

Appendix A
Fiscal Year 2016-2017

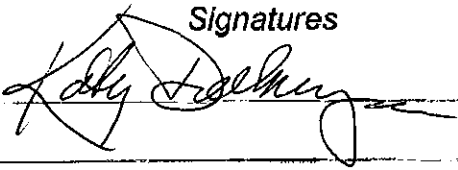
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Erie

- 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 Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Kathy Dahlkemper	Date: July 7, 2016
_____		Date: _____
_____		Date: _____

Appendix B County Human Services Plan Template

The County Human Services Plan is to be submitted using the Template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems;
2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;
3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. **For those counties participating in the County Human Services Block Grant**, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;
4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.
5. Representation from all counties if participants of a Local Collaborative Arrangement (LCA).

PART 1: COUNTY PLANNING PROCESS: Erie County Response

The organizational structure of the Erie County Department of Human Services (DHS) includes the offices of Mental Health/Intellectual Disabilities (MH/ID) including the HealthChoices program, Office of Children and Youth (OCY) including Child Care Information System (CCIS) and Edmund L. Thomas Secure Detention and Dependent Shelter (ELT), and Drug and Alcohol Abuse Services (D&A) as the Single County Authority (SCA). The implementation of the Human Services Block Grant in Pennsylvania has enabled Erie County to continue working towards the integration of services and administration within the department. Our goals have been to focus on creating efficiencies and better coordination of care for our clients and families.

Our administrative team is led by John DiMattio, Director of the Erie County Department of Human Services. He also serves at the Mental Health/Intellectual Disabilities Administrator, inclusive of the HealthChoices Program. The OCY Director, the SCA Director, the Chief of Juvenile Probation, the DHS

Finance Officer, the MH/ID Finance Officer, MH and ID Team Leaders serve as the administrative body for this Block Grant. This team has been in place since 2010 focusing on our goals of cross-system collaboration and integration.

Using the DHS Advisory Board structure that has been in place, the County seeks advice from clients, family members, advocates, service providers and community members on the planning and utilization of Block Grant funds. A joint meeting of the MH/ID, OCY, and D&A Advisory Boards was held on May 11, 2016. The HealthChoices Advisory Board and the Systems of Care Leadership Committee are also included in the planning process. These bodies, along with the administrative team, form the County Planning Team for the Block Grant.

Needs assessments are conducted according to the various categorical requirements. In planning for FY 2016-2017, the County has employed a variety of methods in order to assess human service's needs:

- Analysis of service utilization data for each of the areas of funding within the block grant, as well as trends and issues indicated by utilization data in related areas (e.g., HealthChoices.) This information will be discussed further in each categorical section.
- Client demographic data.
- Recommendations from the various advisory boards and committees.
- Public comments obtained through town hall-style meetings and public hearings for this purpose.
- Data developed as part of the OCYF Needs Based Plan.
- Erie County-specific demographic, economic and social statistics.

The Planning Team will utilize all of this information to formulate the Erie County Human Services Plan for FY 2016-2017.

Consumers and family members have shared their experiences and preferences for home and community based services. We will continue to offer services that are focused on a community based model that is least restrictive for the recipient. Based upon the feedback and input received, we plan to continue to utilize funding within each categorical. We do not plan any significant changes from the previous plan in funding or programming in FY 2016-2017.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

Please provide the following:

1. Proof of publication;
 - a. Actual newspaper ad
 - b. Date of publication

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS
COMBINATION EDITION

ERIE COUNTY HUMAN SERVICES
154 W 9TH ST
ERIE PA 16501-1303

REFERENCE: 111908 205510
Public Notice of Planning Meeting fo

STATE OF PENNSYLVANIA)
COUNTY OF ERIE) SS:

Tom Mezler, being duly sworn, deposes and says that: (1) he/she is a designated agent of the Times Publishing Company (TPC) to execute Proofs of Publication on behalf of the TPC; (2) the TPC, whose principal place of business is at 205 W. 12th Street, Erie, Pennsylvania, owns and publishes the Erie Times-News, established October 2, 2000, a daily newspaper of general circulation, and published at Erie, Erie County Pennsylvania; (3) the subject notice or advertisement, a true and correct copy of which is attached, was published in the regular edition(s) of said newspaper on the date(s) referred to below. Affiant further deposes that he/she is duly authorized by the TPC, owner and publisher of the Erie Times-News, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLISHED ON: 06/03/16, 06/10/16

TOTAL COST: \$277.60 AD SPACE: 33 Lines

FILED ON: 06/10/16

Public Notice of Planning Meeting
for the Pennsylvania Department
of Human Services
Consolidated Human Services
Block Grant FY 2016-2017
The Erie County Department of
Human Services will hold two
public meetings to gather input
regarding services for Fiscal Year
2016-2017. The meetings will
be held on Thursday, June 16,
2016 from 4:00 to 5:00 P.M. and
Thursday, June 23, 2016 from
10:00 A.M. to 11:00 A.M. in the
MH/ID Conference Room at the
Department of Human Services,
154 West 9th Street, Erie, PA.
The public is invited to attend to
provide input on the consolidated
planning for Mental Health Com-
munity Base Funded Services,
Behavioral Health Services Ini-
tiative, Intellectual Disabilities
Community Base Services, Child
Welfare Special Grants, Drug and
Alcohol Act 152 Funding, Home-
less Assistance Program Fund-
ing, and Human Services Devel-
opment Funds.
John A. DiMattio
DHS Director
MH/ID Administrator
(6-205510-NT-3-10)

Sworn to and subscribed before me this 13th day of June 2016

Affiant: Tom Mezler

NOTARY: Barbara J. Moore

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Barbara J. Moore, Notary Public
City of Erie, Erie County
My Commission Expires March 23, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS
COMBINATION EDITION

ERIE COUNTY HUMAN SERVICES
154 W 9TH ST
ERIE PA 16501-1303

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PUBLISHED ON: 06/03/16, 06/10/16

TOTAL COST: \$277.60 AD SPACE: 33 Lines

FILED ON: 06/10/16

Public Notice of Planning Meeting for the Pennsylvania Department of Human Services Consolidated Human Services Block Grant FY 2016-2017
The Erie County Department of Human Services will hold two public meetings to gather input regarding services for fiscal year 2016-2017. The meetings will be held on Thursday, June 16, 2016 from 4:00 to 5:00 PM, and Thursday, June 23, 2016 from 10:30 AM to 11:00 AM, in the MHHD Conference Room at the Department of Human Services, 164 West 5th Street, Erie, PA. The public is invited to attend to provide input on the consolidated planning for Mental Health Community Based Funded Services, Behavioral Health Services, Intellectual Disabilities Community Based Services, Child Welfare Special Grants, Drug and Alcohol Add 152 Funding, Homeless Assistance Program, Funding, and Human Services Development Funds.
John A. D'Alto
DHS Director
MHHD Administrator
(6-205510-NT-3-10)

Sworn to and subscribed before me this 13th day of June 2016

Affiant: [Signature]
NOTARY: [Signature]

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Barbara J. Moore, Notary Public
City of Erie, Erie County
My Commission Expires March 23, 2020
REVEREND FATHER JOHN J. MOORE, OF THE ORDER OF NOTARIES

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS
COMBINATION EDITION

ERIE COUNTY HUMAN SERVICES
154 W 9TH ST
ERIE PA 16501-1303

REFERENCE: 111908 205510
Public Notice of Planning Meeting fo

STATE OF PENNSYLVANIA)
COUNTY OF ERIE) SS:
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PUBLISHED ON: 06/03/16, 06/10/16

TOTAL COST: \$277.60 AD SPACE: 33 Lines

FILED ON: 06/10/16

Public Notice of Planning Meeting
for the Pennsylvania Department
of Human Services
Erie County Human Services
06/04/2016, FY 2016-2017.
The Erie County Department of
Human Services will hold two
public meetings to gather input
regarding services for Fiscal Year
2016-2017. The meetings will
be held on Tuesday, June 13,
2016 from 4:00 to 5:00 P.M. and
Thursday, June 23, 2016 from
10:00 A.M. to 11:00 A.M. in the
MRHO Conference Room at the
Department of Human Services,
167 West 10th Street, Erie, PA.
The public is invited to attend on
points include the consolidated
package for Mental Health Com-
munity Based Services, Disabil-
ity, Intellectual Disabilities,
Community Care Services, Child
Welfare Special Teams, Drug and
Alcohol Use, Family, and Ger-
iatric Assistance Program, Family
and Hunger Services Develop-
ment Funds.
John A. Dumas
LHS Director
MRHO Administrator
(814) 863-1010

Sworn to and subscribed before me this 13th day of June 2016

Affiant: [Signature]
NOTARY: [Signature]

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Barbara J. Moore, Notary Public
City of Erie, Erie County
My Commission Expires March 23, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

2. A summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing)

Sign In Sheet
Fiscal Year 2016-17 Erie County Human Services Block Grant Plan Meeting
June 16, 2016 - 4:00 P.M.
MH/ID Conference Room

<u>NAME (Please Print)</u>	<u>AGENCY</u>
Stephanie Smith	MHA
Helen Carter-Snell	CECME
David Gonzalez	St. Martin Center
JEFF SHAW	
Dave Sanner	DOA
Pat Tobey	DHS
Gregory A Loop	FSN/PA
Lana Rees	OCY/DAS
Cindy Vivera O'Leary	DHS
Dana Jernatt	DHS

Erie County Human Services Block Grant Public Hearing
June 16, 2016
Erie County Department of Human Services
Fourth Floor Conference Room

John DiMattio, Director of the Erie County Department of Human Services and Mental Health/ Intellectual Disabilities Administrator, opened the hearing at 4:06 P.M. He welcomed the attendees and thanked them for coming. Mr. DiMattio explained that this was the first of two public meetings that are required for counties participating in the Block Grant. Copies of slides from a Power Point presentation were distributed and introductions were made around the room.

Mr. DiMattio reviewed the Power Point presentation, which began with a breakdown of the seven categoricals that are funded through the Block Grant. Mr. DiMattio explained that the funding for each has not changed since Erie County's participation in the Block Grant. Erie was one of the first ten counties chosen to participate and we will be entering our fifth year. Thirty counties in Pennsylvania participate in the Block Grant.

Erie County's Block Grant is a little over \$22.5 million dollars which is estimated as this is based on last year's dollars as there has not been a budget passed as of yet. The majority of those funds are used for Mental Health Base services, for individuals not covered by Health Choices/ Medicaid. Mr. DiMattio briefly reviewed each of the categoricals and their funding amounts. He explained that Erie County has kept the funds within the same categoricals each year, although in this year we will have the flexibility to move up to 100% of the total within the different categories.

Mr. DiMattio explained that the Block Grant has allowed for enhancements to programs such as Autism camps, housing services and substance abuse services. The Block Grant has allowed for additional shelter nights to be purchased during inclement winter weather and provide shelter supportive services with additional needs such as beds, linens etc.

In the current version of the proposed state FY 2016-17 Budget, a partial restoration of lost funding would be restored. If the funding is restored, it could allow for additional needs to be met. Mr. DiMattio explained that the purpose of this hearing was to ask for input from consumers and providers regarding needs of the community. Mr. DiMattio provided an overview to the iDashboards program that DHS is using to study data and identify where there might be needs to utilize available funds.

Representatives from service provider agencies suggested a number of possible holes in continuum of services. The possibility of utilizing Base Funds to provide Independent Living programs for individuals with MH only diagnosis was discussed. The need for additional services for the elderly poor population was offered as was the need for additional resources for housing, shelter and housing permanency including a bridge program to subsidized housing.

