Schuylkill County Human Services Block Grant Plan FY 2016-2017

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Appendix A

Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: SCHUYLKILL

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

The County assures, in compliance with Act 80, that the 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.

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

The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Charter 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 regulation promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Please Print	
George F. Halcovage	George F. Halcovage, Jr.	Date: 6-8-16
Frank J. Staudenmeier	Frank J. Staudenmeier	Date: 6-8-16
Gary J. Hess	Gary J. Hess	Date: 6-8-16

Appendix B

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:

The County planning process for Fiscal Year 2015-2016 occurred in four (4) phases. The first I described in the Introduction, which occurred prior to the start of the FY 2015-2016. This phase ended with the budget impasse and the absence of a state allocation.

Phase II began then in July and August aimed at consulting with provider groups, BHMCO's and stakeholders on maintaining essential services. The planning involved identifying and gaining access to any pots of retained revenue dollars both in the Block Grant and within Service Access and Management (SAM); recommending that providers talk to BHMCO's to access advance payments, and to gauge what actions the provider communities could and would take on their own to maintain services. We also used our fiscal system and SAM's to encourage providers to process invoices in a timely manner so we could determine how long service payments would be available. Meetings were held in August and, as the impasse continued, in November (see attachment **Appendix F**)

The third phase of planning came in December and January as the Block Grant Executive Team reconvened to research and designate projects consistent with our needs assessment. We received the full three (3) quarters of payments in January, 2016. The first order of business was to calculate the dollar amounts due to each service provider for services rendered, to determine the viability of funding the proposed support services from 2015 and then to determine projects moving forward (see attachment **Appendix G**). This document acted as both the planning tool and approved project list.

The fourth and final phase for FY 15-16 has occurred over the last several months in soliciting input from the various stakeholder groups on proposals for programs/services moving forward and surveys to gauge the stakeholder's satisfactions with the service providers and systems.

1. Critical stakeholders

We identify critical stakeholders as 1) the individuals and families in services across all the Block Grant Team agencies; 2) peers and advocates; 3) service provider communities; and 4) the broad community as a whole. Each agency has an Advisory Board that has representation from consumers, family members, advocate, business leaders, and members of civic groups. We have recruited from each agency's Advisory Boards and from the general community to create the Block Grant Advisory Board.

2. Opportunity for Participation

As I demonstrated above Schuylkill County has presented numerous opportunities for participation by stakeholders. The Schuylkill County Commissioners also approved two (2) public meetings which were held on May 18th from 9:00 to 10:00 AM and May 24th from 6:00 to 7:00 PM (see announcement and sign-in sheets). I have included the Agenda Report.

As is now standard practice, we conducted an on-line survey that was distributed thru CPS with their peers and Outpatient Programs with their clients. We use the two (2) standing committees- Recovery and Forensics in ongoing discussions throughout the year. We engage the CASSP and Systems of Care structures to elicit feedback.

Children and Youth conduct surveys within their truancy program with clients, schools and staff. Satisfaction and service surveys are completed by both evidence based programs - Family Group Decision Making and Multi-systemic Therapy.

Office of Senior Services uses a combination of phone interviews, surveys and face to face meetings at the Senior Centers.

Office of Drug & Alcohol Programs distributes surveys thru both its outpatient and inpatient providers systems. This office also has a very active Advisory Board.

Through all these avenues each entity receives considerable feedback which is shared with the Block Grant Executive Team and is reflected in their narratives in this Plan.

3. Use of Funds

As I noted in the section on Planning Process, this was a very difficult year. For the MH, ID and D&A service systems all available base dollars were used during the 1st quarter to keep provider doors open and the lights on. Providers went unpaid from September until the end of January. C&Y and Office of Senior Services received county funding as mandated services but providers went unpaid. HSDF and Homeless/ Human Services received county funding for staff costs but providers went unpaid.

In January, with the Allocations, we followed the funding formula of allotting dollars to categorical programs consistent with the Bock Grant Requirements, paid all service providers in full for services rendered, created an operations budget with remaining Block Grant funding and then monitored spending by each entity based on their needs and service demands. The driving force behind these latter decisions was 1) projects and services consistent with the needs assessment, 2) projects and services that serve multiple populations across the agencies, and 3) projects and services that are both flexible and targeted.

4. Schuylkill County made no substantial funding changes.

There was no transfer of dollars between categories that required reporting or requests for waivers.

