of excessive travel distance. Dauphin County has been working with our state oversight Department of Drug and Alcohol Programs (DDAP) to adjust treatment monies to help pay copays and deductibles by allowing the individual to qualify as being underinsured.

The final barrier that we have seen has been the limited number of facilities for the Spanish speaking population. We are acutely aware of the need for cultural competence in our facilities and our work overall. In Dauphin County we have been able to contract with providers who offer Spanish speaking inpatient and outpatient levels of care.

Capacity

Dauphin County works hard to overcome the capacity issues by contracting with all available providers throughout the state of Pennsylvania and have widened our search for new contracts to the entire state of PA. However, as explained in the Barriers and Waiting List sections, the Opioid epidemic has caused concerns with individuals entering treatment in a timely manner. The capacity issues remain detox beds, female short term inpatient beds, adolescent beds and methadone slots. With block grant monies Dauphin County does contact with 19 treatment providers with several of them having multiple facilities. Dauphin County has done everything possible to alleviate the capacity issues and waiting list issues that create barriers to treatment.

County Limits

Dauphin County realized that one of the County limits was limited hours of operations. The County has contracted with Gaudenzia Common Ground to increase detox services. In a further effort to expand operations and access to treafrnent Dauphin County has developed a "WarmHandoff' policy. This would extend our efforts to reach vulnerable individuals at the time of overdose by meeting them where they are at and getting them to the treatment facilities they need. In developing the "Warm-Handoff' the County realized that we need to expand our capacity and hours of operation to meet the individuals where they are at. In this effort the County created a Mobile Case Management Unit which consists of a Mobile Case Management Supervisor and 2 Mobile Case Managers. These workers will have non-traditional hours and a heavy on-call component and will be able to meet the individuals where they are whether it is at the scene of an overdose or in a hospital emergency room. These workers will engage with the local police departments and the local emergency rooms to establish protocol to encourage individuals at a vulnerable time to seek treatment by providing on-site assessments, evaluations, and resources. To enhance this effort the Single County Authority (SCA) has trained fifty (50) Certified Recovery Specialists (CRS) to be a team of volunteers to aid the Mobile Case Management Unit in guiding individuals through the treatrnent and recovery process.

The SCA is working with the Dauphin County District Attorney to target 100% coverage of or municipal police departments so they are all carrying naloxone, the opioid reversal medication. At this time there are only two of more than 30 municipalities not carrying, however, discussions are underway with those two municipalities and we expect full coverage by fall, 2016. In addition, all Dauphin County adult and juvenile probation officers and SCA staff will have a policy and will be trained to carry and administer naloxone.

Another county limit to needed services is that in order to provide the partial-hospitalization level of care we must contract with a partial-hospitalization service outside the county because there are none in county. Therefore, sending someone to partial requires setting up the appointment with the partial program and also finding a halfway house or a recovery house in the same area for that client. We are closely following various legislation at the state level around certification and access to quality recovery house services. Dauphin County currently utilizes the CABHC scholarship program to fund up to two months in an eligible recovery house
(CABHC certified), however, we do not fun beyond that or fund for non-MA clients. We realize that recovery houses are critical in extending quality care for clients and are working with CABHC to bring another recovery house and recovery support center to Dauphin County in 2017, and to explore additional funding within existing funding strearns.

The County is also limited in providing culturally competent services for the Hispanic/Latino population. The SCA contracts with an outpatient provider within the county for outpatient services; however, we only have one provider that does inpatient services. This creates significant capacity issues.

The SCA has made emergent care services available for the new priority populations. The SCA has been involved with our local emergency departrnents in meeting the needs of these populations. As documented earlier, we have designated Gaudenzia Common Ground as our gatekeeper for detox in our off—hours. This will be enhanced by the inception of our Mobile Case Management Unit. With the priority populations we have instituted many programs to work with individuals. For pregnant women and women with children we contract with Hamilton Health Center's Baby Love program to provide intensive case management services. We also contract with many inpatient facilities to do women's track care and trauma informed care. For veterans we have been active with the County's Veteran's Court, as well as our Drug Court and our Criminal Justice Advisory Board (CJAB). In addition, we contract with Treatment Trends which offers a specialty tract in their program for women. Our collaborative with Pinnacle Health and our new Mobile Case Management Unit will address the priority populations of overdose survivors and Injection (IV) drug users.

Other County Limits the SCA has been addressing with the expansion of Medical Assistance is how to work with individuals with extreme copays and deductibles. The SCA Director has been working closely with our state authority to address these needs.

Impact of the Opioid Epidemic

As mentioned earlier, the most crucial impact of the opioid epidemic has been bed availability in the detox units and inpatient facilities. The SCA has contracted with more providers and has an excellent collaborative with Pinnacle Health System. The SCA has also been insuring that all police and first responders are equipped with Naloxone (Narcan) through our collaboration with the District Attorney (DA), the chief of our Criminal Investigation Division (CID), and our Criminal Justice Advisory Board (CJAB). The SCA director is also working closely with our legal counsel and our state oversight to provide trainings to get Narcan in the hands of all our providers, probation officers, schools (i.e. school nurses, athletic directors, etc.), and community members. The SCA is in the process of developing a means to be able to provide training on the use of naloxone and funding distribution of naloxone to the community. This life saving medication is vital and goes hand-in-hand with our need to reach this priority population.

In the training of use and carrying of Narcan, the need to make referrals for treatment to overdose survivors is emphasized. The SCA also has contracts with treatment venues that offer Medication-Assisted Therapy (MAT): two (2) methadone clinics and one (1) buprenorphine case management service. We have also been forming relationships with other clinics to do methadone and buprenorphine. Through our relationship with Pinnacle Health we have been actively attending collaborations and have been doing case management and assessments at the Pinnacle Toxicology Clinic, our primary provider of Vivitrol, on a weekly basis.

We have also done several things to raise community awareness including: Information dissemination, forming a collaborative with Penn State Harrisburg to do a WebFx project on opioids, three (3) town hall meetings and a yearly Recovery Day event. See Recovery section for more information.

One of the most noticeable impacts with opioid use is the high relapse rate. We work with several programs that have relapse prevention tracts in their program. We are also working on some prevention materials and presentations with our faith-based community to address the subject of relapse prevention.

Emerging Substance Use Trends

Our SCA, like most, has always seen alcohol and marijuana use as consistent every year. Alcohol being our legal drug has always been in the number one slot for drug of choice. However, approximately two (2) years ago marijuana switched places with alcohol and became the number one drug of choice. Since then many of our outpatient providers have worked hard to address this issue. Our Prevention Unit has developed several programs to address this and has written an evidence informed program to combat this trend: Interrupted Marijuana.

Along with the alcohol and marijuana trend there are spikes noticeable from year to year in other drug use and the opioid epidemic has hit Dauphin County like the rest of the nation. Addictive behaviors cause individuals to purchase substances that are not always the same potency or chemical make-up. This mixture often leads to overdose. With the spike in heroin use many have found themselves in the emergency rooms or worse. Much of the heroin has been mixed with lethal doses of Fentanyl. According to The Wall Street Journal, "Fentanyl and its analogs are killing Americans at an alarming rate, marking a deadly new chapter in the nations struggle with

opioid addiction. Fentanyl is up to 50 times as potent as heroin but easier and cheaper to produce, made from chemicals instead of fields of poppies. Legal versions of fentanyl have been sold as painkillers or anesthetics since the 1960's. Today, illicit batches are driving a surge in overdose deaths." Due to the opioid epidemic the SCA has put in place many stop gaps as outlined in this document. These include: mobile case management, warm hand-off, new detox policies, least restrictive residency policies in the state, expansion of detox beds, contracting with more providers of detox and inpatient services, specialty tracts/evidence based treatment modalities, training of CRS's, expansion of Medication Assisted Treatments (MAT), training and availability of Narcan, Prevention efforts in infomation dissemination, education and environmental strategies, and relapse prevention efforts.

The top trends are outlined above but it is notable to mention other trends that have been emerging for our SCA. As described earlier our County is very diverse in having rural, urban, suburban populations along with a mix of very diverse ethnic groups, religions, ages, learning levels and economic status. Therefore in different geographic parts of the community or groups in the community we have seen some other trends (Note: Opioids has been the most noticeable). However, in the northern tier of the county we have seen an increase in Methamphetamine use, in our juvenile and transition age populations, especially those on probation, we have seen a spike in synthetic drug use, especially synthetic marijuana. In the middle schools there has been a spike in over the counter medications, and county-wide PCP has been used with marijuana.

There is a concern with babies born in our county who test positive for drugs. Therefore, in conjunction with Dauphin County Children and Youth Services (CYS), the SCA has developed a Holistic Family Support Program (HFS). See more about this program in section titled Women with Children.

The SCA supports a strong Prevention Program that addresses the opioid, heroin and overdose epidemic. This is evidenced by town hall meetings, Recovery Day events. We have applied and been selected by the University of Pittsburgh, PA Heroin Overdose Prevention Technical Assistance Center to create and have intensive technical assistance training of the Dauphin County Overdose Prevention Coalition. This training is scheduled for August 30, 2016. The SCA provides primary, secondary and tertiary prevention and intervention programs. Most recently the SCA has contacted NIDA to work with them on an Opioid Awareness and Prevention program and has done several presentations to schools in our county on the opioid crisis.

The next section of this narrative will highlight the programs Dauphin County Department of Drug and Alcohol Services, Single County Authority (SCA), provides for specific populations.

<u>Adults</u>

Dauphin County SCA provides prevention, intervention, treatment and recovery support, all levels of care for treatment as indicated by the DDAP Screening and Assessment/Evaluations and the matrix of the Pennsylvania Client Placement Criteria (PCPC) which includes: Educational Group, Outpatient, Intensive Outpatient, Detox, Short Term Inpatient, Moderate Term Inpatient, Long Term Inpatient and halfway house. There are also inpatient and outpatient co-occurring providers. Many of our treatment facilities provide specialty tracts such as:
Women's tract, Relapse Prevention tract, Trauma Care tract, music/art programs, holistic healing and medication assisted treatment. The contracted providers use evidence based practices such as Cognitive Behavior Therapy (CBT), Motivational Interviewing (MI), and Trauma Informed Care. Along with treatment we provide case management, resource coordination and i_ntensive case management.