Lana Rees offered that OCY is behind in technology and there are limited funding opportunities available to directly address this shortcoming. Upgrades to the OCY technology capabilities will allow the ability to facilitate data between cross systems and better serve clients by avoiding duplication of services. Another service provider

added that co-ordination of services is necessary and only possible with up to date technology. Multiple service providers spoke regarding the need for additional violence prevention programs.

Mr. DiMattio concluded the hearing by explaining that the hearing is a good opportunity to hear from the public, consumers and providers to learn their prospective of the community's needs. He stated that any additional comments can be forwarded directly to him through July 1st. He thanked everyone for attending.

The second Block Grant Public hearing will be held on Thursday June 23rd at 10 A.M. in the Erie County Department of Human Services conference room.

Sign In Sheet
 Fiscal Year 2016-17 Erie County Human Services Block Grant Plan Meeting
 June 23, 2016 - 10:00 A.M.
 MH/D Conference Room

Signature	Print Name	Contact Info
Bev Keep	Bev Keep	Bev. keep @ EHOA.ORG
Tina Ferraro	Tina Ferraro	Tina.ferraro@ehca.org
Laura Rees	Laura Rees	L.Rees@msu.com
R. Klonicki	Rou Klonicki	rklonicki@eriecountypa.gov
Pam Baker	Pam Baker	Pam.baker@nationalinstitute.org
Christine Konzel	Christine Konzel	ckonzel@mch1.org
Cindy Viveralli	Cindy Viveralli	cviveralli@eracofpa.org
James M. Froncek	JAMES M. FRONCEK	JMFRONCEK@GMAIL.COM
Beverly E. Froncek	Beverly E. Froncek	BEFroncek@roadrunner.com
CAROL MORSE	CAROL MORSE	498 8228
DAVID JENNERAT	DAVID JENNERAT	djennerat@eriecounty pa.gov gov.pa

Erie County Human Services Block Grant Public Hearing
June 23, 2016
Erie County Department of Human Services
Fourth Floor Conference Room

Lana Rees, Executive Director of the Erie County Office of Children & Youth opened the hearing at 10:00 A.M. She welcomed the attendees and thanked them for coming. Copies of a Power Point presentation were distributed and introductions were made around the room.

Public Comments:

The mother of an 18 year old young man introduced herself and spoke about how base funds available through the block grant have assisted her family. She and her husband adopted their son from the Children & Youth system when he was five years old. Her son suffers from many significant medical conditions and requires 24 hour care. She gave a detailed description of what their life is like caring for their medically fragile son. He has Cerebral Palsy, seizure disorder, mental retardation and has a central line, tracheotomy, and ileostomy. He requires five IV medications each day. It takes 3 hours each evening, between 5:00 P.M. and 8:00 P.M., to give him all of his medications and hook up the equipment he needs. They are not able to manage everything on their own and are grateful for the funds available through the Block Grant that allow them to pay for nursing, home help, supplies not covered by Medical Assistance, and transportation to his many out of town medical appointments. The mother stated that she is desperate for more assistance. Some of her son's daily medical needs can only be performed by her, her husband, or a Registered Nurse. Currently, they have assistance during the day from an LPN, but only receive assistance from an R.N. overnight. She stated that additional funding that would allow for Registered Nursing care earlier in the evening, would greatly improve their situation.

Block Grant Funds provided through the Family Support Program have given the family of a 32 year old autistic man the opportunity to participate in the community. The man's mother and father spoke of the struggles they faced raising their son but were proud to say that although he still has obstacles, he is now living on his own and seeking employment. The Family Support Program funds are limited, but have given this man the ability to make choices about activities he is interested in. His parents stated that he has used the funds to purchase a ham radio, zoo memberships, and attend races and other events in the community. They stated that prior to having these opportunities; their son was isolated and stayed home most of the time. The ability to make choices about activities he is interested in has opened up a whole new world for him, and has helped him be out in the public. His parents stated how grateful they are for this program. They also spoke about continued frustrations he faces with medical insurance denials and with employment opportunities.

DHS Presentation:

Lana reviewed the Power Point presentation which explained the funding sources included in the \$22,567,752 Block Grant. The amounts allocated to each categorical, along with the programs and services provided by the funding was outlined. Lana explained that Erie County is in the fifth year of participation of the Block Grant and gave examples of how the flexibility has allowed Erie County to provide for services such as summer camps for autistic children and expanded opportunities for youth enrolled in the Erie County Independent Living Program who are aging out of foster care.

Lana then explained to the group that Erie County has been focusing on increasing interoperability between the human services categoricals. We are increasing data collection efforts across systems to avoid duplication, target services and improve outcomes for our consumers. We have been holding joint meetings with our providers, and with our advisory boards. We also are exploring ways to improve data collection and receive information from outside sources. Provider representatives indicated that they have appreciated the opportunities to learn about and collaborate with other agencies that offer services within the county.

Provider Comments:

A representative from a provider agency mentioned that Block Grant funding has allowed for Participant Directed Services, home adaptations for physically challenged consumers and transportation when funds are available.

One provider representative spoke about possible gaps in services for children ages birth to three years old who are not involved in the Children & Youth system. The provider inquired about the possibility of funding more preventative programs to provide support for at risk families in order to avoid involvement with child protective services in the future. The provider also spoke about the need for more transitional living programs for mothers who are being released from prison at the time of delivery. DHS staff offered suggestions. A meeting between the provider and DHS staff from Mental Health, Intellectual Disabilities, and Children & Youth to identify gaps and discuss solutions was suggested and will be scheduled in the near future.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of both counties.

PART III: MINIMUM EXPENDITURE LEVEL
(Applicable only to Block Grant Counties)

For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

a) Program Highlights:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.

Mental Health Blended Case Management Quality Review and Monitoring – Mental Health Team staff participated with Community Care Behavioral Health Quality Assurance staff and conducted quality reviews of each of the seven BCM programs in Erie County. Conversely, MH Team staff conducted monitoring of MH Base funded BCM operations at the same seven providers. Deficiencies were noted in crisis planning, service plans for closing cases, developing informal support systems, and familiarity with local community support resources. All providers submitted correction plans noting these deficiencies and improvements will be monitored. Most providers evidenced immediate positive response to the monitoring and reviews.

Independent Living Program/Transitional Services for Older Youth – System of Care expansion funds were dedicated to contracting for transitional support and ILP services from two local providers. These services targeted older teens with Serious Mental Illness transitioning to the adult system. Additional funds have been requested in a SOC grant application submitted to SAMHSA in conjunction with Luzerne County.

Integration with Intellectual Disabilities – The MH Team staff have joined efforts with ID Team staff to work with a particular teenager with Autistic Spectrum Disorder/ID/SMI who has been in an MH Residential Treatment Facility level of care for six years. The teams partnered to work with two local ID providers, his family, MH Care Managers, and ID Support Coordinators to design a local residential care plan that will promote interface with family and transition to adulthood.

Long Term Structured Residential Services – In August, Stairways Behavioral Health opened a 14 bed LTSR, primarily to serve individuals from Warren State Hospital and the two local Inpatient facilities. The LTSR staff team struggled with issues of client age mix, complex medical conditions, and substance addictions, however coordinated regular meetings of staff from the provider, local MH Base Service Unit, WSH, Community Care Behavioral Health, and this office have promoted excellent lines of communication and an improved referral and discharge process. The number of unplanned discharges has decreased significantly, and residents are moving toward more independent levels of care upon discharge. The mix of services is being reconsidered at this time.

Mobile App – MH Team Staff have worked with a local consultant to develop an app that is suitable for Android and IOS devices in order that front-line staff have immediate access to the complete array of Human Services funded services available to assist individuals and families. The app has a search feature

that encompasses twelve domains of needs such as homelessness/housing, food, counseling, transportation, parenting classes, etc. The users will include not only BCMs, Mobile Medication Management, and ACT, but it will also be made available, at minimum, to Child Welfare, Juvenile Probation, Supports Coordinators, and Drug & Alcohol Case Managers.

Community and School Based Behavioral Health Services – The MH Team, in conjunction with CCBH, have had initial discussions with two rural and one urban school district (Corry, Union City, and City of Erie) to share information about the success of the CSBHS that CCBH has established throughout the network. Each school district is supportive with a partnership to identify a provider to deliver this school based comprehensive Mental Health support service, starting as early as January, 2017. The next step is to establish a team including staff from the school, family/consumer representation, CCBH, and the County.

Consolidated Community Reporting Initiative (CCRI) – In order to revalidate the enrollment of all providers, the MH Team have worked in conjunction with all providers and the OMHSAS CCRI team via monthly conference calls. Erie County has made marked progress toward building the County-wide data infrastructure necessary to report consumer-level service utilization and outcome information on persons receiving County Base-funded Mental Health services.

Barber National Institute Outpatient Program – Recently, BNI expanded their Outpatient services to an urban-centrally located site. Service delivery will have an expertise with individuals managing ASD, mental illness, and dual mental illness/intellectual disabilities.

Certified Community Behavioral Health Clinic (CCBHC) – Safe Harbor Behavioral Health, an affiliate of UPMC Hamot, is one of the thirteen selected clinics across the Commonwealth participating in the OMHSAS needs assessment and readiness review process (staffing, accessibility of services, care coordination, scope of services, quality measurement and reporting, and governance) in preparation for on-site reviews in June or July, 2016. If awarded status as a CCBHC, Safe Harbor will provide for whole-person and coordinated care in order to address current fee-for-service and fragmented deficiencies. Safe Harbor will add Drug and Alcohol services and Psychiatric Rehabilitation services.

First Episode Psychosis (FEP) – In October, 2015, Safe Harbor Behavioral Health commenced delivery of a First Episode Psychosis project that is funded by a 21-month grant from OMHSAS, targeting 50 individuals between the ages of 15 and 35 who are managing the effects of psychosis for the first time. This project adds a supported education and employment specialist, specially trained therapists, BCM, and Outpatient psychiatric services in a team-delivered fashion. Safe Harbor Behavioral Health has also been approved to receive additional OMHSAS funds that will permit expansion of the FEP service culture to the entire 200-person staff at the agency, improved outcomes, dissemination of public relations and training.

System of Care (SOC) Grant – Erie County partnered with Luzerne County (the lead county and applicant) for a SAMHSA grant opportunity to expand the county's System of Care initiative in three foci: 1) Transitional services for older teens/young adults; 2) First Episode Psychosis to serve complex

older teens/young adults with longer-term SMI needs in an FEP team model; and 3) Trauma focused care which will lead to establishing two pilot school districts where a four-week curriculum will be available for school students, educating them about mental illness, trauma, stigma, and recovery, culminated by an opportunity for each student to depict what he/she learned/insight in his/her preferred art/media form.

302 Curriculum Training – MH Team (including the Department Medical Director) staff have partnered with Safe Harbor Behavioral Health’s Crisis Services staff and staff from each inpatient facility to develop a training curriculum for primarily emergency department staff who have first encounter with individuals subject to a 302 warrant for involuntary transportation and examination. The curriculum has been developed with input from the hospitals’ Safety Director, Inpatient Nursing Director, and Risk Management attorney. Training will occur in September and October, 2016, with a follow-up Q&A session one month post-training. It is likely Hamot UPMC trauma center will be a third site for training.