5. Local Collaborative Arrangement

Schuylkill County has no formal LCA.

PART II: PUBLIC HEARING NOTICE

The two (2) Public Hearings were held May 18, 2016 from 9:00AM to 10:00AM and May 24, 2016 from 6:00PM to 7:00PM. While each meeting was widely advertised for several weeks, attendance was quite poor for both meetings.

Please provide the following:

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

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)*

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

The Republican-Herald (Under act P.L. 877 No 160. July 9,1976)

Commonwealth of Pennsylvania, County of Schuylkill

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

PUBLIC HEARING NOTICE

The Schuylkill County Board of Commissioners will hold two public meetings for the purpose of reviewing the county Human Service Block Grant Plan and to receive public comment. The meetings will be held on Wednesday, May 18th at 8:30AM and Tuesday, May 24th at 6:00PM. Both meetings are at the Courthouse, Commissioners Board Room at 401 North Second Street, Pottsville.

Schuylkill County Commissioners
Frank Staudenmeier
George Halcovage
Gary Hess

Account # 160474
Order # 81933278
Ad Price: 219.22

2 PUB HRGS 5/18 & 24
Kathi Breslin
Being duly sworn according to law deposes and says that (s)he is Billing clerk for The Republican-Herald, owner and publisher of The Republican-Herald, a newspaper of general circulation, established in 1884, published in the city of Pottsville, county and state aforesaid, and that the printed notice or publication hereto attached is exactly as printed in the regular editions of the said newspaper on the following dates:

05/10/2016 05/16/2016

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

Sworn and subscribed to before me
this 16th day of May A.D., 2016

Michele Andregic
(Notary Public)

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

SCHUYLKILL COUNTY HUMAN SERVICE BLOCK GRANT
PUBLIC MEETING-MAY 18, 2016 @ 8:30 AM
ATTENDANCE SHEET

NAME	AGENCY AFFILIATION, if any	PHONE # and/or EMAIL ADDRESS
Lisa Fishburn	Schuylkill County MH/DS Office	lfishburn@co.schuylkill.pa.us
Sharon Love	Sch. Cnty. Human Services	slove@co.schuylkill.pa.us
Denise Pozza	Sch. Co. Cty	dpozza@co.schuylkill.pa.us
Jennifer Shifka	Schuylkill Community Action	jshifka@schuylkillcommunityaction.co
Jonathan Dove	Schuylkill Community Action	jdove@schuylkillcommunityaction.co
Melissa Chewey	Schuylkill County D&A	mchewey@co.schuylkill.pa.u
CHRISTINE WIEKRYKAS	Chair County MH/AS advisory board Board member County chapter NAMI SPTF member, Parent member SOC Leadership team	cwiekrykas@hotmail.com
Terri Salata	SAM, Inc. AE Supports Services	tsalata@sam-inc.org

SCHUYLKILL COUNTY HUMAN SERVICE BLOCK GRANT
PUBLIC MEETING-MAY 24, 2016 @ 6:00 PM
ATTENDANCE SHEET

NAME	AGENCY AFFILIATION, if any	PHONE # and/or EMAIL ADDRESS
Lisa Fishburn Lisa Fishburn	Schuylkill County MH/DS Office	lfishburn@co.schuylkill.pa.us
Melissa Chewey	Sch. Cty D&A	MChewey@co.schuylkill.pa
Sharon Hove	Sch. City. Human Services	Slove@co.schuylkill.pa.u
Lloyd Wertz	FTAC	LWERTZEPMHCC.ORG
Dave DINICH	1'	ddinich@cmhcc

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, Health Choices, 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.

The absence of a state budget agreement stopped all Block Grant funding for seven (7) months. The impact was that plans for expanded specialized and start-up services could not go forward. For support, rehabilitative/habilitative, housing/residential services funded with Block Grant dollars thus remained unchanged until the allocations in January. That said we are very positive about our Block Grant involvement and very proud of the projects and services we were able to fund in the projects and services we were able to fund in the 3rd and 4th quarters. In addition to the attachment noting the spending of retained revenue, we were able to blend Block Grant and Health Choices Reinvestment dollars to expand a housing development project, giving us six (6) new apartments. There are four (4) one bedroom and two (2) two bedroom apartments. The two bedroom apartments are used by Children and Youth Services.