Bowling Green Brandywine detox	Inpatient short term, co-occurring
Catholic Charities Evergreen House	Women' s Halfway House
Clear Brook Manor	Inpatient detox, short term
Daystar	Male non hospital halfway house
Eagleville Hospital	Detox medically monitored, inpatient short term & long term, dual diagnosed, long term
Firetree	Inpatient detox, short term, many different facilities
Gaudenzia, Inc.	Inpatient, Outpatient and Detox several facilities
Genesis House	Outpatient and intensive outpatient
Mazzitti and Sullivan	Outpatient and intensive outpatient
Naaman Center	Outpatient and intensive outpatient
Nasr Consultant	Outpatient and intensive outpatient
Pennsylvania Counseling	Outpatient and intensive outpatient
Pyramid	Inpatient short term and long term and detox services several facilities
Roxbury	Inpatient, detox, dual, short term medically monitored

Treatment Trends	Inpatient short term and long term and Half way house (2 facilities)
TW Ponessa	Outpatient and Co-occurring
White Deer Run	Inpatient short/moderate/long term and Outpatient/intensive outpatient at several facilities

The SCA as stated has engaged more providers through our contractual process to add more availability of treatment to more individuals. Individuals are screened and assessed/evaluated and placed in the proper level of care according to the PCPC and according to special needs. Cooccurring populations have always been part of the special needs of our community and the SCA has specifically contracted with a co-occurring licensed outpatient provider for these needs. We also maintain contracts with hospital based detox and inpatient facilities.

Adults are given access to Medication Assisted Treatment through contracts with the SCA. These services include the following:

RASE Project	Buprenorphine case coordination which includes a doctor that prescribes the medication with the SCA being able to provide funding for the medication and the case coordination.
Center for Behavioral Health, Discovery House	Methadone Maintenance and outpatient treatment
Lebanon Advanced Treatment Center	Methadone Maintenance and outpatient treatment
Pinnacle Toxicology	SCA provides Case Management Services at the clinic weekly

The SCA is exploring other contracts this new fiscal year and will be adding at least three (3) more treatment agencies. For the future the SCA is working on Vivitrol programs. Many of the inpatient providers will offer the first shot for individuals completing their program. The SCA wants to make sure this treatment remains available through our collaboration with Pinnacle, our Centers of Excellence grantees in the county and extended services. The SCA is working in conjunction with the Dauphin County Prison for a prison Vivifrol project to enable individuals being release to have their first shot administered prior to being released and follow up set up with a community program that provides medication and counseling which has showed promising outcomes and lower relapse rates.

Transitional Age Population

As listed above the case management unit provides case management, resource coordination and intensive case management as well as screening for emergent care, assessments/evaluations

and continued stay reviews in treatment. This includes all populations. The transitional age population has access to all of the above services. Within these services TW Ponessa provides co-occurring treatment and Mazzitti and Sullivan has an adolescent/transitional age facility that provides specific programs for these age groups, for college students, for Student Assistance Program and for DUI. They are currently working on a targeted opioid program.

Adolescents Population

As stated above Mazzitti and Sullivan Counseling provides an adolescent specific treatment service at their Middletown facility. The SCA provides school-based counseling in all eleven (11) school districts in our county. The following providers contract to do adolescent services:

Pyramid Quakertown	Adolescent short/moderate term inpatient
Pyramid Hillside	Adolescent Detox
Gaudenzia — Chambers Hill	Adolescent (male only) short/moderate/long term inpatient
Naaman Center	Adolescent outpatient and intensive outpatient, school-based for four (4) districts in the Northern part of our county which includes: Millersburg, Upper Dauphin, Williams Valley and Halifax
Gaudenzia — Harrisburg Outpatient	Adolescent outpatient, school-based for three (3) schools districts which includes: Harrisburg, Steelton-Highspire and Susquehanna and for the Dauphin County Technical School
Mazzitti and Sullivan	Adolescent education, outpatient, intensive outpatient and school-based for four (4) school districts which include: Harrisburg, Middletown, Lower Dauphin and Hershey. Also provides mental health counseling on site.
TW Ponessa	Adolescent co-occurring outpatient
Pennsylvania Counseling	Outpatient and intensive outpatient, recipient of Center for Excellence Grant and also provides mental health counseling on site.

The SCA also provides prevention, intervention and recovery services for adolescents. Our prevention program is county-wide and uses local community data from each school district that enables individual community based implementation. All Institute of Medicine (IOM)

designations are followed providing universal, selective and indicated programming. All six (6) Federal Strategies are covered providing (61) Information Dissemination, (62) Education, (63) Alternative Activities, (64) Problem Identification and Referral, (65) Community Based Process and (66) Environmental Campaigns. Over 60% of our prevention program is Evidence-Based programs. The SCA prevention specialists also provide Student Assistance Program (SAP) services to all 11 school districts, the vocational-technical school, a cyber-school and private/charter schools within the county. The SAP program includes core-team meetings, parent-teacher conferences, and screening/assessment services for referral to services and treatment, resource coordination, prevention activities, consultations and follow up services. The SCA created an evidence-informed award winning curriculum for adolescents who are at risk or indicated as need the education level (.5) on the American Society of Addiction Medicine (ASAM) criteria. This program is called "Interrupted" and provides the following curricula for high school students Marijuana, Underage Drinking, Gambling and Tobacco. It also provides one curriculum for middle school students titled "Interrupted: Gateway Drugs".

Criminal Justice Population

The SCA provides case management and resource coordination, screening and assessment at the following Dauphin County Facilities: Dauphin County Prison (DCP), Dauphin County Probation Services, Pre-Trial Services, Dauphin County Work Release Center (WRC) and the Dauphin County Booking Center. Our case management unit also participates in several specialty courts: Drug Court, Veteran's Court and Mental Health Court. The unit has an active role in Drug Court assessing Thirty Eight (38) individuals last year. The unit does assessments and case management for Mental Health Court and Veteran's Court as needed. All levels of care are available for criminal justice clients as listed in the adult population section of this report.

The unit also participated in DDAP's Prison Pilot which has transcended into the permanent prison program. Our case managers provide case management service, screening and assess/evaluate identified prison inmates who would be eligible for diversion to treatment facilities. The case managers will help these inmates have their Medical Assistance turned on so that the SCA can facilitate inpatient referrals directly from the prison. Last year case managers serviced 159 prison inmates.

Through our Human Services Director's office and the SCA funding, services for the County's Judicial Booking Center were provided. Services for case management, intensive case management, screening and assessment/evaluation were provided. These services are used to break down barriers to treatment, meet i_ndividuals at a vulnerable time and make recommendations. This program has also been put into place for diversion efforts. This past year our Booking Center Treatrnent Coordinator screened 269 individuals, assessed and recommended treatment for 28 individuals. In the upcoming year this unit will be under the direct supervision of the SCA and will hire two (2) new staff for mobile case management and the Treatment Coordinator will be the Mobile Case Management Supervisor. This unit as described earlier in this text will not only serve the Booking Center individuals, but also individuals whom have overdosed and are with the EMS, Police or Emergency Room Staff.

For the criminal justice population the SCA also collaborates with the following groups: Capital

Region Ex-Offenders Support Coalition (CRESC), Christian Recovery Aftercare Ministry (CRAM) and The Program: It's about change. The SCA and our criminal justice team, representing probation, work release, the booking center, Prime-Care, Dauphin County prison, the DAs office and specialty courts, is applying for grant funding from the PA Department of Corrections (DOC) to pilot a criminal justice Vivitrol program (proposals due August 30, 2016). Even if not selected, we are developing policies and contracts so that every opiate or alcohol addicted clients in any of our criminal justice systems is assessed for appropriateness for Vivitrol, educated about this promising MAT practice and offered Vivitrol as a partner to level of treatment they receive.

Pregnant Women and Women with Children Population

This population is one of our priority populations. We have all services available for this population as described in the Adult Population section which covers all levels of care for treatment. In conjunction with case management services provided by the SCA, we also contract with Hamilton Health Center (Baby Love Program). The Baby Love Program provides intensive case management services, ensures these individuals remain active in treatment, provides transportation services to appointments and teaches life skills. The Baby Love Program helps women who are pregnant and women with children up to age 5. This program served 32 Dauphin County individuals and their families last fiscal year.

The SCA panicipates in the county's CYS programs including Family Group Conferencing. This practice of providing the family with a conference with professional and personal supports has been an effective tool to helping individual not only access treatment but having the resources they need after completing treatment.

The SCA began a program for pregnant women and women with children in conjunction to a need presented by CYS. This program is called Holistic Family Support (HFS). This program serviced 41 individuals and their families in the past 2 years since its inception.

Holistic Family Support Program

Program Overview

The Holistic Family Support (HFS) is collaboration between the Dauphin County Department of Drug and Alcohol Services and Dauphin County Social Services for Children and Youth. The HFS provides specialized treatment and case management services to enhance recovery to families identified as having a substance abuse disorder and who are engaged in the child welfare system. The program will provide intensive monitoring and engagement strategies to support recovery, monitor the recovery aspect of the child welfare plan, and move families toward preservation and children toward permanency.

The program is designed to address the needs of families impacted by substance abuse who have young children. The program will be offered to all substance affected infants and youth whose parent(s) are deemed appropriate to the program. Children and Youth workers will be cross trained and referrals will be filtered through the in-house Children and Youth Drug and Alcohol consultants.

The program is designed to meet the needs of the family using a family approach and engaging all of the county's best practices with expected outcomes being continued preservation of the family and recovery for the substance using parent. The program will involve the Children and Youth System as well as the Drug and Alcohol System using a collaborative array of "best practices" and modalities to give the family the most holistic prescription for success and optimal outcomes. Best practices will include Family Group Conferencing, using workers in the program who are Family Development Credentialed and use of the Cross-Systems Team Collaboration Protocol (CSTCP).

The Dauphin County Department of Drug and Alcohol Services will utilize its Prevention, Intervention, Treatment and Recovery components in the program to provide the greatest level of support to the entire family. The family will be engaged in the treatment process from assessment to aftercare.

Key Program Components

        A. C&Y Case Worker
        B. D&A Case Manager
        C. Life Esteem (prevention) Celebrating Family Program
        D. RASE Project (recovery) Recovery Coach, Recovery 101, Life Skills 101
        E. Hamilton Health — Intensive Case Manger
        F. Early Intervention
        G. If requested — Probation Officer, Family Members, Support Services, Mental Health Case Manager
        H. Updates from treatment providers

The SCA collaborates with: The Program: It's about Change and Promise Place for women's reentry services.