Consumer/Family Satisfaction Team (C/FST) Retool – MH Team staff and Mental Health Association C/FST lead staff visited the C/FST in Allegheny County in order to determine how to best retool the existing program in Erie County. Subsequent goals for this “retool” include enhanced and improved partnering with Community Care Behavioral Health, improved surveying of children/youth/families, a more reasonable goal for number of surveyed individuals, survey modifications, and increased incidence of face-to-face interviews at providers. January 2017 is the target date for implementing necessary improvements.

b) Strengths and Needs:

Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:

- **Older Adults (ages 60 and above)**
 - Strengths: An array of supportive services exists through collaboration with the local Area Agency on Aging (AAA), Erie County Care Management (ECCM) and St. Vincent Hospital. The local AAA offers a variety of services to the senior population as outlined below. Erie County Care Management employs an Administrative Case Manager specializing in geriatric mental health. St. Vincent Hospital has a 10-bed short-term/acute care Geriatric Behavioral Services unit staffed 24/7 by a professional team of associates who specialize in caring for the geriatric population. Access to these sites is aided by transportation services purchased from the LIFT/ MATP. The Erie County Department of Human Services purchases transportation services for Foster Grandparents and congregate meals for senior citizens.
 - Needs: Additional funds and services to support increased life expectancies and aging populations.

The Area Agency on Aging offers an Information and Referral service which serves as an entry point for AAA services, information and community linkages. Additional services include: Pre-Admission Assessments, Care Management, Domiciliary Care, Family Caregiver Support Program, Farmer’s Market Nutrition Program, Meals on Wheels, Home PLUS Project and the Aging Waiver Program. Services with

a focus on protection and advocacy include: Older Adult Protective services, Ombudsman and Senior Advocate. Services which foster seniors to remain active and involved in their community include: Foster Grandparent Program, Senior Community Service Employment Program (SCSEP), Retired and Senior Volunteer Program and the Senior Center Services.

As the population continues to age and life expectancy increases, additional services will be needed and, therefore, additional funds will be required to address these concerns.

- **Adults (ages 18 and above)**
 - Strengths: Expansion of services to consumers to include a new Outpatient Clinic, First Episode Psychosis Program, Tele-psychiatry to include two providers, one of which is in the Erie County Prison. Two additional providers have also expressed an interest in Tele-psychiatry. Expansion of Mobile Medication to a rural provider, continued refinement of the Long Term Structured Residential Facility. The National Alliance on Mental Illness (NAMI) of Erie County offers a 12 week course which helps family members and caregivers, whose loved ones are facing the challenges of a mental illness. Family-to-Family provides education about mental illness, understanding the mental health system and self-care for the family member.
 - Needs: Continued development of the First Episode Psychosis Early Onset Recovery Program and Certified Community Behavioral Health Clinic.

The largest portion of Mental Health funds is spent on Outpatient Clinic services. In 2016, a new Outpatient Clinic opened which provides mental health services and medication management for children, adults and families. Safe Harbor has been operating a First Episode Psychosis Program since October 20, 2015. In April, Erie County applied for the Community Health Block Grant for First Episode Psychosis to help sustain and further the goals of the Safe Harbor FEP program. Safe Harbor has also been selected as a candidate for a Certified Community Behavioral Health Clinic (CCBHC).

For individuals with more complex needs, additional supports are available including Residential supports (Residential Treatment Facility for Adults, Enhanced Personal Care Homes, Integrated Personal Care Homes), a Long Term Structured Residential (LTSR) facility with a capacity for 14 persons, Administrative Case Management (ACM), Assertive Community Treatment (ACT) team, Representative Payee services, Peer Support, Crisis services, Crisis Residential Unit, Psychosocial Rehabilitation, Mobile Psych Rehabilitation, Mobile Medication, Family Based services, Emergency services, Drop-in Centers, Housing Supports, and Partial Hospitalization. Many of these services are utilized to divert or facilitate discharge from the State hospital setting, Residential Treatment Facilities, incarceration, and inpatient units.

- **Transition-age Youth (ages 18-26)**
 - Strengths: Programs such as Mobile Psych Rehabilitation, Peer Support Services, and Blended Case Management specializing in transition aged youth.
 - Needs: Continued development of the First Episode Psychosis Early Onset Recovery Program and continued collaborative efforts through the System of Care Erie County Leadership Team.

Mobile Psych Rehabilitation, Blended Case Management (BCM), Peer Support services and the Early Onset Recovery Program are also available for transitioning youth. Erie County has youth and family

representatives on the System of Care (SOC) Erie County Leadership Team (CLT) and the Erie County HealthChoices Advisory Committee (HAC). Developing a stronger system of care for transition-age youth is a primary agenda for the Erie County HAC and the CLT.

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
 - Strengths: Parent Child Interaction Therapy (PCIT) at four outpatient providers. Student Assistance Program (SAP) within the schools. The ongoing review and revision to Behavioral Health Rehabilitation Services to ensure timely provision of quality services to children.
 - Needs: Continued systems collaboration through the System of Care Erie County Leadership Team. The development of the Practice-Based evidence Community and School Based Behavioral Health Team model in three area schools. The expansion of Systems of Care to provide a Trauma curriculum for a local school, Independent Living Services for Mental Health only youth and MH services within the Early Onset Recovery Program. Psychiatric Rehabilitation Services has been identified as a need for youth in Erie County.

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**
 - Strengths: Resources through ACT and the Long Term Structured Residential and ongoing consistent cross collaboration with the local and State hospitals to assist with diversion, consumer care and discharge planning.
 - Needs: Continued support and collaboration with the Long Term Structured Residential Facility to ensure programming meets the needs of the residents due to complex medical conditions, etc.

For individuals transitioning out of State Hospitals, in Fiscal Year 2014-15, 20 individuals were discharged. The LTSR is continuously reviewing their current program to ensure that the residents' needs are being identified, addressed and met. They have accepted several residents with serious medical conditions which impacts their ability to participate in programming. The ACT team is also utilized for this population. ACM's and High Risk Care Managers are at the local inpatient units every week to assist with diversions and stabilization. In FYE 2016, monthly Hospital Liaison meetings between the local hospitals, Erie County MH/ID, Erie County Care Management (ECCM) and Community Care Behavioral Health (CCBH) have been occurring to address readmission rates, discharge planning, inpatient consumer care, safety and agency collaboration. Collaboration is also occurring between Erie County MH/ID, the local hospitals and Crisis Services to develop a training curriculum on the Mental Health Act and the 302 process. This training will be scheduled with both hospitals to include all levels of staff in the Emergency Departments and the Inpatient Units.

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

- Strengths: Specialized Blended Case Management services for consumers with co-occurring disabilities and ongoing, consistent cross collaboration for planning delivery of services for this target population. Make It A Home Always (MIHA), is a HUD funded program to help secure housing for individuals diagnosed with mental illness, have a substance use history and/or have been in the criminal justice system. Mental Health training curriculum developed by Erie County and Crisis Services to be used in educating all levels of professionals and staff at both Inpatient Psychiatric Hospitals.
- Needs: We continue to need Recovery Peer Specialists and are working toward utilizing Certified Recovery Specialists with two agencies.

The Erie County Office of Drug & Alcohol Abuse assures services for all population groups including Co-Occurring Mental Health/Substance Abuse. They have and will maintain contracts with Outpatient and Inpatient providers that offer mental health and substance abuse services. Additionally, Erie County D&A contracts with a local provider of Acute Partial services which provides additional psychiatric support.

Regarding persons with Co-Occurring MH/Substance Abuse, MH Administrative Case Managers are co-located at Erie County Care Management (ECCM) with Supports Coordinators for persons with Intellectual Disabilities for purposes of partnering and planning for the delivery of services for persons with ID and MH. Monthly meetings involving staff from the Health Choices MCO, as well as the Offices of Drug and Alcohol Abuse and MH/ID are convened to assure progressive delivery of services for persons with co-occurring mental illness and Substance Abuse problems. One provider of BCM specializes in working with consumers who are often managing significant histories of substance abuse, which may have influenced their involvement with criminal justice.

- **Justice-involved individuals**

- Strengths: Various programs and services serving this population including Community Reintegration of Offenders with Mental Illness and Substance Abuse, Supportive Transitional Extension Program, Mental Health services in the Erie County Prison, Forensic Outpatient Clinic, Forensic Specialists through ACM Program and the Erie County Re-entry Supports and Services Alliance. Make It A Home Always (MIHA), is a HUD funded program to help secure housing for individuals diagnosed with mental illness, have a substance use history and/or have been in the criminal justice system. Continued collaboration occurs among all systems that provide services to this population. Crisis Services provides Mental Health training to all new police officers. The curriculum includes the MH Procedures Act, MH diagnosis, and MH programs within Erie County.
- Needs: Continued focus on successful community re-entry and increased safe, affordable housing and employment and opportunities for this target population.

Erie County Office of Drug & Alcohol Abuse has an array of services and linkages for the Criminal Justice-Involved co-occurring individual. They have relationships with the adult and juvenile probation offices as well as State Parole. Services to criminal justice involved individuals include: Stairways Forensic, CROMISA Project, case management, screening and assessment in prison, and Specialty Courts including Treatment and Veterans Court.

Erie has a variety of programs to address the needs of justice involved persons. ACM Forensic specialists monitor individuals who are currently incarcerated and assist in discharge planning and implementation. Outpatient services and medications are funded in the prison setting and upon discharge the same provider offers a Forensic Outpatient clinic with services and supports tailored to these individuals needs and to assist with reintegration. Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA) services assist in the transition of dually diagnosed parolees from the State Correctional system. Likewise, the STEP (Supportive Transitional Extension Program) provides transitional housing and support to CROMISA clients leaving the criminal justice system and also seeking treatment for substance abuse. Forensic Certified Peer Specialists assist individuals with mental illness and/or co-occurring substance use disorders who are navigating the criminal justice system. One BCM provider specializes in services to consumers who are often managing serious mental illness which may have influenced their involvement with the prison system, parole and probation. In June 2015, the Erie County Criminal Justice Administrative Board (CJAB) sponsored a second Cross-System mapping workshop focusing on persons with mental illness. The workshop has spawned task forces aimed at enhancing communication between the various arms of criminal justice including police, the Courts and human services. The Erie County Re-entry Supports and Services Alliance focuses on planning for a network of services and assistance to help persons exiting the prison system, many who are managing Mental Illness. These inter-agency collaborative efforts aim to reduce prison recidivism and promote successful community re-entry.

- **Veterans:**

- **Strengths:** Erie County mental health and homeless systems of care enjoys proactive and continuous communication with and regarding Veterans both through its own programming and through its relationship with the Erie VA Medical Center (EVAMC). Boots on Ground is a program dedicated to helping Veterans and their families struggling with Post Traumatic Stress Disorder by linking them to services, offering education, training in suicide prevention and providing peer support. The National Alliance on Mental Illness (NAMI) of Erie County offers a 12 week course to help family members and caregivers, whose loved ones are facing the challenges of a mental illness. A portion of the curriculum is dedicated to persons suffering from Post-Traumatic Stress Disorder (PTSD).
- **Needs:** Erie County may designate a liaison to EVAMC Behavioral Health Clinic for greater continuity and better understanding of how to sustain this effort.

Erie County continues to partner with the Erie VA Medical Center (EVAMC) as outlined below:

1. In 2016 the Veteran homeless population was captured in the Single Point in Time (SPIT) Homeless Count. Additionally, the county's Mental Health Specialist on Homelessness maintains contact with the EVAMC's Homeless Care Team through the Home Team (a local homeless collaborative) and through the Homeless Monitoring Information System (HMIS).
2. The county mental health office - in conjunction with its Director of Human Services, Senior Program Supervisor, Director of Children and Youth and Liaison, Public Defender, District Attorney, Adult Probation and Liaisons as well as its partner, Erie County Care Management (ECCM) - have worked collaboratively, supportively and directly with the EVAMC's Veterans Justice Outreach Coordinator and the Erie County Court of Common Pleas to launch the Erie County Veterans Treatment Court in January 2015. The Director of Human Services continues to

monitor the needs of the Veteran participants of the court and has availed the county office and ECCM resources to those needs.