We have been able to upgrade the infrastructure on our two (2) Community Rehabilitative Residences and fully fund an expanded use of Crisis/Emergency Services. We also were able to work with Women in Crisis in securing for the women at the shelter.

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: The lack of a state budget has had significant and negative impacts on the supportive services funded with Block Grant dollars. Because of the impacts the service year remained very much unchanged. We have noted the highlights above and will put these in context in the Narrative.

The Office of Mental Health, Developmental Services and Drug and Alcohol Program (MH, DS, D&A) and the Office of Senior Services (OSS) have a very detailed Memorandum of Understanding that delineates the range and types of services comprising each system, describes and commits each agency to cross referrals and intake; access to services; coordination and cooperation of the case management services; collaborative outreach and conflict resolution. Coupled with this are the joint efforts to provide outpatient treatment services through mobile therapy to the homebound seniors; two (2) of our six (6) outpatient providers are credentialed to provide this service. OSS addresses this need through their outcome and performance measures which the number of consumers and the severity of their mental health issues. OSS also has a professional services contract with a credentialed counselor who works in collaboration with OSS case management.

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

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

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

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

- Needs:

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

health services negatively impacts both community based services and those in nursing homes.

There are two (2) demographics that impact access to both housing and transportation- older and poor. While Schuylkill County has benefited from public and subsidized housing, the competition for the units is significant. There is a notable population that will be displaced from their homes for financial reasons, code issues related to unsafe conditions they are unable to repair, evictions, and such. They will often "couch surf" for a period with friends or family but a number end up homeless because they cannot sustain themselves in private housing. There are several agencies that work with this population (Office of Senior Services, Homeless Program, Schuylkill Community Action, and Service Access and Management Housing Department- the county funded case management). All these entities are either members or affiliated with the Block Grant. We have collaboratively worked together to increase housing stock thru the Housing Authorities and work with private landlords on affordable housing that meet codes. But much remains to be done, to both short-term (Homeless Shelter) and long-term needs.

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

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

The foundational service for individuals and/or families whose services are paid for with Block Grant dollars is the Case Management system. We have two (2) levels of care; 1) Administrative and 2) Blended Case Management. Administrative includes intake, financial eligibility, to access Block Grant payment, and initial referrals. Blended Case Management provides initial and on-going service assessment and review, acts as a conduit to all levels of supportive and clinical care and provides psychosocial supports.

The Mental Health Case Management system has worked closely with our Block Grant partner agencies to tailor each agencies intake assessment to allow, with signed releases, cross service system referrals. The request from each agency to secure signed releases is standard at all intakes.

The service system for adults, much like that for older adults, has as its backbone a strong case management system with cross systems coordination and collaborations. The intake and referral screens for and makes referrals to full range of human service needs but is not sophisticated nor formally linked to be thought of as a No Wrong Door System. This latter is a goal of the Human Services Executive Team. We have Administrative and Blended Case Managers (BCM) that provide services to well over 2000 individuals, acting as both a conduit to and support of other services.

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

Our service system used Block Grant dollars to fund six (6) essential treatment services: 1) Crisis, 2) Emergency, 3) Outpatient, 4) Crisis Residential, 5) Family Based and 6) Partial Hospitalization Program. Base dollars are used to fund these services in the absence of a public or private insurance payer. It is important to note that the use of base dollars to pay for clinical services, while essential, constitutes a very small proportion of the total funds. This is why the supposition that MA Expansion will support a significant decrease in state base dollars is misguided. There is a significant disconnect between this assumption and what base dollars actually pay for. This will become clearer as we discuss support services.

Schuylkill County has served approximately 6000 individuals in our outpatient services, about 3% of which receive base funding. 100% of individuals receiving emergency services are paid for with base dollars.

We fund twenty (20) individuals for a total of 197 bed days at Crisis Residentialing/Safe Haven Program with base dollars.

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

An area of strength is our support services. This is an area of particular importance because in truth only about 25% of interventions are clinical; the 75% are supportive. Supportive Services are what maintain individuals in the community. They

are by nature and design integrative and inclusive; they open the wider community to the individual, offering meaningful opportunities for involvement and natural supports. Supportive services are funded almost exclusively with base dollars.