Recovery Oriented Systems of Care

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

An average of 70% of the SCA's treatment clients has had experience with the criminal justice system and many of them have had prior experience with treatment services. Research indicates

that supporting clients' recovery helps cut down on recidivism and makes better use of the limited funding available.

The SCA contracts with Recovery Support Services through the RASE Project. The programs are called Bridges to Recovery for the adult population and Youth Community Project (YCP) for adolescents. The programs provide the following services:

- One-on-one Recovery Coordination Services (RCS) for individuals with a history of chronic relapse, significant family of origin deficiencies, extensive periods of incarceration, or pressing personal needs. The primary purpose of RCS is to help individuals in early recovery navigate through cross-systems successfully while assisting them to gain access to resources, services, or supports needed in order to achieve sustained recovery. The RCS staff acts as guides for the recovering individual.

- Life Skills classes which provide educational skills that individuals need in everyday life. Topics covered included prioritizing, budgeting, appropriate workplace behavior, appropriate attire, anger management, self-respect, personal hygiene, responsible citizenry, coping skills, personal development, health, and positive attitudes.

- Recovery 101 support groups- classes are interactive and provide the fundamental tools to begin and maintain recovery. The curriculum covers perspective, pathways to recovery, spirituality, 12-step meetings, meeting etiquette, sponsorship, boundaries, relationships, maintaining focus, behaviors, feelings, triggers, and any other needs that may arise among the individuals in attendance.

- Weekly co-occurring disorders support group for individuals both currently involved in formal treatment and after. This group provides health promoting behaviors such as medication adherence, assistance in seeking healthcare, and engaging in self-care activities.

- Youth Community Project (YCP) — Classes and support groups are provided for youth needing education/awareness, youth dealing with Children of Addicts (COA) issues, youth who have incarcerated parents and youth returning to the community after completing treatment for youth group recovery support. The youth project was put into place because of a continuing need for youth support when Alateen and Narateen groups are scarce. This project works in conjunction with the SAP liaisons.

- Recovery check-up services identified local outpatient providers.

- Outreach services and distribution of recovery materials. These services are accomplished through media campaigns, literature and brochures, referral information, community events, website, and a quarterly newsletter.

As described in earlier sections the SCA is also participating in the following initiatives: Medication Assisted Treatment (RASE, Pinnacle Toxicology Clinic and Methadone Maintenance Outpatient programs. Other programs include: Expansion in our area for Spanish Speaking Support Groups (AA/NA), newly awarded Center of Excellence (PA Counseling),

writing a grant for prison Vivitrol Program and just receiving a grant to do PA Heroin Overdose Technical Assistance Center (TAC).

In support of recovery our prevention unit has been able to do activities important to the information dissemination, education and resources to the community. Our SCA has hosted two (2) town hall forums in the northern and central parts of our county and one (l) scheduled for the lower part of the county. For the second year in a row we will be hosting a recovery day celebration. This celebration will include over seventy five (75) vendors providing treatment, intervention, prevention, recovery and other resource information. It will have several children' s activities, entertainment and recovery testimonies throughout the day and will begin in the morning with a recovery walk kick off coordinated through the RASE Project. In conjunction with the Recovery day events the SCA has coordinated with the Lt. Governor's office to give a 'Pathways to Pardons" presentation to assist those individuals who have records, that make it difficult to obtain employment and are in recovery, to obtain a pardon.

The prevention efforts have enabled the SCA, with Contact Helpline, to create two (2) resource guides. One is a Recovery Resource Guide and the second is a Faith-Based Resource Guide. Contact Helpline also provides 24/7 crisis, referral and listening services. This helpline identifies and refers individuals with drug and alcohol problems for access to treatment.

Ensuring the SCA remains active

To assist in the Coordination of Care across the system, the SCA is a part of the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization, Perform Care. This serves as an on-going resource for treatment services. Moreover, the SCA sits on the CABHC Board of Directors and Drug and Alcohol Reinvestment Committee. The SCA after exploring the creation of drug and alcohol school-based services currently has a provider in all 4 school districts in the Northern part of our county for the past two years and this has put into place a provider and all the 1 1 districts in Dauphin County.

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

MWID wellness committee, the diversity forum and the poverty forum. The SCA also attends stakeholder meetings for Veterans Court. Additionally, the SCA participates in the annual Homeless Connect Program, sponsored by the YWCA and also continues to meet with the County's MH/ID agency on collaboration and coordination for individuals with co-occurring disorders.

Program Descriptions

Injection Drug Use Outreach Protocol- A program that delivers HIV prevention outreach to a minimum of I ,500 Dauphin County residents who use injection drugs. Outreach is offered to the partners of any Dauphin County resident who receives services. HIV prevention outreach consists of community mobilization and distribution of small-media materials and risk reduction supplies. Further, the program identifies Dauphin County residents who are in need of drug and alcohol treatment services and refers individuals to SCA funded treatment providers. The program is to expand to older adults and adult populations using other drugs and other means of transmission of drugs. Total to be served: 2000 Budget: $20,000.00

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

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

Buprenorphine Coordination Project- This program uses the tenants of the Counselor 's Guide and Buprenorphine in the Treatment of Opioid Dependence, American Academy of Addiction Psychiatry (AAAP). Clients in this program receive care coordination from a recovery support coordinator a minimum of one (1) time per week for one (1) hour for the duration of weeks 1-12 two (2) times per month for one (l) hour for the duration of weeks 13-24, and one (1) time per month for 15 minute telephone support from week 25 until discharge. A minimum of 16 participants will be served. The program also provides daily Buprenorphine tablet dispensing for up to 6 months, medication management, urinalysis testing, and treatment oversight. All clients involved in the program must be actively participating in outpatient drug and alcohol treatment, as further defined by the Pennsylvania's Client Placement Criteria (PCPC) manual as implemented by the Pennsylvania Department of Drug and Alcohol Programs. Total to be served: 20 Cost: $40,000.00

Inpatient Services

- Halfway House: A community based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment. Total to be served: 4 -Cost est.: $10,000.00

- e Medically Monitored Inpatient Detox: A residential facility that provides 24-hour professionally directed evaluation and detoxification of addicted individuals. Total to be served : 50- Cost est.: $70,000.00

- Medically Monitored Residential (Short or Long Term): A residential facility that provides 24-hour professionally directed evaluation, care and treatment for individuals in acute or chronic whose addiction symptomatology is demonstrated by moderate or severe , impairment of social, occupational or school functioning, with rehabilitation or habilitation as a treatment goal. Total to be served: 20- Cost est.: $104,160.00.

Outpatient Services

- Only assessments are included in this line item. Other funding is used for Outpatient and Intensive Outpatient treatment. Department of Drug and Alcohol Program licensed Outpatient treatment facilities are contracted to perform assessment services.
Assessments include the Level of Care and placement determination based of the Pennsylvania Client Placement Criteria and American Society of Addiction Medicine. Total to be served: 750- Cost est.: $75,000.00

Case Management Operating Expenses - Dauphin County Human Services plans to build an Integrated Data Platform across all human service departments and over time including probation services. Integrated client views and cross system data dashboards will enable data driven decisions across all human services systems. Since 1 in 4 PA citizens receive federal Health and Human Service benefits, its critical at the local level to provide holistic services to meet an i_ndividual's needs while analyzing program overlaps and gaps in services. In addition, the ability to monitor and implement strategic outreach and program efforts within targeted areas across Dauphin County will aide in customer service. This process will assist consumers in receiving the right services at the right time and aide the teams working across service systems. To be transferred to HSDF. Cost: $75,000

Booking Center Criminal Justice Liaison — The newly opened booking center in Dauphin County has become the centralized area for all law enforcement and is an opportunity for the county to do early identification of client needs. All clients that enter the center are reviewed by the center staff and the judicial system for disposition. Some clients are sent to Dauphin County Prison, some held until sober, and others released on their own recognizance. After coordinating with the center, the county's prison and the reentry subcommittee, it has become evident that a position is needed at the center to help make recommendations to divert some of the individuals entering the booking center to drug and alcohol treatment/detox, mental health facilities or other resources. The 2014/15 YTD data is suggesting that the current supply of detoxification beds

under contract by Dauphin County Drug & Alcohol Services is inadequate for the demand. Often these individuals are processed and released and without available services usually return to using their drug of choice. This could result in overdose or re-arrest. Those who are formally arraigned and held on bail until a bed is found generally have completed detox at the prison. The data also beginning to suggest inpatient treatment beds also need to be expanded. Once inside the prison it becomes more difficult to adjust bail and secure an individual's release. To be served: 240 assessments Cost is estimated to include at a minimum: $134,840.00.

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

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

<u>HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND</u>

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose one of the allowable service categories that are listed under each section.
- Which client populations are served? (Generic Services only) • Planned expenditures for each service.

Note: Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

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

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

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

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

Adult Services: Please provide the following:

Program Name: (e.g. Meals on Wheels... ,)
Description of Services: ("Provides meals to...")
Service Category: (Please select one from allowable categories below.) Planned Expenditures:

Allowable Adult Service Categories:
Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; Home-Delivered Meals; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

Program Name/ Description: (i.e. Meals on Wheels....) Home Delivered Meals:
Dauphin County's Area Agency on Aging (AAA) delivers hot luncheon meals prepared and packaged by a contracted provider to qualified individuals each weekday (Monday through Friday). The volunteers who deliver these meals are coordinated through Dauphin county and the contracted kitchen provider. This program is commonly known as "Meals on Wheels". This service provides hot home delivered lunchtime meals for adults ages 1 8 through 59 years. Over the last three fiscal years our need for this service has declined by approximately ten individuals. Some whose needs are being met now through AAA and some moved from the area, while others no longer had a need for the service due to other programs and community supports.

Service Category: (Please select one from allowable categories below) Home-Delivered Meals

Planned Expenditures:
During the 2016-2017 Fiscal Year, it is estimated that two adult individuals will benefit from these daily meals. The planned contract amount is $3,400.00.

Program Name/ Description: (Include which populations served)

Christian Churches United provides service planning and direct case management services. These services include intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency case management services include: coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions and utilities assistance.