3. Erie County Care Management is focusing efforts to identify Veterans who are eligible for services through EVAMC Behavioral Health's continuum of programming so that services provided through EVAMC are not duplicated, services not provided by EVAMC can be offered to eligible consumers, and county dollars used effectively and appropriately. Erie County may designate a liaison to EVAMC Behavioral Health Clinic for greater continuity and better understanding of how to sustain this effort.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - Strengths: PERSAD Center provides local training, outreach and consultation opportunities to help mental health providers obtain and sustain a basic understanding of sexual orientation and gender differences.
 - Needs: Value would be added by PERSAD increasing their training audience to include Education, Probation, Intellectual Disabilities, etc.

Erie County continues to support PERSAD Center in their mission to improve the well-being of the LGBTQ (lesbian, gay bisexual, transgender, queer and questioning) communities, and the HIV/AIDS communities.

- **Racial/Ethnic/Linguistic minorities**
 - Strengths: Erie County continues to collaborate with the Multi-Cultural Resource Center and Catholic Charities for Cultural Competency trainings. Logistics Plus is a contracted service that provides extensive language interpretation for consumers requiring interpretive services.
 - Needs: Continue to work with CCBH, ECCM and providers to identify and address barriers in serving these populations.

Erie County is one of the major refugee resettlements locations and as such encounters substantial waves of diverse ethnic refugee groups. These populations have unique needs and often significant behavioral health issues due to their circumstances and cultural differences. Continued efforts will be made to address barriers to timely and quality service provision.

- **Other, if any (please specify)**
 - Strengths: Multiple collaborative committees, including the Home Team and a special unit of Administrative Case Management working with this population and funds approved for supported and bridge housing.
 - Needs: Homelessness continues to be a priority in Erie County with efforts focused on increased engagement and obtaining long-term permanent housing options.

c) Recovery-Oriented Systems Transformation:

Based on the strengths and needs reported above, identify the top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017. For **each** transformation priority, provide:

- A brief narrative description of the priority
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

Priority 1: Recovery Oriented Youth Transition to Adulthood

By 9/30/2016, the managed care organization (CCBH) in conjunction with the County will obtain a waiver from OMHSAS for the Stairways Psychiatric Rehabilitation Services Program to provide services to 15 to 18 year old youth in order that they have improved preparation for transitioning to the adult system of MH services and care.

HC expenses for increased PSR will increase 5% and an additional 5% demand will be placed upon Base funded revenue for PSR.

The MH Program Specialist staff person assigned to SOC initiatives will monitor the success of youth benefiting from PSR for youth ages 15 to 18.

Priority 2: Recovery Oriented Supported Employment and Education

Safe Harbor Behavioral Health commenced the First Episode of Psychosis Program in October, 2015 targeting 15 to 35 year old consumers. The supported and employment and Education specialist is a full time member of the FEP team. In September 2016 Erie County anticipates receipt of a 4 year SOC SAMHSA grant that would target long term youth and young adults who can benefit from FEP team including the SEE services. SEE services improve and enhance recovery.

The SAMHSA grant has \$40,000/yr. budgeted to purchase FEP team services including SEE assistance.

The MH Program Specialist staff person assigned to SOC initiatives will monitor the success of youth benefiting from FEP/SEE services for youth ages 15 to 18.

Priority 3: Recovery Oriented Supported Housing

July 1, 2016 Erie County MH/ID will purchase supported housing services from Stairways Homestead Program for 12 additional consumers on any given day. The program now serves 4 consumers per day. The program gives community based assistance to individuals exiting the SBH Enhanced Personal Care Home. The persons remain in need of nursing, and related support services to promote their recovery and independence in the community.

Approximately \$150,000 of base funds will be added to the current Homestead Program budget effective 7/1/16.

The success of the increased Homestead capacity will be tracked and monitored by Program Specialists assigned to Housing/Homelessness and Adult MH services.

Priority 4: Certified Community Behavioral Health Clinic

Safe Harbor has been identified as a candidate for designation as a CCBHC in FYE 2017. As such, a consumer participating in the level of this community based treatment will have access to both physical and behavioral health care as administered by one agency, Safe Harbor. Consumers will be served with coordinated PH/BH care – consumers’ PH needs are affected by their level of recovery.

This is a cost neutral initiative as relates to the County MH Base funds.

Administrative staff from SH have maintained contact and partnership with the County office throughout the planning process, particularly as a Drug and Alcohol component and PSR component need established at SH per the CCBHC requirements.

Priority 5: First Episode Psychosis

On behalf of SH, the County applied for FEP funds to sustain the agency’s initial 21 month FEP grant. It appears the grant will be funded during FYE 2017. This grant will permit SH to expand the FEP model of care to their entire 170 full time employees. The FEP model of care and Navigate service delivery model recognizes the importance of recovery.

\$280,000 grant was requested and will be added to the current OP FEP program at SH over a two year period.

The grant includes specific outcomes and progress markers related to symptom improvement and increased overall functioning. For individuals admitted to the FEP program – anticipated length of care in this specialized program is 15 months followed by transition to the traditional OP model of care and treatment.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	100	TMACT and DACTS	Agency, county and MCO staff	Annually	N	Y	
Supportive Housing	Y	106	In-house and HUD	Agency staff	Monthly, quarterly and annually	N	Y	
Supported Employment	N							
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	25	In-house through Mercyhurst University and Erie County Office of D&A	Agency staff	Quarterly and annually	N	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	5-10	In-house and CCBH standards	Agency and MCO staff	Quarterly	N	Y	

Multisystemic Therapy	Y	16	MST Institute	Agency staff/therapists	Weekly, quarterly, and upon discharge (5-7 months)	N	Y	
Functional Family Therapy	Y	55	FFT outcome measures (youth, self, parents, family, client, peer), pre/post questionnaire	Agency staff/therapists	Pre and post therapy (22 weeks)	N	Y	
Family Psycho-Education	N							

*Please include both county and Medicaid/HealthChoices funded services.

To access SAMHSA's EBP toolkits:

<http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs>

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	4,100 / yr.	Mental Health Association operates the Consumer and Family Satisfaction Team (C/FST).
Family Satisfaction Team	Yes	See above.	
Compeer	No		
Fairweather Lodge	Yes	60	
MA Funded Certified Peer Specialist	Yes	40 / yr.	CPS is operated at Stairways, Safe Harbor, and Mental Health Association.
Other Funded Certified Peer Specialist	Yes	15 / yr.	Base funds support the operations above.

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Dialectical Behavioral Therapy	Yes	50 / yr.	DBT is provided at Corry Counseling, Stairways, and Safe Harbor.
Mobile Services/In Home Meds	Yes	500 / yr.	Mobile Medications is provided at Corry Counseling, Lakeshore Community Services, and Stairways.
Wellness Recovery Action Plan (WRAP)	Yes	40 / yr.	WRAP is provided at Mental Health Association.
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	370 / yr.	PRS is provided at Stairways.
Self-Directed Care	No		
Supported Education	Yes	30 / yr.	Supported Education is provided at Safe Harbor as a component of the First Episode of Psychosis (FEP) Grant initiative.
Treatment of Depression in Older Adults	Yes	Projected 900 / yr.	In FYE 2016, 1,195 patients over age 60 received OP services at 4 clinics.
Consumer Operated Services	Yes	889 / yr.	889 consumers will be served at Mental Health Association's Consumer Center in FYE 2017.
Parent Child Interaction Therapy	Yes	45 / yr.	PCIT is available at Barber National Institute, Sarah A. Reed Children's Center, Achievement Center, and Safe Harbor.
Sanctuary	Yes	786 / yr.	786 children and youth benefitted from the Sanctuary model of care practiced at Harborcreek Youth Services, Perseus House, and Sarah A. Reed Children's Center.
Trauma Focused Cognitive Behavioral Therapy	Yes	120 / yr.	Family Services, Achievement Center, Affinity Family Support Services, Barber National Institute, Sarah A. Reed Children's Center
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	50 / yr.	Harborcreek Youth Services, Affinity Family Support Services
Other (Specify)			

*Please include both County and Medicaid/HealthChoices funded services.

Reference: Please see SAMHSA’s National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

<http://www.nrepp.samhsa.gov/AllPrograms.aspx>

INTELLECTUAL DISABILITY SERVICES

ODP in partnership with the county programs is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals’ team.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

**Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17</i>	<i>Percent of total Individuals Served</i>
Supported Employment	15	1%	12	1%
Pre-Vocational	7	<1%	5	<1%
Adult Training Facility	11	1%	9	1
Base Funded Supports Coordination	739	43 %	739	43%
Residential (6400)/unlicensed	9	1%	11	1%

Life sharing (6500)/unlicensed	1	1%	1	<1%
PDS/AWC	18	1%	12	1%
PDS/VF	4	<1%	4	<1%
Family Driven Family Support Services	930	54%	862	52%

The Erie County MH/ID Office offers the full array of Base-funded services detailed in “Developmental Programs Bulletin 00-12-05, Individual Supports Plan (ISPs), Manual for Individuals with Intellectual Disabilities.” Table 1 details the projected number of people to be service in FY 16-17.

Generally, these funds serve as a starting point for eligible persons who have no services at all. Funds purchase a small amount of service for a large number of people so as to not to create a situation of the haves and have nots. Typically, services are community based; allowing the consumer to integrate into the community and provide some care giving relief. Service delivery is based upon consumer selection of provider(s). As soon as funds are available services are authorized and people being services almost immediately. As capacity becomes available persons are enrolled in the Consolidated or Person/Family Directed Supports Waivers. These fund sources generally enable persons to receive additional units of service or more types of services. Currently, the County Program Office has capacity to service 619 people through the Consolidated Waiver and 415 people through the Person Family Directed Supports Waiver. Regardless of fund source decisions to authorize services for people is based upon the ODP waiting list tool, Prioritization of Urgency of Need (PUNS).

All Persons Waiting for Service (Fiscal Year Comparison)			
	FYE		
	2014	2015	2016
Emergency Need	185	246	241
Critical Need	319	262	272
Total	504	508	513

Table 2

Table 2 illustrates the number of people who need a service for each year. People with an Emergency Need are currently in life situations in which they need services now. People with a Critical Need for services are making the request within one to three years. While the total number of people waiting for service has decreased slightly over the past year the number of people in the Emergency need category remains consistently high. This is most likely due to a lack of new funds to serve people on the waiting list and over time people’s needs have increased from a Critical to Emergency need. Information regarding the number of people needing services was collected from the Office of Developmental Programs, Home and Community Services Information System (HCSIS), and the PUNS report dated July 2, 2015.

Supported Employment

The county program office has worked with the Office of Vocational Rehabilitation (OVR) and has jointly funded employment services since 1982. Now the county program office in conjunction with the OVR, St. Michaels Harbor, Millcreek School District, and UPMC Hamot are implementing "Project Search" to train twelve persons with a disability for competitive employment at UPMC and other businesses. Project Search is a nationally recognized job training/employment model. The 2016 school year is the inaugural year and it is expected similar numbers of individuals will enroll each school year to receive on the job training for competitive employment. OVR will fund job training provided by St. Michaels Harbor, a job training agency. The Millcreek School District is providing teachers for job skills. UPMC Hamot is the flagship employer will provide job training sites. HSBG funds are being used to purchase follow-up employment services.