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

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

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

A critical element of the ability to transition individuals out of the CRR and the re-entry into the community from state hospital stays and prison is our close working relationships with the Pottsville and Schuylkill Housing Authorities. They have historically made public/private subsidized housing available to our populations. The relationship with Pottsville Housing Authority has been strengthened over the past several years through our contractual agreement to jointly develop housing stock. We have been quite successful this past year to couple Block Grant dollars with Health Choices Reinvestment dollars to complete a series of renovations and development of apartments as noted in Highlights. We have developed 23 beds since 2013, 17 one bedroom and 3 two bedroom. We have a very similar arrangement with NHS, a private service provider. Each of these projects has been collaborative with the agencies on the Executive Team; we have developed both single and multiple bedroom units to accommodate the needs to make housing available to both individuals and families.

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

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

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

A final area of employment directly related to the Block Grant is the access to training provided by Northeast PA Manufacturers and Employers Council, Inc. This is a 20 section curriculum to develop employment readiness and work place behavioral skills. Employers and industries within the council recognize those completing certification as "preferred applicants". As noted earlier we were able to contract for the full curriculum and supplementals to train individuals enrolled with D&A, APO and Children & Youth. We had 25 participants who were trained.

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

A) Transition Housing:

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

B) Coordination of Physical Health/Behavioral Health and Mental Health/ Drug and Alcohol
    1) PH/BH- there are two (2) notable projects; the first, in collaboration with Vision (A community development entity) we sponsored and attended two (2) community health fairs in towns within the county- Schuylkill Haven and Shenandoah. The fairs combined health screenings for both physical health (high blood pressure, weight issues, smoking) and behavioral health

(depression, anxiety, drug/ alcohol use) with distribution of health flyers and access to services.

Vision also acted as the initial entity to work with the Commonwealth Medical College on developing a Federal Qualified Health Center. From this was developed the Commonwealth Community Health & Education Board that partnered with the Primary Health Network. The FQHC opened in September, 2015.

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

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

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

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

- **Needs:**

A) Housing-

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

could work within the agencies, the housing authorities, and private marketplace with agency involvement to secure safe, affordable housing.

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

B) Transportation

The transportation issues remain very difficult to improve. STS is limited by regulation, categorical funding and the loss of state dollars with each budget period. We have begun to explore alternative plans to include the Community Volunteers in Action and church groups for individuals who would provide rides at designated times to services and socialization. A suggestion from our Recovery Committee this year was to explore an Uber-like system

C) Coordination of Services:

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

D) Additional Services:

We have identified a service gap with our SMI population where 20 to 25% will disconnect from or discontinue medications or medication management. This has been a consistent unmet need that we have tried to address thru Blended Case Management, wellness checks thru Crisis and contact calls thru Outpatient Providers. Once however an individual drops out of services these options are unavailable. When talking with folks who have discontinued and then returned, often after a hospitalization, we find that

a prominent barrier is transportation-either the lack of it or its inconveniences. To this end we are developing two (2) new outreach programs: 1) Mobile Medication Management- staff by a nurse and health worker aid under consultation with a psychiatrist and 2) Mobile Psychiatric Rehabilitation staff by bachelor and master level mental health professionals. Each of these can maintain contact with individuals and families in their homes or chosen sites in the community.

A final area is the ability to engage individuals and families from a solely habilitation perspective. We have found that many in-services lack the basic life skills, decision making and natural/community supports to act as a foundation for recovery. We contracted with an agency to provide Family Support Services but were unable to enroll folks until February, 2016, and, as such, remained an unmet need.

- **Transition-age Youth (ages 18-26)**

  - **Strengths**:

Schuylkill County has expanded its definition of this group to include the ages from 14 years to 26 years. We have done so because our experience in working with the individuals demonstrates the significant needs they have and maintain well beyond their 21st birthday. The early age is driven by the fact that a portion of children entering institutions (inpatient psychiatric units, Foster Placements and /or RTFs) do not return home to their natural or extended families. We have expanded the range to maintain individuals in both clinical and supportive services. Frozen by trauma and institutional care these individuals maintain a high level of need well into their twenties.

We have begun initial steps in developing an array of service both specific to this population and while in a broader clinical context overall a second project on trauma informed care and clinical practices will certainly benefit this population. While there are no Block Grant dollars involved at this point, those dollars will be the sole funder in subsequent years.