Service Category: Service Planning/Case Management

Which client populations are served: (e.g. Adult and Aging)
Emergency needs for adults (ages 18-59), including Spanish speaking clients.

Planned Expenditures:
During the 2016-2017 Fiscal Year, approximately 280 persons will benefit from this organization. The confracted amount for these critical basic needs will be $5000.00.

Aging Services: Please provide the following: Dauphin County is not planning for services in this area under HSDF.

Program Name: (e.g. Meals on Wheels....)
Description of Services: ("Provides meals to...")
Service Category: (Please select one from allowable categories below.) Planned Expenditures:

Allowable Aging Service Categories:
Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; Home-Delivered Meals; Home Support; Information & Referral; Ovemight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intakellnvestigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

Children and Youth Services: Please provide the following; Dauphin County is not planning for services in this area under HSDF.

Program Name: (e.g. YMCA...)
Description of Services: ("Before and after school child care services provided to ⋯")
Service Category: (Please select one from allowable categories below.) Planned Expenditures:

Allowable Children and Youth Service Categories:
Adoption SeNice; Counseling/lntervention; Child Care; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service

Generic Services: Please provide the following:

Program Name: (e.g. Information and Referral...)
Description of Services: ('A service that connects individuals...")
Service Category: (Please select one from allowable categories below.)
Which client populations are served?: (e.g. Adult and Aging) Planned
Expenditures:

Allowable Generic Service Categories:
Adult Day Care; Adult Placement; Centralized Information & Referral; Chore; Counseling; Employment;
Homemaker; Life Skills Education; Service Planning/Case Management; Transportation.

Program Name/ Description: (Include which populations served)
Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg in order to qualify for U.S. Housing and Urban Development Continuum of Care funds. In 2007, the county and the city formally selected CACH as the lead entity for the implementation of "HOME RUN: The Capital Area's 10-Year Plan to End Homelessness". CACH educates and mobilizes the community and coordinates services to prevent and reduce homelessness throughout the capital region. On April 29, 2016 CACH engaged i_n a process which included Dauphin County Human Services and several depa.ltments and community organization to update the plan for the next ten years. The plan to move forward is still in draft form, but will be finalized promptly.

Service Category: (Please select one from allowable categories below.) Centralized Information & Referral

Which client populations are served?: (e.g. Adult and Aging)
CACH educates and mobilizes the community and coordinates services to prevent and reduce adult homelessness throughout the capital region.

Planned Exoenditures:
During the 2016/2017 Fiscal Year, the approximately 620 homeless persons in the region will potentially benefit from the work performed by CACH. The planned contract amount is $1,000.00.

Program Name/ Description: (Include which populations served)

CONTACT Helpline provides supportive listening, health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. Contact Helpline is the only 24 hour non-emergency service in Dauphin County with volunteers answering the phones and irnmediately assisting callers. They provide specific active listening services as needed for anonymous callers as well.

Service Category: (Please select one from allowable categories below.) Centralized Information & Referral

Which client populations are served? : (e.g. Adult and Aging)
Dauphin County adult residents can call the 24 hour helpline, at any time.

Planned Expenditures:
During the 2016-2017 Fiscal Year, it is estimated that 1200 Dauphin County residents will be served. The planned contract amount is $8,000.00.

Program Name/ Description: (Include which populations served)
The International Service Center consists of a multi-lingual team of part-time staff and volunteers to provide vital information including language support and information and referral (I&R) services to refugees, immigrants and citizens in Dauphin County. Examples of I&R services include adult and child protective services, consumer education, economic development, crime protection/prevention, domestic violence, employment and education.

Service Category: (Please select one from allowable categories below.) Centralized Information & Referral

Which client populations are served? : (e.g. Adult and Aging) This
provider will service adult immigrant populations.

Planned Expenditures:
During the 2016-2017 Fiscal Year, it is estimated that 170 clients will be served. The planned contract amount is $ 1000.00.

Program Name/ Description:
Northern Dauphin Transportation Program:

This is a new initiative in the northern rural area of Dauphin County. Under this initiative the program is contingent on leveraging Restricted Gaming Funds for the purchase of vans for an entity to manage coordinated trips to doctor's appointments, grocery shopping, trips to the pharmacy, library visits and general unmet necessary transportation. The program will be coordinated and managed by a non-county entity and will solicit volunteer drivers, similar to our township/ borough managed older citizen transportation program across the county.

Service Category: (Please select one from allowable categories below) Transportation

Which client populations are served: (e.g. Adult and Aging)
The program will serve individuals and families who do not qualify for other transportation such as MATP and have no other means of transportation.

Planned Expenditures:
Up to $19,000.00 during fiscal year 2016/17 and contingent upon approval of Restricted Gaming Funds.

Program Name: (e.g. Information and Referral...)

JusticeWorks provide coordination and facilitation of Family Group Conferences (FGC) for adults in Dauphin County who are not otherwise engaged in another department where FGC are funded.

Description of Services: ('A service that connects individuals...")
This service is following a specific Dauphin County Family Group Conferencing model where a purpose for developing a plan is identified with the individual and the family and a trained coordinator and facilitator guides the family through the FGC process and with private family time, the family develops a plan to meet the identified concerns.

Service Category: (Please select one from allowable categories below.) Service Planning/ Case Management

Which client o ulations are served: e. . Adult and A in
Individuals needing and FGC will be adults who are in need of a sustainable plan for themselves or their adult family member.

Planned Expenditures:
During the 2016-2017 Fiscal Year, the planned contract amount is $5,000.00

Specialized Services: Please provide the following:

Program Name: (e.g. Big Brothers/Big Sisters)
Description of Services: ("A youth mentoring program...")
Planned Expenditures:

Program Name/ Description: (Include whether it is a new service or combination of services)

Central Pennsylvania Food Bank:
This provider meets a unique need, which our other categorical programs are unable to satisfy. The Central Pennsylvania Food Bank has established a food pantry in the Northern Dauphin Human Services Center in rural Elizabethville, PA. Since opening in January 2009, the food pantry has serviced an increasing number of households/individuals. The FPIG% is 150% based on the Department of Agriculture's Guidelines issued annually.

Planned Expenditures:
During the 2016/2017 Fiscal Year, it is estimated that the food pantry will serve more than 400 households and at least 1,150 different individuals. The contract amount is $90,000.

Program Name/ Description: (Include whether it is a new service or combination of services)
The Shalom House Emergency Shelter provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization's model is built upon the premise of selfempowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future.

Planned Expenditures:
During the 2016-2017 Fiscal Year, approximately 6 persons will be served by this provider. The planned contract amount is $4,000.00.

Interagency Coordination: Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

Dauphin County Human Services continues to plan and build partnerships through collaboration with private and public organizations to design overall solutions to community problems and to improve the effectiveness of the service delivery system. Dauphin County has planned for the

amount of $87,278.00 has been allocated to Interagency Coordination. This item includes partial salary funding for two staff members associated with the Human Services Development Fund/Human Services and Supports. Those reported include any management activities pertaining to county human services provided by Area Agency on Aging, Children & Youth, Mental Health/lntellectual Disabilities, Drug and Alcohol and HSDF. Those management activities include comprehensive service and needs assessment, planning to improve the effectiveness of county human services categorical programs, analysis of training and inter-agency training programs, assessments of service gaps or duplication in service, creation and evaluation of partnerships with community organizations relative to human services provided in the county, management activities dedicated to the development and enhancement of organizing the county human service programs.

Also included is support funding for our Systems of Care program, which provides community based organizations, faith based groups, parents and youth to plan together and develop volunteers, create needed events in collaboration with local schools, an annual youth and young adult job fair and recovery community day. In addition, programming like the Summer Youth Drop in Centers for kids at risk of falling into formal systems.

Small amounts of funding are used for the following. Outreach Materials for events, and to share information and contacts on all county human services departments and events or trainings. Training, Strategic Planning Initiatives and Contingency involves both formal and informal systems the opportunity to plan together to ensure gaps are filled and resources are used within the county in the most effective and efficient manner. These planning processes are identified throughout the year as needed across all of Dauphin County.

Human Services Integrated Data System:

Dauphin County Human Services plans to dedicate $200,000 of HSBG funding to build an Integrated Data Platform across all human service departments and, over time, including probation services. Integrated client views and cross system data dashboards will enable data driven decisions across all human services systems. Since 1 in 4 PA citizens receive Federal Health and Human Service benefits, its critical at the local level to provide holistic services to meet an individual's needs while analyzing program overlaps and gaps in services. In addition, the ability to monitor and implement strategic outreach and program efforts within data identified targeted areas across Dauphin County will aide in customer service. This process will assist consumers in receiving the right services at the right time and aide the teams working across service systems. This funding will be utilized for a contract with Deloitte Development LLC to build the platform and components necessary to obtain a Dauphin County Human Services Integrated Data System.

YWCA :
Dauphin County plans to continue to contract with The YWCA to coordinate and lead the Diversity Forum. This forum brings together numerous entities and individuals to discuss, plan and disseminate information and implement community driven strategies involving all aspects of diversity. This contact amount will be $1,200.00.

Other HSDF Expenditures — <u>Non-Block Grant Counties Only</u>

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.

Category	Cost Center Utilized	Estimated Individuals	Planned HSDF Ex enditures
Mental Health			
Intellectual Disabilities			
Homeless Assistance			
Dru and Alcohol			

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

Agreement between Supports Coordination Organization (SCO) and Dauphin County Crisis Intervention Program for 24 Hr Emergency Service

Memorandum of Understanding

Between

Dauphin County Crisis Intervention Program

And

CMU Supports Coordination Organization (SCO)

This mennorandum of Understanding establishes a working agreement between CMU's Supports Coordination Organizafion (SCO) program and the Dauphin County Crisis Intervention Program.

I.MISSION

The mission of CMU is to plan with each individual consumer and, if appropriate, their family, fo provide the appropriate environment and specific supports needed to enable individuals with menial disabilities to live successfully in the community. To this end, the Unit will strive to be sensitive to each consumer's unique needs and strengths, drawing on the numerous and varied resources within the community to support these individual differences. These activities are guided by certain principles and values which include:

- A belief in the right of all consumers to self-determination. ● The value of the consumer's opinion and the right of the consumer to participate in decisions affecting their lives.
- Respect and consideration for each individual's sexual orientation, mental abilities, linguistic, culfural and religious background.
- A commitment to teaching the skills and behaviors the consumer needs fo function successfully in the community.