County program office staff and personnel from the local support coordination office participate in local Transition Councils for both the Erie School District and Tri-County Intermediate Unit. Other participants include OVR and local employment providers. Council participation has been helpful for schools to orient students and their families to employment options upon graduation. During the school-to-work transition period support coordinators help students and their families develop employment plans. This has also been helpful when identifying graduates to participate in ODP employment initiatives.

Supports Coordination

Support Coordination is provided Erie County Care Management (ECCM). The organization is a free-standing case management organization providing both Targeted Service Management (TSM) and Support Coordination (SCO). They provide no other ID services whether Base or Waiver funded. The county program office delegates some functions to ECCM. These functions have been approved by ODP. Additionally, the county program office monitors ECCM to assure delegated functions are administered as defined. Monitoring occurs through quarterly samples of delegated function requirements and bi-weekly meetings with ECCM administrators.

Support Coordinators participate in training designed to develop multi-system collaboration in the development of Individual Service Plans (ISPs). This includes children and youth, mental health, school, and aging supports. Also requests obtained from the Independent Monitoring for Quality Assurance surveys (IM4Q) are routed to Support Coordinators for follow-up. This information is incorporated into the ISP. Frequently these requests are to help people gain access to common community supports like energy assistance, landlord issues, and adult education.

Currently, a unified individual planning process and common record management system is being developed for children and youth, mental health, housing, and intellectual disability services. This will result in the development and coordination of a single support plan.

Life Sharing

Currently, there are 59 persons residing in Life Sharing homes. These are both Waiver and HSBG funded. Life Sharing refers to a living situation between a family or individual who wishes to share their home and day-to-day experiences that are typical of living with family.

To support persons with challenging behaviors non-traditional options need to be considered like establishment of somewhat higher rates due to the longer hours of support caregivers provide, options to pay 2 caregivers, and licensing changes to make it easier to attract life sharing providers.

Cross Systems Communications and Training

Bi-weekly, county mental health, intellectual disabilities, Office of Children and Youth, and juvenile probation staffs meet to develop, implement, and evaluate delivery of services to person served by multiple systems. Monthly, county mental health, intellectual disabilities, Office of Children and Youth, and support coordination office staff meet to identify and plan for youth transitioning between funding sources and offices.

Both the county program office and support coordination office meet bi-weekly to develop and evaluate the effectiveness of service delivery. Both County program office and support coordination office staffs meet with all qualified providers meet bi-monthly to do the same.

The County program office and the Area Agency on Aging (AAA) have coordinated procedures to support older persons. Often times linkage with the AAA help to identify and support older persons that previously were not aware of supports they could receive through the county ID program office.

Coordination with local school districts is detailed in the Supported Employment section of this document.

Emergency Supports

Every ID funded agency has an Emergency Response plan. Both the county program office and the support coordination office maintain 24/7 on-call personnel. SCO calls are routed to an answering service, county program calls are routed directly to county office personnel. The SCO on-call service assists consumers identify services or supports that are of an emergency nature. The county program office on-call service responds the service and funding needs identified by the SCO. The county program office works with other county emergency management services if there is a catastrophic event. The county 911 Center has a listing of all ID group homes and a detail of persons who may have special medical or evacuation needs. The Center also has provider and county program office 24/7 contact information.

The county program office reserves approximately 4% of the ID Base allocation for Emergencies. Each spring unspent reserves are used to support persons in the Person/Family Waiver who have one time needs which would exceed the fund source maximum. Reserve funds are then freed-up for the upcoming fiscal year. Persons with on-going emergency needs are enrolled in Waiver funded services and freed-up Base funds return to the reserve account. In the event of an emergency and all fund sources were exhausted the county program office would request emergency waiver capacity from the Office of Developmental Programs.

Administrative Funding that Support Consumers

The full ID portion of the block grant stated in the allocation continues to be used for ID eligible services. The type and frequency of services is based upon individual need and these vary from year to year.

The county program office has a long standing, cooperative working relationships with advocacy groups for families and consumers and consumers only. As family and consumer outreach and training opportunities are available organizations such as Always on Our Own and ARC-Erie are contacted to reach out to their constituents. The support coordination organization does the same.

The county program office also supports a consumer **self-advocacy initiative**. The mission of the initiative is to assist persons to speak for themselves. This is a free-standing organization not associated with any provider or support coordination organization.

Independent Monitoring for Quality (IM4Q) refers to the quality of customer service and Erie County's effectiveness in response to consumer concerns. The Erie County Program Office focus is to assure that every consumer received an appropriate and timely response to their concern. To build on that precedent, in 2014 trends in IM4Q concerns will be identified and addressed. Each concern is categorized in order to identify trends that need to be addressed. The amount of funds and the number of surveys to be completed will be based upon information provided by the Office of Developmental Programs. Funds for this initiative will not be used to supplement other services.

The current IM4Q priority is to increase the number persons registered to vote. This has also been added to the program office quality management plan.

In cooperation with the IM4Q project, regional Health Care Quality Unit (HCQU), and local providers the HCQU has provided training to consumers and their families regarding **emergency preparedness**. This is an on-going initiative.

The county program office identifies **individuals who are at risk** of diminished health and safety through supports coordinators and/or provider agencies. This office is notified through HCSIS EIM of incidents that place people at risk. The SCO always immediately responds to remove the person from these threats. In some circumstances no further action is required. However, there are times in which a number of different operations must occur to assure the individual's ongoing safety.

Through a net of operations, we assure that every person has appropriate resources available to them to address their immediate and on-going needs. If necessary, a certified investigator completes an investigation. Targets that may threaten the individual at risk are removed. Support Coordinators locate and coordinate new and existing supports, and then monitor the evolving situation to assure continued safety. The PUNS/Capacity workgroup may be notified if necessary to direct appropriate financial resources for these new or increased supports. The individual and their team make changes to the person's plan for best outcomes.

Consumers have access to **Participant Directed Services options**: one that offers the person and family fully control of employer functions and one where the family using a provider to act as an employer surrogate.

The Erie County Program Office performs waiver administrative entity functions collaboratively with Erie County Care Management (ECCM). To manage and monitor both delegated and County Program Office functions joint, bi-weekly management meeting are held to define and review policy and procedure implementation. Additionally, both the County Program Office and ECCM conduct annual self reviews

to assure compliance with the Consolidated and Person/Family Directed Supports Waivers. Given the new requirements of the Adult Protective Services and additional certified investigator has been hired. This will aid in follow-up actions associated with the peer and administrative reviews.

The intent of this plan is to manage the Intellectual Disabilities portion of the Human Services Block Grant in the same manner as the initial FY 12-13 allocation from the Office of Developmental Programs.

The county program office does maintain a contingency fund for emergencies. The amount varies with annual allocations and demand throughout the year. In the event of an emergency protocol is to use existing waiver capacity then exhaust base funds. Exhausting these options a request would be made to ODP for increased capacity. Base funds would be used to serve the person while the capacity request is being processed.

Plan Summary

- Erie County is requesting additional funds for to serve all of the 241 people in Emergency Need of services.
- Employment, especially for people recently completing their high schools program, and Life Sharing will continue to be priorities.
- IM4Q will continue as defined and funded by the Office of Developmental Programs.
- Erie County will continue to dutifully execute its administrative entity responsibilities.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county 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. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

The Erie County Department of Human Service, Office of Mental Health/Intellectual Disabilities (MH/ID) serves as the collaborative applicant for US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) application for the City and County of Erie CoC PA-605. MH/ID currently chairs the planning and development consortium for the homeless delivery system, the Home Team, and also participates on the local Federal Emergency Management Agency (FEMA) Emergency Food and Shelter (EF&S) board. The Home Team is comprised of representatives from Federal, State and local government, service providers, people who are homeless or formerly homeless, advocates, community leaders, local businesses, and other interested Stakeholders that meet to plan, develop, and monitor projects that assist people who are homeless or near homeless. The EF&S board is comprised of the local food bank, Erie United Way, American Red Cross, Inter Church Ministries, local Jewish Foundation, formerly homeless individuals, and state and local government representatives that meet to allocate funds for food, shelter, hotel/motel, energy, and homeless prevention funds and monitor compliance with guidelines. MH/ID blends PATH, FEMA, HUD, Homeless Assistance Program (HAP), Emergency Solutions Grant (ESG), State Mental Health (MH), and State Drug and Alcohol (D&A) funds in the homeless delivery system in Erie County. Our CoC consists of the following components: homeless prevention, outreach and assessment, emergency shelter, transitional and permanent housing, and rapid re-housing activities utilizing a no-wrong door policy in assisting people who are homeless or near homeless. The goals of the CoC are to prevent homelessness wherever possible, engage people who are homeless with transitional housing and supportive services when necessary and appropriate, and enable them to obtain and maintain permanent housing in the community.

Homeless prevention and rapid re-housing activities are funded through HAP and D&A. Homeless prevention funds assist people with one month's rent in arrears and some utility assistance to remain stably housed, provided they are able to meet future payments. The assistance to participants who are homeless is first month's rent and security deposits and utility assistance provided that they are able to make future rent and utility payments to remain in permanent housing.

Homeless outreach and assessment services are funded through MH, PATH and HUD programs. Outreach workers serve people living on the street, in emergency shelters, or places not meant to be used for human habitation and assist people in accessing shelter or mainstream resources to break the cycle of homelessness. They also assess people's strengths and weaknesses to formulate a goal plan to ensure they receive the services that are needed and the housing component that best fits their needs at the time.

Emergency shelter services are funded through HAP, MH and HSDF funds. HAP, MH, and HSDF funds are allocated to shelter providers to provide shelter and supportive services on a unit per night basis. People in shelters are assisted in accessing mainstream resources and increase their incomes in order for them to be better able to obtain and maintain either subsidized or fair market permanent housing. People

in shelters who are unable to overcome barriers to permanent housing are referred to transitional housing providers where they are able to live at, up to 24 months.

Transitional housing is funded primarily through HUD. Transitional housing is offered for specific populations such as victims of domestic violence, women and children, traditional families, veterans, and single men. Participants in transitional housing work with case managers, other supportive services, and mainstream resources to break down the barriers to permanent housing and issues that may have contributed to their homelessness.

Permanent housing options are funded through HUD Continuum of Care process. Currently we have 120 HUD Shelter Plus Care units under contract for people who are homeless and have a mental illness and/or substance abuse diagnoses and 18 units are dedicated for people who are chronically homeless. We have 24 units that are for families that are homeless with two Supportive Housing Program projects approved by HUD for families and 8 units for forensic populations. In the Shelter Plus Care and Supportive Housing Program options, people pay 30% of their income for rent and the project pays the remainder. Shelter Plus Care projects are matched dollar for dollar with support services funded through the mainstream mental health and D&A programs while the Supportive Housing Programs have 25% match requirement.

All of the agencies, except for domestic violence providers, input participant specific data to our local Homeless Management Information System (HMIS). The reporting requirements are based on the HUD Annual Progress Report that include but are not limited to universal data elements and participation in mainstream resources.

For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:

- Bridge Housing

There is currently one location for bridge housing in Erie County that is an 18 bed facility with 5 units with separate bedrooms and common areas. This project serves homeless women who are victims of domestic violence and their children. These women must be low income and be able to demonstrate that they are in need of temporary housing and supportive services while preparing to live independently. The ability to live in a communal setting is required. Preference is given to women with children, and those women who are attempting to regain custody of their children. In 2015-2016, we served 39 women and 41 children for a total of 80 individuals. We provided 3,294 nights of transitional shelter service.