A) Clinical

We have significantly changed the nature and direction of our CASSP to enhance the participation of families and youth as full partners in the designation and composition of service recommendations made at the meetings. Family members and youth are also invited to participate on the Leadership Team, an entity intended to examine the effectiveness of individual services and the systems as a whole. These

changes have been embraced by the full CASSP Team- MH, D&A, C&Y, schools, JPO, Case Managers, families, youth and advocates. They report a greater sense of engagement from families and youth, resulting in services that are more meaningful to families and youth. The services are targeted to specific shared goals and needs and are limited in number and intensities to better fit families and youth capacities and timeframes.

We are in our second year of the Systems of Care (SOC) grant with the state and our first six (6) months of the federal grant with the BHARP counties. Our experience with the State SOC grant has given us the philosophical and structural underpinnings for the changes within CASSP and the Leadership Team, which is an essential component of SOC. We have focused our SOC efforts on the transition Age Youth (TAY) as the target population for on-going interviews and data collection on the responsiveness and effectiveness of services and their systems across the CASSP Team agencies. The TAY are also the individuals invited on to the Leadership Team. We have also developed and are running a group comprised of the TAY on a weekly basis. Schuylkill Creative Expressions group was organized as a vehicle for kids involved in child-serving systems to engage in healthy peer interactions using a number of creative activities. Some of the activities that the group has done include tie-dye projects, painting, arm knitting projects and graffiti art. The group is planning different community outings over the summer such as a trip to Locust Lake, miniature golfing, and possibly attending a movie together. These activities will also help kids connect within their community by using public transportation, engaging in community activities, and developing positive supports and coping skills.

The Federal grant awarded to the North Central 23 counties comprising BHARP has an exciting and, we anticipate, very beneficial component-trainings thru Lakeside on enhancing trauma awareness and vicarious trauma trainings. The Lakeside trainings will target the wider service community members, human service staff, correction officers, probation workers, judicial staff, law enforcement, healthcare staff, and school staff. The goals of the training are that over six (6) sessions' participants will become highly sensitive regarding the nature of trauma, key properties and principles, a heightened awareness and respect for the realities of trauma-related behaviors and feelings, and impacts on relationships, activities of daily living and generational consequences.

Vicarious Trauma and Screening and Assessment Training is aimed an Executive Managers of counseling services, supervisors, and clinicians. The Executives and clinicians will choose a specific model in which they will be trained and organize their agency and clinical practice around that model. Case managers, CPS

and CRS will be trained in models relevant to their roles and responsibilities. This training is being funded thru Health Choices Reinvestment dollars in the North Central 23 county contract and parallels the SOC trainings.

B) Supportive/Development:

Schuylkill County applied for and received Reinvestment dollars targeting TAY housing needs. The dollars can be used for security deposits, rent, utilities, furniture, house and kitchen wares, and to secure Social Security Cards and/or ID's. We can basically use the dollars to provide whatever residential support is needed to secure and maintain youth as individuals and as families in their own place. Individuals and families are referred to a screening and oversight committee who reviews their needs and determines the level of support. Many individuals and families are in treatment services and have case managers who work with them on a sustainability plan to include securing employment and/or job training. Those not in services can work with the PATH worker to develop a sustainability plan. To increase our abilities to serve more folks we work closely with the Pottsville Housing Authority to secure Section 8 certificates or subsidized housing units. We have been operational since October, 2015; we have served 25 applicants, 18 of which remain active. Of the 7 inactive several moved away and the others choose to leave the program. While Block Grant dollars are not currently being used, they will become the sole source of funding when Reinvestment runs out.

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

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

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

2) NPMEC, Inc. provides the YES Program, a 120 hour coursework covering areas of Communication, Health and Safety, Personal Development, Quality and Technology, Teamwork, and Interview skills. Those successfully completing the course receive a certification and are recognized as "Preferred Applicants" by employers, secondary education institutions, and training programs.

3) Careerlink in School Youth Program provides work readiness trainings, internships, and access to private employers.

4) AHEDD provides benefit counseling; community based work assessment, supportive employment, and paid employment.

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

C) Prevention:

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

- **Needs**:

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

1) Housing/ Supportive Services:

While the housing project funded with Reinvestment dollars is an important development there remains a need for transitional housing. Too many in this age group who grew up with psychiatric hospitalizations, foster placements, and/or RTF because of traumas and serious behavioral and mental health issue never developed skills of daily living and/or integration into society. We need a residential program with comprehensive counseling and supportive services where these individuals can habilitate. These supports need to be coupled with peer supports, employment readiness and job training.