- A commitment fo going where the consumer needs services and doing whatever will be most useful to provide the consumer with as many successes as possible.
- The value of each individual being part of and connected to a community so that the least restrictive support appropriate to the individual are provided through the public MH/ID system.
- A commitment to the highest ethical and professional standards and practices.

II. PURPOSE AND SCOPE

It is CMU policy to provide crisis support services for ail individuals who are served by CMU in conformity with existing agreements with crisis intervention services during normal business hours (Monday through Friday fronn 8:30 a.m. to 5:00 p.m.).

CMU will assure that management staff are accessible through the Intellectual Disability (ID)/Supports Coordination Organization (SCO) program for support and assistance for individuals and families registered for Supports Coordination on a 24 hour, 7 day per week basis.

III. RESPONSIBILITIES

Contacts made by individuals, family members police, emergency departments, etc. with CMU during business hours (Monday — Friday from 8:30 a.m. - 5:00 p.m.) will be initially received by CMU Supports Coordination staff. If CMU receives a call regarding an active individual from emergency room staff or Crisis Intervention Program staff, the CMU receptionist will check to determine if the assigned Supports Coordinator is available before placing a call to their telephone extension. If the assigned Supports Coordinator Is not available, the receptionist will page the Intellectual Disability (ID) Program back-up Supports Coordinator on duty. CMU receptionists will not forward emergency calls to voice mail. All emergency calls must be routed by CMU receptionists and received by a CMU staff member within five minutes.

If an emergency cell is received for an individual who has received an intake for intellectual disability services but has not yet been determined eligible for Supports Coordination services, the ID Service Access Coordinator will assess ability

to respond to the situation and will contact Dauphin County Crisis Intervention Program if additional support is needed.

If the individual is active for Supports Coordination services, and an emergency is originating with Crisis Intervention, the Crisis Intervention worker shall provide the initial telephone or walk-in service, For calls requiring mobile crisis services during CMU business hours (Monday — Friday from 8:30 a.m. - 5:00 p.m.), the Crisis Intervention worker will contact the assigned Supports Coordinator or "ID Back-Up" Supports Coordinator to advise

them of the emergency situation and request that a Supports Coordinator respond along with the Crisis Intervention worker. If the Supports Coordinator cannot respond in a timely manner, either to the community or Emergency Department* the Crisis Intervention staff member must respond and handle the situation until a Supporis Coordinator / Supports Coordination Supervisor can assist. There will be no delay in providing crisis services because the Supports Coordinator is not available.

When the individual is secure or stabilized in the community, or when the individual is safe in an emergency department of a hospital, the Crisis Intervention worker may contact the appropriate Supports Coordinator / Supports Coordination Supervisor for additional or subsequent interventions and disposition.

The Supports Coordination Organization program will be responsible for responding to emergency situations for active individuals during normal business hours. However, a mental health professional will be engaged when there is a need for a mental health assessment.

The Dauphin County Crisis Intervention Program will conduct mental health assessments for any individual with a Supports Coordinator when the individual is expressing suicidal or homicidal ideation. The exception is that a CMU mental health professional will conduct that assessment when the individual is registered and has both a Supports Coordinator (D) and a Targeted Case Manager (MH). Under those circumstances, the Menta! Health Case Manager from CMU will conduct the mental health assessment.

The Dauphin County Crisis Intervention Program will facilitate all 302 Emergency Mental Health Commitment procedures for any individuals registered for Supports Coordination whether during or after CMU's normal business hours.

After normal business hours, the CMU office telephone system directs all emergency calls to Dauphin County Crisis Intervention. Intellectual Disability Supports Coordination Organization (SCC) staff will be availab'e for consultation,

support and assistance when required. The need for consultation will be determined by Crisis Intervention staff and the need for further support or direct assistance will be determined by mutual agreement between

the ID/SCO management staff person contacted and the Crisis Intervention Program supervisor on duty at the time of the contact. Crisis Intervention will be provided with the cell phone numbers as well as a duty schedule for all ID/SCO Program management staff.

IV. TERMS OF UNDERSTANDING

The term of this tnemorandum of understanding is for a period of one year from the effective date of this agreement and may be extended upon written 'YIUtual agreement. It will be reviewed at least annually to assure that it is fulfilling ifs purpose and to make any necessary revisions.

Either party may terminate this Memorandum of Understanding with sixty (60) days written notification.

Authorization

The signing of this Memorandum of Understanding is not a formal undertaking. It implies that the signatories will endeavor to reach, to the best of their abilities, the spirit and objectives described in this Memorandum of Understanding.

On behalf of the organization that represent, I sign below in agreement with this Memorandum of Understanding.

FOR CMU:

_____
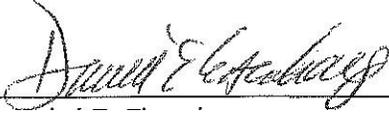Date

Gred McCutcheon
CMU Executive Director

Dantel E. Sausman
CMU Developmental Services Director
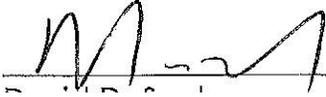
4

10/1/2015
_____

Date

FOR DAUPHIN
COUNTY CRISIS
INTERVENTION:

Dähiel E. Eisenhauer

Daophin Co. MH/ID Program
Adminisfrator

10/19/15
_____

Date

David DeSanto

Dauphin County Crisis intervention
Director

10/19/15
_____

Date

K GRA

ET AND

Using this format, please provide the county plan for allocated human services expenditures and roposed numbers of individuals to be served in each of the eligible categories.

1. **Estimated Individuals:** Please provide an estimate in each cost center of the number of individua to be served. An estimate must be entered for each cost center with associated expenditures.

2.

3. **HSBG Planned Expenditures:** Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation

4. that are **not** associated with HSBG fu

5.

6. **Other Planned Expenditures:** Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.

7.

HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:

	1. ESTIMATED	2. HSBG ALLOCATION (STATE	3. HSBG PLANNED EXPENDITURES	4. NON-BLOCK GRANT	5. COUNTY MATCH	6. OTHER PLANNED

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APPENDIX C-1 : BLOCK GRANT COUNTIES

HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES

INTELLECTUAL DISABILITIES SERVICES

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Appendix D
Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July l, 2012.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Adult Development Training (ADT) — Adult Day Care

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT) SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve

capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a DHS-Iicensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to

needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilit

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance

Bridge Housing

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; e.g., have no permanent legal residence of their own.

Other Housing Supports

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Child Welfare Special Grants (Services relevant to HSBG only)

Promising Practice

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

Housing

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families, or facilitate the successful transition of youth aging out or those who have aged out of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce the number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advancement to the next higher grade level, decrease child/caretaker conflict, or reduce percentage of children entering out of home care because of truancy.

Evidence Based Programs

Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported,"

depending on the strength of the research design. For FY 2016-17, the CCYA may select any EBP (including, but not limited to Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at: https://www.childwelfare.gov/topics/.

Druq and Alcohol

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24 hour professionally directed evaluation, care, and treatment for addicted individuals in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted individual.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counselingf employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient heafth care facility that provides 24 hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24 hour medically directed evaluation, care and treatment for addicted individuals with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/ Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least 3 days per week with a minimum of 10 hours per week.

Prevention

The use of social} economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment This may include methadone, buprenorphine, naltrexone, or vivitroi.

Recovery Support Services

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals gain access to needed community resources to support their recovery on a peer to peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund / Human Services and Supports

Administration

Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

Services for older adults (a person who is 60 years of age or older) include: adult day care, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter/supervision, personal assistance service, personal care, protective services- intake investigation, socialization/recreation/ education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption service, counseling/intervention, day care, day treatment, emergency placement, foster family care (except room & board), homemaker, information & referral, life skills education, protective and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Appendix E

Appendix E-A

2020Äechnology Pkwy   Chg Patriot-Ntujs The Patriot-News Co.

Suite 300

Mechanicsburg, PA 17050   Now you know

Inquiries 717-255-8213

DAUPHIN COUNTY COMMISSIONERS
P.O. BOX 1295
ATTN: RANDY BARATUCCI

HARRISBURG

THE PATRIOT NEWS
THE SUNDAY PATRIOT NEWS

Proof of Publication

Under Act No. 5871 Approved May 16, 1929
Commonwealth of Pennsylvania, County of Dauphin} ss

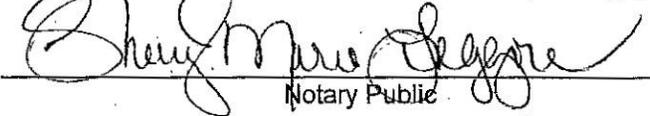Amy Kotula, being duly sworn according to law, deposes and says:

That she is a Staff Accountant of The Patriot News Co., a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, with its principal office and place of business at 2020 Technology Pkwy, Suite 300, in the Township of Hampden, County of Cumberland, State of Pennsylvania, owner and publisher of The Patriot-News and The Sunday Patriot-News newspapers of general circulation, printed and published at 1900 Patridt Drive, in the City, County and State aforesaid; that The Patriot-News and The Sunday Patriot-News were established March 4th, 1854, and September 18th, 1949, respectively, and all have been continuously published ever since;

That the p'rinted notice or publication which is securely attached hereto is exactly as printed and published in their regular daily and/or Sunday/ Community Weekly editions which appeared on the date(s) indicated below. That neither she nor said

Public Notice
Notice is hereby given that the uphin County Human Services Block ont Planning and Advisory mmittee has scheduled a public eting for the purpose of developing receiving public input regarding uphin County's Human Services ck Grant Plan. The next meeting 1 take place on August 21, 2015 at 10 .. to be held on the 7th floor of the uphin County Human Services lding, 25 S. Front Street, rrisburg, PA 17101. y ORDER OF THE AUPHIN COUNTY BOARD OF OMMISSIONERS had Saylor, Chief Clerk.

July 28, 2015

Amy Kotula

Sworn to and subscribed before me this 28 day of July, 2015 A.D.