County staff are members of the Erie County Home Team which meets every other month. These meetings provide an opportunity for advocates, consumers and staff from the Homeless System of Care to comment on outcomes and deficiencies in the Bridge Housing programs. County staff follow-up on deficiencies that are shared by members. In FYE 2017, County staff will conduct performance visits to the Bridge Housing program to pull/review records, interview service recipients and staff to further assure efficiency and service quality.

No changes proposed for the current year.

- Case Management

This service is not provided under Homeless Assistance due to the 10% reduction in the fiscal year 2012-2013 State Budget. These services are included under Administrative Case Management and funded by Mental Health funds.

- Rental Assistance

Rent assistance applies to people who are in arrears on their rent, first month's rent and security deposit for people who are homeless, mortgage assistance for people facing foreclosures, and utility assistance for people who are in arrears and facing shut offs. No payments are made directly to clients. Agencies collaborate with the County Assistance Office for people eligible for emergency shelter assistance through DPW. The clients served are up to 150% median income and receive no more than \$1,000 for an individual and \$1,500 for a family over the course of 2 years.

County staff are members of the Erie County Home Team which meets every other month. These meetings provide an opportunity for advocates, consumers and staff from the Homeless System of Care to comment on outcomes and deficiencies in the Rental Assistance program. County staff follow-up on deficiencies that are shared by members. In FYE 2017, County staff will conduct performance visits to the Rental Assistance program to pull/review records, interview service recipients and staff to further assure efficiency and service quality.

No changes proposed for the current year.

- Emergency Shelter

Emergency shelter is short term (30 days or less). During this time, needs are assessed and Case Managers will address causes of homelessness and make appropriate referrals to other main stream agencies. Below is a list of shelters and their target population:

Community of Caring - Individuals with mental illnesses
Community Shelter Services - Individuals and families
SafeNet - Women and children fleeing domestic violence
Erie United Methodist Alliance - The Refuge - Families
Safe Journeys - Women and children fleeing domestic violence
Saint Patrick's Haven - Single men

County staff are members of the Erie County Home Team which meets every other month. These meetings provide an opportunity for advocates, consumers and staff from the Homeless System of Care to comment on outcomes and deficiencies in the Emergency Shelter program. County staff follow-up on deficiencies that are shared by members. In FYE 2017, County staff will conduct performance visits to the Emergency Shelter program to pull/review records, interview service recipients and staff to further assure efficiency and service quality.

No changes proposed for the current year.

- Other Housing Supports

Other housing supports are not provided because our emergency shelters, transitional housing and homeless team works with mainstream providers to access those services for people who are homeless.

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

All homeless providers report client specific data to HMIS except for domestic violence providers who are categorically excluded from reporting.

CHILDREN and YOUTH SERVICES

*****FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”

*****THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT*****

Briefly describe the successes and challenges of the county’s child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget and Special Grants, if applicable) to provide an array of services to improve the permanency, safety, and well-being of children and youth in the county.

Erie County Office of Children and Youth has undergone several changes and improvements to the agency in order to better serve the community and to competently address the changing landscape of child welfare.

Successes realized in the past fiscal year include increasing our staff complement based on positions that were added through the needs based budgeting process. This included adding a second shift intake unit, more social service aids, an administrator of operations and support staff. Erie County has been actively seeking better ways to use technology to decrease duplication of efforts and increase administrative efficiency so that our worker can better manage their responsibilities while having more frequent and meaningful interaction with our families in order to achieve optimum outcome for permanency, safety and well-being.

We continue to develop strategies that mitigate vacancy concerns, improve casework practice regarding implementation of the Child Protective Services Law (CPSL) impact and Child Welfare Information Solution (CWIS), standardizing contracting process across all of DHS, working with our new outsourced foster care provider, ensuring compliance with Prison Rape Elimination Act (PREA) for our secure detention center and continuing efforts to reduce the number of children in congregate care.

Erie County is working to have a more integrated and comprehensive approach to our quality assurance across departments. We are looking at internal quality control efforts as well as revamping the process that we monitor quality programming for contracted services. We are collaborating across DHS departments and in concert with fiscal staff, QA, Administrative, as well as clinical staff and will be engaging with families to expand the feedback regarding the quality of services and data driven outcomes.

Erie County has transitioned all of our county foster families to Families United Network, our contracted provider and we continue to work with them on their recruitment strategies, especially for harder to place children. Families are also trained on the changes in the reasonable and prudent parenting standards.

Our Independent Living Program (ILP) was recently awarded a NACo Achievement Award for our innovative approach to ILP services. We had our highest number of ILP youth graduate from high school this year and have received funds through the NBB to expand the services offered by each of the providers during this fiscal year. We have also partnered with the MH system partners and our providers to fund services to youth who are not involved with OCY or JPO but are in the MH system to receive these services.

We have been affected by the opiate crisis which has resulted in increases numbers of children in care. We have been working with our county and community partners to address possible ways that we develop supports for this population. Recently we had 6 parents graduate from of Dependency Treatment Court which received its accreditation this past year. We also participate in a countywide opiate response task force.

Erie County OCY also has a secure detention facility and a county run shelter. The detention center conscientiously prepared for and successfully passed their PREA audit. The detention center has also reached out to counties in our area to provide this service as a regional resource resulting in more stability in the overall census.

Challenges include lagging behind in utilizing technology and data to assure more efficient and effective use of time. We are making strides to decrease some administrative burdens, allowing for the ability to complete tasks from the field and reducing redundancy.

Other challenges facing Erie County OCY are not unique to us such as the increase in referrals as a result of the changes in the CPSL and the challenges in implementing CWIS. The poverty, violence and drug use continue to trend above state and national averages. Drug/Heroin abuse rates are high, increasing, and resulting in more deaths. Drug and alcohol use by parents played some factor in the majority of the referrals/placements in OCY last year.

Erie County's designation as a federal refugee relocation site continues to bring unique challenges in assisting families who are struggling with relocation or have complex needs related to mental and physical health etc.

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome

Outcome 1: Safety: Children will be safely maintained in their own homes whenever possible and appropriate.

The best place for children to grow up is in a safe, stable, family environment. As the County has seen placements of youth increase and children having to be placed in shelter care environments, due to no other placements being available, this goal is a priority for the county. The County is working with providers to ensure that we have the services in place that will allow for the best outcomes for families. Currently, Erie OCY is focusing efforts on direct services and purchased services that will make children safe in their own homes.

Child Welfare Services within the Grant which support Outcome #1:

- Multi-Systemic Therapy is an intensive in-home service aimed at diverting primarily delinquent youth from out of home placements. This program serves youth ages 12-18 and is provided by two contracted vendors in Erie County.
- Functional Family Therapy serves youth between the ages of 10 and 18 years who exhibit verbal and physical aggression, truancy and substance abuse, targeted at preventing removal of the child.
- Project First Step/DOULA serves mothers who are managing mental illness, substance abuse, and/or intellectual disability.

- The Collaborative Intensive Community Treatment Program targets delinquent youth age 12-18 years to decrease the likelihood that they are removed from their home as a result of their behaviors.
- The County's Housing Initiative Special Grant supports children being safely maintained in their own homes, by ensuring that a home is habitable, and that no child will be placed or remain in placement based on housing concerns. This is a direct service offered by Erie OCY.
- Family Team Conferences supports children staying safely in their homes by providing an enhanced natural support system to aid the family and child in ameliorating conditions which may make the child unsafe. We are now engaging families as soon as possible to engage in the Family Team Conference process and have secured space in our court house so that we can facilitate these meetings immediately following adjudication/dispositional hearings so that families can begin accessing services and supports as early as possible.

Measurement of Provider Outcomes

Erie County OCY has worked diligently to develop logic models and work statements for each service and contracted provider. Providers submit data quarterly to Agency staff and our contracted civic research institute to objectively measure outcomes on a macro level to determine program efficacy. It is evaluated against the stated goals of the program and adjustments are made as necessary. This is done throughout the year and annually reviewed at our budget meetings with providers.

Outcome 2: Permanency: Children have permanency and stability in their living arrangement.

Whenever possible, Erie County focuses efforts on maintaining the child in his/her own family. When that can't be accomplished, extended family and kin will be located and evaluated as placement options and connections for the child. When those options cannot safely maintain the child, the Agency will move swiftly to locate a permanent and stable resource for the child.

Child Welfare Services within the Grant which support Outcome #2:

- Multi-Systemic Therapy is an intensive in-home service aimed at diverting primarily delinquent youth from out of home placements. This program serves youth ages 12-18 and is provided by two contracted vendors in Erie County.
- Functional Family Therapy serves youth between the ages of 10 and 18 years who exhibit verbal and physical aggression, truancy and substance abuse, targeted at preventing removal of the child.
- Project First Step (DOULA) serves mothers who are managing mental illness, substance abuse, and/or intellectual disability.
- The Collaborative Intensive Community Treatment Program targets delinquent youth age 12-18 years to decrease the likelihood that they are removed from their home as a result of their behaviors.
- The County's Housing Initiative Special Grant supports children being safely maintained in their own homes, by ensuring that a home is habitable, and that no child will be placed or remain in placement based on housing concerns. This is a direct service offered by Erie OCY.
- Family Team Conferences supports children staying safely in their homes by providing an enhanced natural support system to aid the family and child in ameliorating conditions

which may make the child unsafe. We are now engaging families as soon as possible to engage in the Family Team Conference process and have secured space in our court house so that we can facilitate these meetings immediately following adjudication/dispositional hearings so that families can begin accessing services and supports as early as possible.

Outcome 3: Child and Family Well Being: Children receive appropriate services to meet their educational needs.

From birth, a child progresses through a series of stages of learning and development. This offers great potential for development, but it also creates vulnerabilities if the child/youth is not actively engaged in developmental, educational, and or vocational processes that will enable him to build skills and functional capabilities.

Child Welfare Services within the Grant which support Outcome #3:

- Family Group Decision Making/Family Team Conferences: Coordination of care and supports to a child and family are critical to the success of the child. As previously discussed, Family Group Decision Making is used in Erie County to identify systemic family issues and resolve them through family/natural supports decisions. In the 14/15 fiscal year, Erie OCY added Team Conferences to the FGDM process. The Agency identifies the requirements for the families, but the family constructs their own plan to accomplish their goals. This addition helps to ensure quality case coordination. Proper assessment of children's educational needs and inclusion of educational partners are key to this process. Monitoring of the outcomes are accomplished by measuring the number of family cases opened through FGDM and assessing what percentage had educational involvement and outcomes listed in the family service plan. Evaluation of this outcome is completed by OCY data analysis staff.
- Alternatives to Truancy will assist primarily immigrant families in prioritizing education, providing individualized plans for assistance with graduated levels of intervention and sanctions which promote attendance. An emphasis will be placed on improving the student's confidence.

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

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

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	

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

This program serves youth ages 12-18 years who are exhibiting/externalizing behavior and who reside with a caregiver that is willing to participate in the services. MST-PSB (Problem Sexual Behaviors) is a service for youth (not diagnosed with a pervasive developmental disorder) ages 10-18 who have committed a sexual offense and who reside with a caregiver that is willing to participate in services. Youth referred to MST will be diverted from out-of-home care or MST will be used to step youth down more successfully from out-of-home care placements. Targeted outcomes include an 85% completion rate of the MST program, with 90% of youth referred pre-placement remaining in their homes. Outcomes include stronger family functioning and placement prevention as well as successful community re-entry after placement. MST has proven to be a very useful tool at modifying parent's responses to youth with many types of maladaptive behaviors. Harborcreek Youth Services (HYS) and Family Services of Northwestern Pennsylvania (FSNWP) contract with Erie County OCY to provide these services.