2) Clinical Services:

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

3) Drug and Alcohol Services:

Linked with Trauma Therapy or as a stand-alone intensive, age specific, creative drug and alcohol treatment is essential. We need to break the cycle at as early an age as possible to offer these kids any possibility of constructive

growth and productive lives. We need to recognize the disease; we need to celebrate recovery and resilience.

4) Ancillary Services:

We are in the early stages of developing specialized Mentoring Services and Family Support Services. The Mentoring Services teams a youth with a worker in a peer type relationship whose goal is support, not counseling. Family Support Services follow the same model, where the professional works with the family on habilitation/ rehabilitation needs, incorporating and developing natural community supports.

- ***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:**

The primary payer for children's services is Medicaid but there are more important services paid for with Block Grant dollars. These are 1) Family Base, 2) Family Support Services 3) Student Assistance Program

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

2) Family Support Services are as I described above- habilitation/rehabilitation focused services to incorporate and develop natural services to incorporate and develop natural community supports. Our recent experiences with the enhanced CASSP and Systems of Care has reinforced for us as professionals the deep need families have that are related to daily living and are not clinical. We look forward to employing this model with families in further support of the children.

3) Student Assistance Program (SAP) is jointly funded with MH and D&A base dollars. SAP serves all 13 school districts, working closely with school personnel, families and students on behavioral health issues. They participate in all in-school team meetings; provide assessments, screenings and consultations directly with the students, families and school personnel. This is a very effective collaboration between schools and community based behavioral health services; the single greatest barrier to inclusion of students in services is the parent's unwillingness to

sign consents. Fully 30% across the districts of referrals made to SAP do not receive services and in some districts it is higher than that. Parents that do sign consents are far more willing to agree to a mental health service than a drug and alcohol, even when the precipitating event has a drug/alcohol component. Parents have gone so far as to withdraw their child from school sponsored events to avoid involvement. Even with these barriers the SAP liaisons conducted 258 assessments, 252 screenings, participated in 276 core team consultations and 1710 parent/teacher consultations through the third (3) quarter of this school year.

Schuylkill County has a very active and effective Child and Adolescent Service System Program. Schuylkill County has expanded the participation and scope of the original design to include system review, development and education. The CASSP Committee has standard attendance from Children and Youth (C&Y), MH and /or ID Case Management, IU29, home school districts, families and children, Community Care Behavioral Health, clinical and support service providers, and, as needed and appropriate, Student Assistance Program, Juvenile Justice and Drug and Alcohol. We have used this vehicle to not only address the presenting problems but to examine and address services system issues, such as, gaps in services, lack of coordination or cooperation among services, and service payment issues. What has evolved from these discussions have been joint efforts to bring the School Based Behavioral Health Program (SBBH), and Multi-Systemic Therapy, into our continuum of care. We have also included Family Based Decision Making as an option for families, whether in the CASSP or not. We believe this offers families the opportunity to recognize and develop personal and community based supports, that it empowers families and broadens their support systems outside the institutional agency systems. SBBH is a joint project between the MH office CBBH and the schools; the latter are joint efforts including funding between the MH office and C&Y. Additionally, the CASSP Committee has developed and presents Cross-Systems Training on a quarterly basis to any participating entity and the community as a whole. As noted in the previous section, CASSP is strengthened by its partnering with Systems of Care both philosophically and structurally. We have added a full-time professional to our SOC efforts to recruit families and youth/children onto the Leadership Team, to act as a conduit to CASSP Team Agencies, and to conduct the interviews that are the basis of the SOC research.

The SAMSHA Grant, known as Project Aware, in which trained professionals provide Children's Mental Health First Aid have completed 15 separate trainings with a total of 280 participants. Training venues includes school personnel, human service agency staff, completed by the participants indicated a very high degree of

satisfaction with the trainings. The 280 figure exceeds the two year goal of 250 participants.

We have also added two Parent/Child Interactions Therapy (PCIT) provides to support early interventions with families and children.

- **Needs:**

There are four (4) areas of need with children. These are: 1) Short –term RTF; 2) Therapeutic Foster Homes; 3) Clinical Services; and 4) Summer Psychosocial Services.