Notary Public

Company is interested in the subject matter of said printed notice or advertising, and that all of the allegations of this statement as to the time, place and character of publication are true; and

That she has personal knowledge of the facts aforesaid and is duly authorized and empowered to verify this statement on behalf of The Patriot-News Co. aforesaid by virtue and pursuant to a resolution unanimously passed and adopted severally by the stockholders and board of directors of the said Company and subsequently duly recorded in the office for the Recording of Deeds in and for said County of Dauéhin in Miscellaneou_s Book Volume 14, Page 317.

PUBLICATION COPY
The Patriot-News Co.

—20-20 Technology Pkwy
Suite 300
Mechanicsburg, PA 17050
Inquiries 717-255-8213

This ad # 0002341667 ran on the dates shown below:

Cl)t Patriot-Nus

Now you know

DAUPHIN COUNTY COMMISSIONERS
PO BOX 1295

HARRISBURG

THE PATRIOT NEWS
THE SUNDAY PATRIOT NEWS

Proof of Publication
Under Act No. 587, Approved May 16, 1929
Commonwealth of Pennsylvania, County of Dauphin} ss

Amy Kotula, being duly sworn according to law, deposes and says:

That she is a Staff Accountant of The Patriot News Co., a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, with its principal office and place of business at 2020 Technology Pkwy, Suite 300, in the Township of Hampden, County of Cumberland, State of Pennsylvania, owner and publisher of The Patriot-News and The Sunday Patriot-News newspapers of general circulation, printed and published at 1900 Patriot Drive, in the City, County and State aforesaid; that The Patriot-News and The Sunday Patriot-News were established March 4th, 1854, and September 18th, 1949, respectively, and all have been continuously published ever since;

That the printed notice or publication which is securely attached hereto is exactly as printed and published in their regular daily and/or Sunday/ Community Weekly editions which appeared on the date(s) indicated below. That neither she nor said Company is interested in the subject matter of said printed notice or advertising, and that all of the allegations of this statement as to the time, place and character of publication are true; and

That she has personal knowledge of the facts aforesaid and is duly authorized and empowered to verify this statement on behalf of The Patriot-News Co. aforesaid by virtue and pursuant to a resolution unanimously passed and adopted severally by the stockholders and board of directors of the said Company and subsequently duly recorded in the office for the Recording of Deeds in and for said County of Dauphin in Miscellaneous Book "M", Volume 14, Page 317.

PUBLICATION COPY

This ad # 00023356552 ran on the dates shown below:

February 11, 2016

Amy Kotula

Sworn to and subscribed before me this 17 day of February, 2016 A.D.

Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Sheryl Marie Leggore, Notary Public
Hampden Twp., Cumberland County
My Commission Expires July 16, 2018
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

T! •reftrjot News
LEGAL AFFIDAVIT
INV#: 0007662204

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HARRISBURG, PA 17108

Sales Rep: Emma Noonan

Name.•DAUPHIN COUNTY COMMISSIONERS, RANDY
BARATUCCI

Account Number.29090
INV#: 0007662204

Date	Position	Description	P.O. Nui-nber	Ad Size	•Total Cost .

05/1012016 Misc Legal Notice PA Public Notice Notice is hereby given Ixi9L 94. 33

that the Dauphin County Human

Commonwealth of Pennsylvania,) ss

County cf Cumberland)

Marianne Miller being duly sworn, deposes that he/she is principal clerk of the PA Media Group; that The Patriot News is a public newspaper published in the city of Mechanicsburg, with general circulation in Cumberland and Dauphin and surrounding counties, and this notice is an accurate and true copy of ad(s) as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

The Patriot News 05/10/2016

Sworn to and subscribed before me this 10th day of May 2016

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Sheryl Marie Leggore, Notary Public
Hampden Twp., Cumberland County
My Commission Expires July 16, 2018
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

FOR QUESTIONS CONCERNING THIS AFFIDAVIT. PLEASE CALL 717-255-8119

Ad Number:0007662204-01

Date	Position	Öescription •	P.O. Number	Ad Size	Total Cbst

05110/2016 Misc Legal Notice PA Public Notice Notice is hereby given 94. 33 that the Dauphin County Human

Pubiig Notice

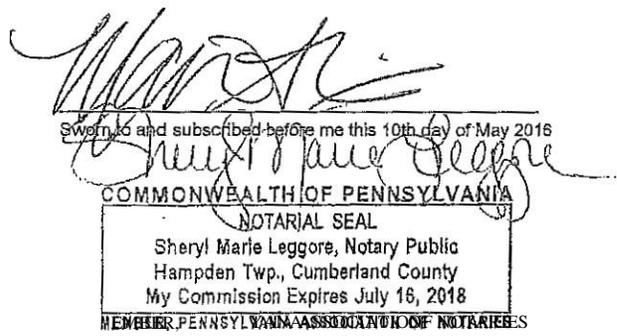Notice is hereby given that the Dauphin County. Human Services Block Cranf Plgnn_ing and.Advisory Commiifee has.scheduledq publi'C meeting tor the purpose of developing and receiVjng public input r.egarding Dauphin County's HumanServ-ices

Block Grant Pjdm The hékf meeting Will take platé oh May 27;

20.16 30 a.m. tobe held oti•ft1é.7fh ffoor•o.ithä

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risburg, PA, 17 TOT, .

BY ORDER OFTHE DAUPH IN COUNTY

BOARDOF COMMISSIONERS

Chad Saylor, Chié.f Clerk/Chief of staff

Appendix E-B

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

August 21, 2015

AGENDA

I.   Welcome -_____------------Scott Burford

Il.   Introduction of Committee Members

Ill.   New Business

IV.   Old Business

     A. County Updates
       HSDF--Randie
       Children and Youth--------------------------------Randie
       Drug and Alcohol---------------------------------Renee]
       MH/ID--Dan Ei

                                           Yeager
                                           Yeager
                                         Burchfield
                                       Eisenhauer

     B. Review of Timeline for 2016/17 Plan Development

V.   Comments from the Committee

VI.   Public Comment

Vll. Next Steps/ClosingRemarks _____-Scott Burford.

Vlll. Adjournment

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting Minutes

August 21, 2015

In attendance: Scott Burford, Randie Yeager, Kacey Crown, Renee Burchfield, Daniel Eisenhauer, , Tim Whelan, Rocco Cambria, Paul Boyer, Paula Ruane, Fred Lighty, Judy Vercher, Jennifer Wintermyer, Robert Burns, Ron Sharp .

The meeting was opened by Scott Burford, Block Grant Coordinator. He wanted to remind everyone that the Block Grant minutes, plans and agenda are on the Dauphin County website. In the eyes of the County, we finalized the 2015-2016 plan. There has been some back and forth between the state and us, basically asking for some minor changes and some further documentation. It is not finalized yet by the State but hopefully will be in next few weeks.

HSDF update provided by Randie Yeager:

- We completed 2 contracts: Central PA Food Bank in Northern Dauphin and Meals on Wheels. All other providers we contracted with last year have not been contracted with yet until the Block Grant plan is approved.

Children and Youth update provided by Randie Yeager:

- Continue to have increase in referrals. Increase as of July placement rates is up 36% and increases in sibling groups ranging from 6 to 11. Case complexities are not any easier. We continue to focus on basic and regulatory requirements.
- Staffing is not an adequate level; we fill as quickly as we can. We currently have 7 caseworker vacancies, in January we had 30, at the end of August we will have 3 or more leaving. So by at the end of the month we will have 10 vacancies. Interviews are scheduled for caseworkers. We hope to have applicants on standby end of the year. Within Merit Hire we can hold applications up to 90 days and don't have to reinterview. We are close to having a new Administrator.
- There have been no significant changes in Block Grant plan programs.
- We have seen an increase in need of housing services.
- All programs are continuing from last year.
- Truancy program went very well. We served almost 300 students.
- Brethren Housing is always at capacity.

D&A update provided by Renee Burchfield:

- Efforts are on the way replace for Administrator.
- From last Fiscal year the $200,000 transfer from C&Y we believe paid all treament invoices.
- Waiting on State to pass budget for next FY.
- Treatment providers are still seeing clients, have been on contingency notice since March. Thank you to our providers!

Discussion was made on the heroin epidemic and it is a state, county, nationwide epidemic. John Sponeybarger is at the Judicial Center, screening and assessing. He has diverted 7 in July into treatment directly from the Booking Center. He also goes to the bail review team meetings to try getting individuals into treatment. We had 152 individuals in the 2014-2015 MA Prison pilot via DDAP. We want to increase that.

N'IH/ID update provided by Dan Eisenhauer:

- NIH/ID was unable to pay all provider expenses from FY 14-15. We carry this concern forward for 2015-2016 fiscal year. If we don't get the 3% increase proposed in the governor's FY 15-16

budget, we will have to cut services. We are currently about $500,000 over budget for FY ' 15-' 16.

- We are developing a new three person CHIPP funded specialized residential program for young adults with serious mental illness who are also trauma victims. We will reduce our state hospital at Danville State Hospital by three. NHS will be provider for the new service and NHS already provides trauma focused intervention for people in treatment and residential setting.
- We are also partnering with CABHC and community providers to train and implement more evidence based programming: Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Parent Child Intervention Therapy (PCIT).
- We have 3 Housing initiatives: 1) Health Choices funded Bridge Rental Subsidy Program to serve up to 20 people similar to the Section 8 voucher program. 2) A housing contingency fund, for individuals coming out of institutions including DCP to help people obtain housing. Also, Sunflower Fields Housing in Susquehanna Township, 5 units of 1-3 bedroom apartments, possible construction this fall.
- Focus in ID is employment (Project Search.)
- We had 32 students who graduated in June who had Special Education. 15 of those individuals already have funding for services identified, 15 other people have no current funding source for services.
- There are 105 people with ID on emergency waiting list. 103 critical waiting list. We might be able to serve 6-10 more people pending the 15-16 budget process and pending information about a waiting list initiative.
- Holding our own in HAP. CCU is our primary partner for HAP rental assistance and Homeless Prevention and Rapid Re-Housing (HPRP) which is funded by the Emergency Solutions Grant program. A recent Harrisburg Housing Market analysis indicated about a 60% decrease in Harrisburg housing units that are less than $800 a month, so access to affordable housing is increasingly difficult.

Randie Yeager stated that all Departments collaborated to find LIFESHARE home for child with significant medical needs.