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

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

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Youth age 10-18	Youth age 10-18
# of Referrals	75	75
# Successfully completing program	58	62
Cost per year	\$181,558	\$181,558
Per Diem Cost/Program funded amount	\$50.43/hr	\$50.43/hr
Name of provider	FSNWPA & HYS	FSNWPA & HYS

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

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

NO

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

Program Name:	Functional Family Therapy
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Please indicate the status of this program:

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	

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

Functional Family Therapy is a family based prevention and intervention program that can be applied successfully to treat a range of behaviors with high risk youth, between the ages of 10 and 18 years. The exhibited behaviors referred for this intervention include physical and verbal aggression, truancy, and substance abuse. Family Services of Northwestern Pennsylvania is the contracted provider of this service and outcomes have shown that the program is being consistently provided according to the model. This model is successfully treating youth within their family environment and diverting them from removals or returning them home sooner.

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

N/A

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

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Youth age 10-18	Youth age 10-18
# of Referrals	75	75

# Successfully completing program	53	67
Cost per year	\$70,820	\$70,820
Per Diem Cost/Program funded amount	\$53.66/hr	\$53.66/hr
Name of provider	FSNWPA	FSNWPA

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

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

NO

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

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

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	

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

Erie County utilized the intervention of Family Group Decision Making as a means of family and natural supports engagement. Through the engagement of family, kin, and other supports, children can be safely maintained in their home of origin or in the home of a relative and experience less trauma related to removals. Additionally, many family issues other than safety can be resolved including well-being and permanency related activities. Family Group Decision Making, with the addition of the Family Team Meetings, will be used to ensure that the family has one service plan. This is to prevent the duplication of services and provide good quality case management. By bringing all service providers together at one table, the families will receive one comprehensive individualized plan so that the case can move toward resolution in a timelier fashion.

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

N/A

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

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Youth age 0-18	Youth age 0-18
# of Referrals	204	246
# Successfully completing program	160	200
Cost per year	\$326,993	\$326,993
Per Diem Cost/Program funded amount	\$2500 initial conference/ \$750 follow-up/ \$850 team meeting	\$2500 initial conference/ \$750 follow-up/ \$850 team meeting
Name of provider	FSNWPA & UCFSC	FSNWPA & UCFSC

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

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

NO

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

Since the Human Service Block Grant allocation has remained unchanged, there is no mechanism within this funding source to pay additional funds to the providers. We continuously meet with the agencies responsible for the programs covered by the HSBG to ensure that they are serving the most clients possible within the allocation given.

Due to the addition of Family Team Meetings into the Family Group Decision Making program, we feel as though we will be able to reach more children. FTM is a lower priced service than

FGDM, and we have more FTM referrals than FGDM. We project being able to serve an additional 42 children due to the introduction of the Family Team Meetings.

Program Name:	PA Promising Practices Dependent: Project First Step
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Please indicate the status of this program:

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	

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

Project First Step is a program for expectant mothers who are managing pregnancy and mental illness, intellectual disability, physical impairments, mothers at risk of having a medically fragile child, and/or substance addictions. Project First Step will also work with mothers that experience problems such as domestic violence, homelessness, and poverty. Services are aimed to divert these mothers from involvement in the child welfare system, provide family support while ensuring the health/safety of the expectant mother and unborn child. Parents will be working on developing their own informal support system and resources specific to their needs or the needs of their child. The program fits nicely with Erie County OCY's outcomes of maintaining children safely in their home and providing permanency in their living arrangements. The service is provided through a contract with Erie Homes for Children and Adults (EHCA).

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

N/A

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Expectant mothers	Expectant mothers
# of Referrals	78	78
# Successfully completing program	62	62
Cost per year	\$86,400	\$86,400
Per Diem Cost/Program funded amount	\$7.04/qtr hr	\$7.04/qtr hr
Name of provider	Erie Homes	Erie Homes

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

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

NO

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

Program Name:	PA Promising Practices-Delinquent: Collaborative Intensive Community Treatment Program
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Please indicate the status of this program:

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	

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

The Collaborative Intensive Community Treatment (CICTP), serves 12-18 year old youth in the JPO and OCY programs, with the stated goal of decreasing the likelihood that children are removed from their homes, and also reducing the length of stay of youth in placements by returning them safely home sooner by providing a continuum of services from behavioral interventions to treatment/counseling to educational supports seven days a week. This is instead of removing a child and placing them in a residential treatment program, and allowing them to be home with their family at night and attend their own school. The goals of CICTP are to: provide opportunity for youth to remain in the community, utilize community resources to address and reduce behavioral problems and, therefore, avoid residential placement, to provide atmosphere through which problem solving and individualized treatment planning can be undertaken by the client, the family, and referring agency to reduce the possibility of further behavioral problems, to increase involvement of the family with the client to address behavioral problems which could lead to residential placement, to increase the potential for successful completion of educational goals, to reduce the potential for future referrals to the court, and therefore, reduce the rate of recidivism, to provide cost efficient intervention other than residential placement, group homes, or institutions, and to provide for early reintegration of youth currently in placement, reducing placement by an average of 45 days. Project goals fit with the County's outcomes. The service is contracted to Perseus House.

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

This program continues to exceed the amount that is allocated in the Human Service Block Grant each year and ECOCY will be requesting additional special grant money for this program in 16/17. The change was discussed with our regional office and it was determined that ECOCY should request the additional funds. The program consistently produces high-quality outcomes and is a vital service for the population served.

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Youth age 12-18	Youth age 12-18
# of Referrals	103	103
# Successfully completing program	78	78
Cost per year	\$366,951	\$366,951
Per Diem Cost/Program funded amount	\$91.32/day	\$91.32/day
Name of provider	Perseus House	Perseus House

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

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

NO

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

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

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	

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

The Alternatives to Truancy program provides diversion from truancy focusing on Erie’s atypically large immigrant population. Services from the Truancy program include providing individualized plans for assistance in remediating truancy, with graduated levels of interventions and sanctions for truant behaviors. The program also promotes the child and family’s engagement and connections to the community and school. Goals of the program are to make education a priority for children and families, to provide individual plans that are tailored to meet the needs of specific children and their family’s situations, to provide immediate and graduated sanctions and interventions for truant behaviors, to reduce truancy and increase child self-esteem and academic performance, and to promote the child and family’s participation in behavioral health interventions, strengthen parenting through classes and make connections for families to other services that are of value or need to them. Two providers in Erie contract to provide this service: Multi-Cultural Resource Center (MCRC) and the Booker T. Washington (BTW) Center. Truancy has been identified in the Erie community as a serious issue. Many different initiatives are currently underway, including one that includes State parole agents, another that includes all strategies and is under the leadership of one of the county Judge’s and other individual school initiatives that work with the OCY truancy unit. This goal fits with the outcome of making sure that children receive appropriate services to meet their educational needs.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.
- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Youth age 5-16	Youth age 5-16
# of Referrals	90	90
# Successfully completing program	75	75
Cost per year	\$180,000	\$180,000
Per Diem Cost/Program funded amount	Multiple per diems per each contract	Multiple per diems per each contract
Name of provider	MCRC/BTW	MCRC/BTW

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

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

NO

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

Program Name:	Housing Grant Initiative
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Please indicate the status of this program:

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	

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

The Housing Initiative grant is perhaps the most key grant to assist in meeting the agency’s stated outcomes. The Housing Grant Initiative is responsive and flexible and helps us to meet families’ immediate needs. In many situations, if these needs were not met, the child(ren) would need to be removed from the family home. This grant is used to remediate housing problems that otherwise would leave the family homeless or their home uninhabitable; problems that would otherwise lead to children being placed outside of their home. Rent is paid, utilities are turned on or kept on, beds are purchased, and minor home construction or pest removal are all ways this grant is utilized to keep kids in habitable homes without removing them. It also allows the county to return children home faster by remediating some of these situations prior to returning home. No child should be removed from their family, or be kept in placement because of a housing situation that can be fixed, which fits with the outcomes of children being safely maintained in their own homes and children having permanency and stability in their living arrangements. The county manages this grant internally and provides direct payment to vendors/utility companies who are assisting the family.

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

N/A

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Dep/Del Youth	Dep/Del Youth
# of Referrals	189	189
# Successfully completing program	N/A	N/A
Cost per year	\$99,600	\$99,600
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	ECO CY	ECO CY

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

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

NO

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

DRUG and ALCOHOL SERVICES

This section should describe the entire substance abuse service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should provide the following information based upon data analysis and service system changes from the 15-16 plan narrative:

1. Waiting list for each level of care;
2. Barriers to accessing treatment services
3. Capacity issues
4. County limits on services;
5. Impact of opioid epidemic in the county system;
6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

This overview should not include guidelines for the utilization of ACT 152 or BHSI funding streams issued by DHS. The focus should be a comprehensive overview of the services and supports provided by the Single County Authority and challenges in providing services.

Erie County Response:

The mission of the Erie County Single County Authority is to develop and maintain a comprehensive drug & alcohol delivery system that makes available all necessary prevention, intervention, treatment and recovery-focused services to the citizens of Erie County with substance abuse problems.

The Erie County Office of Drug & Alcohol Abuse monitors programmatic and fiscal components of the treatment provider contracts on an annual basis. Additionally, the Erie County SCA is monitored annually by the Department of Drug and Alcohol Programs.

Systemically, the Erie County Office of Drug & Alcohol Abuse has available via contract all PCPC levels of care to its residents, except for .5 early intervention, with the vast majority being delivered within the County.

Waiting lists have increased from the 15-16 plan. Waiting lists are a direct impact of the opioid epidemic in the county, resulting in increased demand for detox, residential programs, and longer periods of treatment. Waiting list for each level of care are generally as follows:

- 4A: 0 – 2 days
- 3A: 0 – 7 days
- 3B: 1 – 3 week waitC: 30 – 60 day wait
- 2B: 60+ day wait
- 2A: 1 – 3 week wait

- 1B: 7 – 14 day wait
- 1A: 0 – 7 day wait

Erie County's capacity issues are evident in the above wait times for services. The opiate epidemic is considered to be the leading contributor to longer detoxification stays and longer residential inpatient treatment. Opiate patients are also needing several treatment stays. Although, Erie County has adequate capacity for its own residents, beds are often utilized by consumers from surrounding counties as well. For this reason, Erie County has contracted with an additional out of county residential treatment provider and has supported the opening of an additional outpatient program from a new Erie County D&A provider.

There are few barriers to accessing treatment or county limits on services in Erie County. One large provider does not accept MAT clients. The Erie County Office of Drug and Alcohol Abuse has limits on services based upon the County's readmission policy. This readmission policy may limit the number of treatment episodes within a specific time period, length of stay, and any possible extension to current authorizations. Based on Erie SCA's current financial position, we have not had to enforce the current readmission policy in the past fiscal year. The above noted readmission policy does not apply to priority populations.

Emerging substance use trends that will impact the ability of the county to provide substance use services, (other than the continuing to emerge trend of still increasing reports of opiate/heroin addiction and overdosing), is the increase in the use of synthetic substances. The Erie County Office of Drug & Alcohol Abuse is continuing to monitor the reported use of synthetic substances and the impact on the current system thru active collaboration with various community systems. Current working relationships/programs are in place with OCY, Juvenile and Adult Probation, State Parole, Mental Health, Intellectual Disabilities, the Erie County Department of Corrections including the County CCC, the State CCC and the County managed care provider.