Scott Burford:

In lieu of budget impasse, Dauphin County as of today $_____.

Focus for this FY is: Employment, Education, and Housing.

Transportation is always on our radar, just not top 3 yet.

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

November 13, 2015

AGENDA

I.   Welcome ---Scott Burford

Il.   Introduction of Committee Members

Ill.   New Business

IV.   Old Business

   A. County Updates
      HSDF---Randie Yeager
Children and Youth------------------ ---   - ----------
      Annemarie Kaiser)hol-------------------------------Cheryl
      Drug and Alcohol- -----------------------------------Dan E: Dondero
         NWID--------   Eisenhauer

   B. Review of Timeline for 2016/17 Plan Development

   C. Budget Impasse

V.   Comments from the Committee

VI.   Public Comment

MI. Next Steps/Closing Remarks---------------------- Scott Burford

VIII. Adjournment
Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting Minutes

November 13, 2015

In attendance: Scott Burford, Randie Yeager, Kacey Crown, Daniel Eisenhauer, Paul Boyer, Fred Lighty, Judy Vercher, Jennifer Wintermyer, Robert Burns, Todd Singer, Annmarie Kaiser, Cheryl Dondero, Darryl R.

The meeting was opened by Scott Burford, Block Grant Coordinator. Randie Yeager introduced Cheryl Dondero, Drugs & Alcohol Administrator and Annmarie Kaiser, Children and Youth Administrator. He wanted to remind everyone that the Block Grant minutes, plans and agenda are on the Dauphin County website.

The 2015-2016 plan has yet to be approved, which is not uncommon, we are hopeful that it will be approved shortly. We submitted it July 2, 2015, there has been some back and forth for clarification, but we anticipate approval once the state budget is approved. Randie Yeager was at PACHSA the other day and only one county there received approval thus far.

HSDF update provided by Randie Yeager:

- We completed 2 contracts: Cenfral PA Food Bank in Northern Dauphin and Meals on Wheels and Justice Works for Family Group Conference for adults. All other providers we contracted with last year have not been contracted yet, pending once budget passes:

- Capital Area Coalition on Homelessness
- Christian Churches United
- CONTACT Helpline
- International Services Center • Shalom House.

Children and Youth update provided by Annmarie Kaiser:

- Continue to have increase in referrals due to change in CPS laws.
- Vacancies continue to increases. We currently have 13 caseworker vacancies. • Next week is state licensing.
- We continue to see an increase in housing needs, in addition to, cleaning and moving service needs, which are served through the housing grant.
- Increase in cost in multisystemic therapy grant. We have reviewed and it is now back in line.
- Business as usual in other programs.
- Had 152 family engagement meeting.

D&A update provided by Cheryl Dondero:

- We have 2 employees on parental leave, one on extended sick leave and 3 vacancies. e Just had DDAP audit and we passed with flying colors, no major findings.
- Focus continues on integration and Holistic Family Support program with C&Y.
- Received PCCD grant for outreach and education.
- Work with   and CABCH for mobile assessments.
   e Drugs and Alcohol role statewide has to change, we must improve client tracking.

MH/ID update provided by Dan Eisenhauer:

- We have similar staffing issues in Crisis, as the other agencies reported. e We have full Management team in Crisis.
- We have some vacancies in case management, part time vacancies.

- We are reviewing internally to potential redesign some positions.
- There is no budget yet. We are curious to see what amount we will receive once approved.
- Keystone is first provider in Dauphin County to provide psychiatric rehabilitation program.
- YWCA has an evidence based clinic, with job coach NCH support.
- Volume has increased for all services.
- NHS created and opened an outpatient clinic model. Currently open one day a week and going to two days a week soon. NHS is working on evidence based therapy in their clinics.
- Project Search is almost finished with its 3rd round. 2 of the 12 participants have obtained employment. We are currently recruiting for the second class. Hershey Medical Center will hopefully be the second Project Search site in Dauphin County.
- Working on other employment first initiatives.
- We also oversee the Homelessness Assistance Program and support is needed at a high level for housing initiatives.

We have a 2016-2017 Plan planning meeting "retreat" being scheduled very soon, a possible two day meeting, to discuss funding, staff, resources, etc. Invites will be forthcoming. Please let us know if you know of others we should include at our meetings. Our group is structured to reengineer our plan and programs.

The County continues to meet with Dr. Griffith to develop the funding formula.

Discussion was had on budget impasse. Although it is unclear when a budget deal will be made, CCAP contacts believe budget will be passed 2nd week in December. Dauphin County has contingency plans in place if needed to make things work and our County budget is ok until end of the year. Jen Wintermeyer stated she heard that Steelton School District and Upper Dauphin School District had to get loans already.

No Public Comment was made. Meeting adjourned at 10:50am.

Dauphin County Human Services Block Grant
Planning and Advisory Committee Meeting

February 26, 2016

AGENDA

I.   Welcome --Scott Burford

Il.   Introduction of Committee Members

Ill.   New Business

IV.   Old Business

A. County Updates

HSDF_____ - _____ --------Randie Yeager
Children and Youth - -_____-------------Annmarie Kaiser
Drug and Alcohol-----_____ -- --------Cheryl Dondero
MH/ID---DanEisenhauer

B. Review of Timeline for 2016/17 Plan Development
C. Budget Impasse

V.   Comments from the Committee

VI.   Public Comment

VIl. Next Steps/Closing Remarks - ---------------------ScottBurford

Vlll. Adjournment

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting Minutes

February 26, 2016

In attendance: Scott Burford, Randie Yeager, Kacey Crown, Daniel Eisenhauer, Paul Boyer, Fred Lighty, Judy Vercher, Jennifer Wintermyer, Robert Burns, Todd Singer, Annrnarie Kaiser, Cheryl Dondero, Darryl Reinford, Lori Leitzel, Rocco Cambria, Tim Whelan, Ron Sharp, Beth McCallister, Currin Haines-Yoder.

The meeting was opened by Scott Burford, Block Grant Coordinator. He provided a general overview of the block grant status including the fact that the County has not received a 2015/2016 allocation letter from the Commonwealth as of the meeting date. In fact, the State has yet to pass a budget, although the County Human Service Funds have been released. We have been given verbal "unofficial" approval for 2015-2016 plan. We are operating under the plan as submitted and business as usual.

The County is working closely with CCAP and the other block grant counties to restore funding to previous levels in preparation for the 2016-2017 HSBG plan.

Before the State released the Block grant funds, Dauphin County Commissioners made the decision to continue funding the Human Services providers during the budget impasse. The County however was nearing the end of its tolerance and was only weeks away from pursuing a Tax Revenue Anticipation Note (TRAN). Mr. Burford publically thanked the Agency Directors for their work on developing a contingency plan in the event the State funds were not released. Providers also thanked the Commissioners. Also were told that if there is any advocacy needed, providers would be happy to do for County, they would be happy to assist.

HSDF update provided by Randie Yeager:

- Central PA Food Bank numbers are high. Current FY we have assisted 991 individuals, 380 families.
- Meals on Wheels, current two clients. Lowest in six years.

Children and Youth update provided by Annmarie Kaiser:

- During her first five months, much time has been spent on filling key position vacancies. The staffing compliment is almost at full capacity with a few vacancies to be filled soon. An Education Liaison will be starting soon. Assistant Administrator and QA Manager interviews are scheduled.
- Currin_____was introduced to the Advisory Committee as our new Program Director.
- The Samara Program is on within plan.
- Check & Connect has a small expansion in Harrisburg Schools (50 kids in one school.) ⚫ The PRIDE program is within budget
- The MST program has experienced over spending, but a plan is in place to cover the overage.

D&A update provided by Cheryl Dondero:

- The goal is to be at full staffing complement in March.
- Advisory Board is nearly at full complement.
- Work on the Block Grant formula is progressing. Data requests were sent to providers.
- Working on a new program focusing on Emergency Room treatment.
- We have 30 Certified Recovery Specialists (CRS) and we will be training 30 more.
- Vivitrol update was provided. Working with insurance companies to cover.
- Naloxone update was provided-Susquehanna Police used once and Harrisburg used five times. We are working with Probation on the development of training modules.

MH/ID update provided by Dan Eisenhauer:

- Staffing remains a focus area in our Crisis Intervention department. Part time staff is the most difficult to recruit. We converted 4 PT positions into 2 FT positions.
- Crisis work is steady and high volume.
- MH-we are trying to match revenue vs. expenditures and get state guidance on numbers. Medicaid expansion will make us closer to budget, not balance budget, but very close.
- We continue to focus on Housing, Employment and Community.
- We had a strategic planning session in November about forensic work at Judicial Center for better ID and referral.
- HAP, underemployed and rent is too high.

Scott Burford discussed the funding formula and described the indicators that make up the variables. The formula will be tested and ready by time we have narrative prepared. Randie Yeager discussed the HS Directors Retreat summary and handed out summary.

No Public Comment was made. Meeting adjourned at 1 1 am.

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

May 27, 2016

AGENDA

I.   Welcome ------------ --- _____------Scott Burford

Il.   Introduction of Committee Members

Ill.   New Business

IV.   Old Business

        A. County Updates
             HSDF--Randie Yeager
              Children and Youth_____-------------Annmarie Kaiser
                Drug and Alcohol--------------------------------Che Dondero
                MH/ID--Dan Eisenhauer

        B. Review of Timeline for 2016/17 Plan Development

V.   Comments from the Committee

VI.   Public Comment

VIl. Adj ournment

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting Minutes

May 27, 2016

In attendance: Scott Burford, Randie Yeager, Sam Priego, Dan Schramm, Jack Wright, Daniel Eisenhauer, Paul Boyer, Fred Lighty, Jennifer Wintermyer, Robert Bums, Todd Singer, Annmarie Kaiser, Cheryl Dondero, Darryl Reinford, Rocco Cambria, Tim Whelan, Ron Sharp, Beth McCallister, Currin Haines-Yoder, Rick Vukmanic, Diane Reed, and Paula Ruane.

Scott Burford, Block Grant Coordinator, chaired the meeting and welcomed all. He stated that the purpose of the meeting was to provide an update on the status of the next fiscal year's Block Grant and to hear from the department directors what items they will be including in the upcoming plan.

Following self-introductions, Scott mentioned that guidelines for the plan were received last week by county officials. He pointed out that July 8, 2016 is the deadline for the submission of next year's plan and he asked the directors to adhere by that deadline.

HSDF update provided by Randie Yeager:

- Despite the delay in receiving Human Services Development Fund monies for the current fiscal year, it is anticipated that all contracts (Central Pennsylvania Food Bank, Capital Area Coalition on Homelessness, Christian Churches United, CONTACT Helpline, International Service Center, Shalom House) will be spend down by the fiscal year end of June 30[ff] In all likelihood, contracts for the next fiscal year with these organizations will be at similar levels. New planning guidelines are slightly different thank in the past.

- The Central Pennsylvania Food Bank contract has nearly expended its contract. This organization has served to date 1,090 unduplicated clients — its highest figure ever- at the Northern Dauphin Human Service Center Food Pantry. An additional food pantry will soon open in a church in Northern Dauphin.

- Meals on Wheels is currently serving one client. At one point, twelve clients were served. We don't anticipate this service level to markedly increase.

- During the next fiscal year, we will continue our efforts to offer Family Group Conferences (FGCs) to families that do not involve a child. The number of FGC referrals involving adults has dwindled over the past five or six years partially due to the availability of funding.

- A field trip to Pittsburgh will take place next week in order to determine if we can benefit from Allegheny County's integrated service system. Particular emphasis will be paid on learning how we can more effectively use data and communicate on a cross-systems basis.

Tim Whelan commented that the Aggregate Gross Income (AGI) levels of individuals using the United Way' s "Money In Your Pocket Campaign" at the Northern Dauphin Hurnan Service Center (NDHSC) was lower in 2015 than 2014. The AGI at the NDHSC was $14,360, the lowest of all sixteen campaign sites.

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Children and Youth update provided by Anmnarie Kaiser and Currin Haines-Yoder:

- The department is in the process of filling all positions. The director positions will soon be filled and caseworker vacancies are close to being filled.

- The department is looking at all programs and positions to ensure they are included in the upcoming Needs-Based Budget.

- Each program division is examining all active contracts to ensure that the right workers have been assigned to manage them.

- Sadie Kinnarney, the new Program Specialist/Educational Liaison, is moving forward with the Check & Connect program within Rowland School. All county school districts have been invited to a meeting in August regarding the issue of truancy. The Check & Connect program will be introduced at that time. The Central Dauphin School District is very receptive to Sadie making preventive referrals. She is also reaching out to the Magisterial District Judges in order to put a face to Children and Youth.

- The department is doing a better job tracking referrals to Samara House and is examining the issue of what constitutes a successful discharge.

- The Pride Program is a work-in-progress for foster care situations. Additional foster care families are being recruited. An examination is taking place in terms of understanding why kids are in Schaffner Youth Center and in foster care. A departmental goal is to further the usage of foster care as opposed to congregate care.

- A plan is in place to cover Multi Systemic Therapy (MST) cost overruns.

- Departmental spending at the end of the third quarter was 20% higher than at the same period last year as more children are being served.

Drug & Alcohol Services update provided by Cheryl Dondero:

- Two recently held town hall meetings took place and were very well attended.

- Two new Mobile Case Management Specialist positions were added to the department's personnel roster. Those hired will work in the community, particularly hospital emergency rooms in which patients have overdosed on heroin or other opioids. We are also partnering with Pinnacle Health on this project.
- The Central PA Addictions Conference will be held next week and is sold out as 280 will be in attendance.

- Penn State Harrisburg is partnering with Dauphin County on a new website covering all areas of the heroin and prescription drug epidemic. This collaboration is being fmanced through a

grant using Dauphin County gaming funds. Drug & Alcohol Services (D&A) will be working with the Pennsylvania Department of Drug and Alcohol Programs to use Medicaid expansion and matching county monies for detox expansion at Gaudenzia Common Ground.

- e Department hopes to purchase naloxone for county adult probation officers who have been trained how to carry and use the item.

- Recovery Housing Scholarships are available to Medical Assistance recipients using Health Choices reinvestment dollars to cover first two months' rent.

- Regarding the D&A budget, it is hoped that funding will be increased in order to improve capacity to combat heroin usage.

- Rocco Cambria asked if the department is tracking the success of drug freatment programs, and was told "yes". Tracking includes looking for reductions in the usage of the drugs of choice and identifying the various stages of drug treaünent. Hopefully, more and more people in recovery will eventually become Certified Recovery Specialists. The two new Mobile Case Managers will assist with these tracking efforts.

Mental Health/lntellectual Disabilities update provide by Dan Eisenhauer:

- Crisis hired two new full time staff on May 9th, but just experienced two recent resignations. They currently have three full time vacancies and one part time vacancy. It's a challenge to achieve full staffing levels.

- No expectation of any substantive changes in block grant Homeless Assistance Program block grant plan content or funding.

- Need to better coordinate with homeless shelters and transitional housing programs referrals to Rapid Re-Housing.

- Submitted grant to OMSHAS in which they would work with the PA Psychiatric Institute (PPI), and the CMU to help identify teens and young adults as prospective beneficiaries of an evidence based program targeted to persons experiencing a "First Episode Psychosis." The program includes psycho - education for the person and their family, blended case management, and evidence based supported employment. The grant is very competitive as there will only be six counties awarded a grant. If the grant is not awarded, the department will still work with PPI and would try to implement some portions of the evidence based model.

- According to a 2015/2016 local study on the Dauphin County prison population, providing mental health services alone does not result in a reduction of recidivism for persons with mental illness in the criminal justice system. The principal problem underlying recidivism is anti-social behavior. The department will attempt to incorporate into their block grant plan

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efforts to combine mental health services, and programs that may address anti-social behaviors that increase the risk of criminal recidivism.

- The Pennsylvania Department of Human Services/Office of Developmental Programs (ODP) is likely going to change eligibility for the current Waiver funded programs that are currently targeted towards people with an intellectual disability (D). Such changes could negatively impact ID base funds in the block grant.

- The ID program is focusing on employment and decreased usage of residential g•oup homes. Independent living with supports, and life sharing arrangements, usually have better outcomes including greater satisfaction for consumers than living in group homes.

- Nancy Thaler, the Deputy Secretary for ODP, is reviewing current procedures and is making many systemic changes to the ID system and doing so at a rapid pace. One change is implementing a planning method called "Life Courses". Nfl--I./ID will partner with other counties to apply to ODP to become a "learning collaborative" to implement Life Courses with the goal of engaging families and consumers to better plan for their futures including using informal supports and formal services.

- Currin Hayes-Yoder asked about the eligibility for Rapid Re-Housing and Dan responded by stating that the program follows HUD definitions of homelessness and HUD regulations. Darryl Reinford commented on the involvement of Christian Churches United.

- Rocco Cambria inquired about his desire to see about 30 staff become certified in customized employment, but that the training to become certified is not being funded. Dan said he would check with Shirley Keith-Knox about the availability of ID program funds for this cost.

- Scott Burford asked if Deputy Secretary Thaler has given any indication regarding funding for ID Block Grant funds, and Dan commented that her priority is to stabilize funding of the ODP waiver programs versus Block Grant funding.

Scott Burford commented that the County Commissioners are proud of the progress taking place in the Human Services Departments. He said the human services team has really stepped-up to meet community needs.

Mr. Burford pointed out that next year, we will have 100% flexibility in terms of using Block Grant funds.

Mr. Burford reiterated that our formal Block Grant Plan for FY 2016/2017 is due to the state by July 8, 2016. The plan will be presented to the commissioners prior to its state submittal.

Mr. Burford mentioned that progress has been made towards refining the Block Grant formula.

There were no comments from neither the Planning and Advisory Committee nor the public.

Mr. Burford thanked everyone for coming and encouraged all to call or write if they think of any questions.

All were wished a happy holiday weekend and the meeting was adjourned at approximately 11 :OOAM.

APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

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

■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.

■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	25		115,268			
Administrative Management	3,700		1,495,487			
Administrator's Office			944,959	3,041		2,000
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	28		216,700			
Community Residential Services	409		9,001,825		494,312	381,000
Community Services	2,100		342,142			5,000
Consumer-Driven Services						
Emergency Services	1,605		689,648	30,352		
Facility Based Vocational Rehabilitation	8		44,000			
Facility Based Mental Health Services						
Family Support Services	38		86,877			
Housing Support Services	253		1,366,718			
Mental Health Crisis Intervention	2,341		663,372	42,628		444,000
Other						
Outpatient	350		350,000			
Partial Hospitalization	38		173,326			
Peer Support Services	36		152,023			
Psychiatric Inpatient Hospitalization	10		100,000			
Psychiatric Rehabilitation	81		415,786			
Social Rehabilitation Services	196		757,903			
Target Case Management	823		929,989			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	12,041	17,846,023	17,846,023	76,021	494,312	832,000

APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,476,478		5,391	18,131
Case Management	250		225,000			
Community-Based Services	247		1,166,287			
Community Residential Services	26		799,341		176,992	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	523	3,667,106	3,667,106	0	182,383	18,131
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	80		167,219			
Case Management	1,368		100,887			
Rental Assistance	502		296,327			
Emergency Shelter	739		106,635			
Other Housing Supports						
Administration			32,206			
TOTAL HOMELESS ASSISTANCE SERVICES	2,689	703,274	703,274		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	311		375,140		10,700	
Promising Practice	448		713,537		20,585	
Alternatives to Truancy	200		379,507		10,778	
Housing	148		202,142		6,816	
TOTAL CWSG SERVICES	1107	1,670,326	1670326		48879	0

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	240		155,603	5,920		
Inpatient Hospital						
Inpatient Non-Hospital			238,397			
Medication Assisted Therapy	240		40,000			
Other Intervention			83,000			
Outpatient/Intensive Outpatient	750		75,000			
Partial Hospitalization						
Prevention						
Recovery Support Services	285		100,000			
TOTAL DRUG AND ALCOHOL SERVICES	1515	827,000	692,000	5,920	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	282		8,400			
Aging Services						
Children and Youth Services						
Generic Services	1,990		34,000			
Specialized Services	1,156		94,000			
Interagency Coordination			87,278			230,000
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3428	248,531	223,678		0	230000
7. COUNTY BLOCK GRANT ADMINISTRATION			159853			
GRAND TOTAL	21,303	24,962,260	24,962,260	81,941	725,574	1,080,131