Erie County also facilitates a Heroin Overdose Community Awareness Task Force comprised of multiple subcommittees and is utilizing all available opportunities to help address this issue within Erie County. Erie County just released an RFP for warm hand off for overdose survivors at all Erie County hospital Emergency Departments. We hope to have in place, during the 16-17 fiscal year a trained crisis case managers from multiple providers who would be available to all hospital ED departments 24/7 following stabilization of an overdose survivor to do screenings, level of care assessments, and warm hand off to treatment.

Target Populations

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

- Adults
- Transition Age Youth (ages 18 to 26)
- Adolescents (under 18)
- Individuals with Co-Occurring Psychiatric and Substance Use Disorders
- Criminal Justice Involved Individuals
- Women with Children

Erie County Response:

The SCA Policies and Procedures assure services for all population groups.

- **Adults**

The SCA Policies and Procedures assure services for all population groups, including all adults ages 18 and above and older adults who are of age 60 and above.

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

The SCA Policies and Procedures assure services for all population groups.

- **Adolescents (under 18)**

The SCA Policies and Procedures assure services for all population groups.

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

The SCA Policies and Procedures assure services for all population groups. Current contracts are in place with Outpatient and Inpatient providers that offer mental health and substance abuse services. Also, the SCA contracts with a local provider of Acute Partial services which provides additional psychiatric support.

- **Criminal Justice Involved Individuals**

Erie County Office of Drug & Alcohol Abuse has a robust array of services and linkages for the Criminal Justice-Involved individual. We have strong relationships with the adult and juvenile probation offices as well as State Parole. Services to criminal justice involved individuals include: Stairways Forensic, CROMISA Project, case management, screening and assessment in prison, a contracted outpatient program within the county correctional facility, and Specialty Courts including Treatment and Veterans Court.

- **Women with Children**

The SCA ensures that, at a minimum, treatment programs providing treatment services to pregnant women and women with dependent children treat the family as a unit when appropriate and also provide, or arrange for the provision, of the following services to these women, including women who are attempting to regain custody of their children:

- Primary medical care for women, including a referral for prenatal care as well as child care while the women are receiving such services;
- Primary pediatric care, including immunization, for their children;

- Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, family therapy, nutrition education and education to GED level;
- Therapeutic interventions for the children in the custody of the women receiving treatment services which may address, among other things, the children's developmental needs, issues of sexual and physical abuse, and neglect; and
- Sufficient case management and transportation to ensure those women and their children have access to the services provided in the four bullets listed above.

The SCA shall maintain a current resource list to identify a provider for each service listed above. Additionally, one provider is developing a new 3C program for this population in Erie County. This program will have a capacity for 16 women, with 1 or 2 children each, and has an anticipated opening date of October 2016.

Recovery–Oriented Services

Describe the current recovery support services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA, NA, etc.).

Erie County Response

Our local service providers have embraced the ROSC philosophy by focusing on the non-treatment needs of the client and incorporating these needs/solutions into the treatment plan. At the time of the assessment, information is provided regarding treatment, accessible services, continuing care and recovery support (GED, NA, AA, etc.).

Two agencies are working toward utilizing Certified Recovery Specialists and the SCA and MCO Community Care Behavioral Health have been exploring the best utilization of these professionals within the treatment community.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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.

Human Services Development Fund (HSDF) traditionally was used to support needed community services that fell outside the mainstream Department of Human Services (DHS) area. As funds decreased, it was decided that Erie would focus on services that were vital for people to survive: food, shelter and transportation for people with disabilities. Clients meet the monthly gross income levels as set by the Human Services Development Fund requirements.

Adult Services: Please provide the following:

Program Name: Meals on Wheels

Description of Services: GECAC and Metro Erie Meals on Wheels are Private 501(c) (3) non-profit organizations that deliver meals to physically and/or mentally disabled individuals under the age of 60 who are unable to prepare adequate meals for themselves.

Service Category: Home-Delivered Meals

Planned Expenditures: There are no changes to service delivery planned for FY16-17. Planned expenditures: Home Delivered Meals \$ 67,316

Program Name: Protective Services

Description of Services: Protective (shelter) services for homeless persons are funded on a unit basis that reimburses the agencies for a night of stay for people who are homeless and have a mental illness. The services allow for people to be safe while a goals plan is developed for permanent housing. We currently contract with 4 local homeless shelters. Case Managers address causes of homelessness and make appropriate referrals to other main stream agencies. **The HSDF funding stream reimburses for nights of stay up to, and including, thirty days (30), while MH Base Funding is targeted for those individuals who stay beyond thirty days (30).**

SafeNet is a private, 501 (c) (3) non-profit organization formed to provide emergency shelter and transitional housing for victims of domestic violence.

Mercy Center for Women is a private, 501 (c) (3) non-profit organization formed for the purpose of providing transitional housing for homeless women and children.

Community Shelter Services is a private, 501 (c) (3) non-profit organization formed for the purpose of providing emergency shelter to individuals and families who are homeless.

Safe Journey is a private, 501 (c) (3) non-profit organization formed to provide emergency shelter for victims of domestic violence.

Service Category: Protective

Planned Expenditures: There are no changes to service delivery planned for FY 16/17. Planned expenditures: Protective Services \$103,687.

Program Name: Transportation

Description of Services: These services are funded for people with disabilities that need transportation to medical appointments, rehabilitation services, and/or employment. Individuals do not all qualify for free or reduced services depending on the Medical Assistance HMO that they signed up for and the costs of getting to the appointments would cause an undue burden on their limited resources.

Service Category: Transportation

Planned Expenditures: There are no changes is service delivery planned for FY16/17. Planned expenditures: Transportation \$ 31,009

Community Resources for Independence is a private, 501 (c) (3) non-profit organization formed for the general purpose of planning and implementing programs with and for people with physical disabilities who are in need of assistance in adaptive living facilities that offer a system of support services. When other transportation is needed, CRI sub-contracts with Metro-LIFT for services that fall outside the catchment area.

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.

Aging Services: Please provide the following:

Program Name: Congregate Meals

Description of Services: Congregate meals are provided by GECAC at all senior citizen center locations in Erie County. All meals are prepared by all state and federal guidelines and seniors receive a snack to take home with them.

Service Category: Congregate Meals

Planned Expenditures: There are no changes to service delivery planned for FY16/17. Planned expenditures: Congregate Meals \$80,189

Program Name: Foster Grandparent Program

Description of Services: Erie County utilizes funds for transportation services to assist The Foster Grandparent Program. The program currently consists of fifty-five (55) volunteers who are within a low-income, category and fifty-five (55) years old and older. Each Foster Grandparent will volunteer fifteen to forty (15-40) hours a week at a specified volunteer station that works with children who are at risk. Seniors are recruited and then interviewed to determine appropriateness and eligibility for participation in the program. Once hired, seniors receive approximately twenty (20) hours of pre-

service training. These funds enable Foster Grandparents to use either the LIFT (MATP) services or be reimbursed for transportation to and from their volunteer stations. The Human Services Development Fund will pay for some of the estimated 21,000 total trips FGP's make each year.

Service Category: Transportation (Foster Grandparent Program)

Planned Expenditures: There are no changes to service delivery planned for FY16/17. Planned expenditures: Foster Grandparent Program \$9,023

Allowable Aging Service Categories:

Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; **Home-Delivered Meals**; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

Children and Youth Services: Please provide the following:

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 Service; Counseling/Intervention; **Child Care**; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service Planning.

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.

Specialized Services: Please provide the following:

Program Name: (e.g. Big Brothers/Big Sisters)

Description of Services: (“A youth mentoring program...”)

Planned Expenditures:

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.

Erie County Department of Human Services is developing and implementing interoperability strategies through the departments in order to increase the information sharing and collaboration among departments on a case specific and aggregate level. We feel that the sharing of data will allow those directly involved with the families as well as those at an administrative level to make more data informed decisions in order to achieve the best outcomes for our families and our systems. Each of the systems has data that is maintained in different formats. We have formed a cross systems team who work collaboratively to identify what data sets are available through each of the systems we can input and extract data from. Additionally each department is assessing their needs and barriers in regards to advancing interoperability and taking steps to ensure that the needed data is available in a digital or retrievable format. The MH/ID office currently uses Laserfiche as a document management system and

we are attempting to identify funding so that the other county departments including OCY can move to an electronic record system that can be accessed from the field as well as internally. Erie County will utilize block grant funding to purchase additional Laserfiche licenses and mobile equipment for staff to access case files and records while working in the field in order to serve individuals and families more effectively.

Other HSDf Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDf for Mental Health, Intellectual Disabilities, Homeless Assistance or Drug and Alcohol, please provide a brief description of the use and complete the chart below.

Category	Cost Center Utilized	Estimated Individuals	Planned HSDf Expenditures
Mental Health			
Intellectual Disabilities			
Homeless Assistance			
Drug and Alcohol			

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

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 1, 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-licensed 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 Disability

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/>.

Drug 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 counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health 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 vivitrol.

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.

Aging

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 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. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
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.	
<p>■ 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.</p> <p>■ 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).</p>	

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

County:	1.	2.	3.	4.	5.	6.
ERIE	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	27		271,133		4,031	
Administrative Management	6,526		1,575,620	89,582	8,294	
Administrator's Office			253,365		9,464	22,450
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation	1,704		262,225		22,913	
Community Employment						
Community Residential Services	331		4,103,620		106,798	
Community Services	2,671		230,912		2,741	
Consumer-Driven Services	5,150		500,993		14,679	
Emergency Services	419		218,875		19,125	
Facility Based Vocational Rehabilitation						
Facility Based Mental Health Services	108		510,938		44,646	
Family Support Services	2,577		530,998		24,117	
Housing Support Services	334		161,721		7,905	
Mental Health Crisis Intervention	1,555		1,140,214		12,689	
Other						
Outpatient	9,464		3,186,118		142,947	
Partial Hospitalization	2		920		80	
Peer Support Services	290		215,737		15,348	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	108		402,730		541	
Social Rehabilitation Services	1,073		213,045		17,775	
Target Case Management	821		1,280,362		15,907	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	33,160	15,059,526	15,059,526	89,582	470,000	22,450

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

County:	1.	2.	3.	4.	5.	6.
ERIE	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<i>INTELLECTUAL DISABILITIES SERVICES</i>						
Administrator's Office			1,276,850		52,247	997
Case Management	739		618,377		48,976	
Community-Based Services	1,103		1,049,673		72,141	
Community Residential Services	14		686,089		47,029	
Other	32		318,127		29,273	
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,888	3,949,116	3,949,116	0	249,666	997
<i>HOMELESS ASSISTANCE SERVICES</i>						
Bridge Housing	34		73,810			
Case Management						
Rental Assistance	1,396		451,822			
Emergency Shelter	319		50,795			
Other Housing Supports						
Administration			0			
TOTAL HOMELESS ASSISTANCE SERVICES	1,749	606,765	576,427	0	0	0
<i>CHILD WELFARE SPECIAL GRANTS SERVICES</i>						
Evidence-Based Services	396		550,402		28,969	
Promising Practice	181		409,516		43,835	
Alternatives to Truancy	90		162,000		18,000	
Housing	189		84,660		14,940	
TOTAL CWSG SERVICES	856	1,206,578	1,206,578	0	105,744	0

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

County:	1.	2.	3.	4.	5.	6.
ERIE	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	277		84,378			
Inpatient Hospital	24		92,204			
Inpatient Non-Hospital	332		892,933			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	290		235,163			
Partial Hospitalization	10		32,176			
Prevention						
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	933	1,422,185	1,336,854	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	354		202,012			
Aging Services	761		89,212			
Children and Youth Services						
Generic Services						
Specialized Services						
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,115	323,582	291,224		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			148,027			
GRAND TOTAL	39,701	22,567,752	22,567,752	89,582	825,410	23,447