1) Short –term RTF:

We continue to explore this program design with CCBH and Beacon Light thru the 23 County North Central Health Choices contract. The effort has stalled at this time because of concerns with initial financing and sustainability of medical spend rate increases related to MA expansion. It remains a priority. The design is the Star Program, a comprehensive residential service that combines on-site clinical and support services with intensive family therapy.

2) Therapeutic Foster Homes:

This is another project that gets a lot of attention but with very limited success. We have been unable to attract another provider primarily because of financial sustainability because even though we have a waiting list from time to time, it is not predictable. The costs associated with start-up, training, staffing and supports are tangible; the funding for a second provider is not.

We do have agreement from CCBH for funding for an out of county placement which has been used on two occasions.

3) Clinical:

As with TAY our biggest clinical need is psychiatry. There is one certified Child Psychiatrist in the county and he is retiring. We struggle filling the need for psychiatric time for all populations but it is particularly critical with children. We have encouraged our Outpatient Providers to become credentialed with CCBH and OMHSAS to use the tele psychiatry and two have.

4) Summer Psychosocial Services:

As we noted above, we started a Creative Expressions thru the SOC contract working with TAY. We are exploring the possibilities of doing a similar group with 6 to 10 year olds. The delay is associated with staffing, time of day and a facility that is accessible to families. We will continue to work on this.

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:

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

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

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

The increase in housing units realized through Reinvestment and Block Grant have had a very positive effect maintaining open slots in the two (2) CRR Programs making residential placements for these folks easier to do. It has also improved our ability to transition folks from the CRR into permanent housing.

Needs:

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

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

Strengths:

Despite the licensing an regulatory barriers we continue to pursue a system where cross assessment and referrals occur between the mental health and drug & alcohol service providers and the agencies comprising the Block Grant Team. We encourage the service providers to request signed Releases of Information forms to both clarify and facilitate communication; this practice is standard across the Block Grant Agencies. We endeavor to include both mental health and drug and alcohol providers in all community based groups to include CASSP, SOC, CJAB, the Forensics and Recovery Committees. This makes each agency staff known to one another and facilitates coordination and cooperation. Both MH and D&A service providers are active participants in the Cross Systems Trainings done on a quarterly basis and Clinical Outcomes Group (COGI) offers a series of presentations to which the MH and human services agencies are invited.

Mired in perhaps one of the most devastating epidemics of opioid abuse we have initiated a broad community and service systems wide discussions of joint interventions and consultations on both treatment and psychosocial education and referrals. We have received, thru Narcan to a wide range of entities and have provided training in its use. We have also partnered with the D&A community to begin the use of Vivitrol in the county prison.

Needs:

In the teeth of this most unprecedented epidemic of opioid and methamphetamine abuse, the most salient unmet need is the absence of a dual licensed community based outpatient provider who could deliver comprehensive, coherent co-occurring services. This would eliminate the need for individuals to

straddle two (2) systems too soon and then relapse to both diseases. Many faced with the choice of two (2) systems don't enter either. The outcomes are increased hospitalizations, legal troubles and/or incarcerations.

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

- **Justice-involved individuals**

Strengths:

We have a dedicated forensics case manager who works closely with the prison, Adult Probation and the legal system. His responsibilities include making contact with the individual once incarcerated and a serious mental health issue is identified; arranging for counseling with an LCSW as needed while in prison; working with prison staff to monitor the individual's stability; and refer to any other services available and appropriate. As point of release nears, he begins the application for Medicaid if eligible and sets intake dates with case management and outpatient providers.

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

The employment picture has improved with the contracts with NEPME for the YES workshop series. We have been able to make this available not only to those with APO but as part of a re-entry service with C&Y and SCA. In addition the SCA is working with APO to develop a Day Reporting Program of which employment, job training and readiness will be a prominent aspect.

Needs:

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

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

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

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

- **Veterans:**

Strengths:

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

Crisis/Emergency is available to any individual at any time. We provide crisis counseling by phone, mobile face to face and as necessary, hospitalization. We will contact the VA system first to determine the availability of an inpatient

psychiatric bed. If none are available we will search community hospitals that we have used before with a track record of serving veterans.

Service Access and Management Housing Department works in partnership with Opportunity House to provide housing assistance to veterans and their families. The Supportive Services for Veteran's Families (SVVF) grant provides the funding. An eligible participant must be a veteran or family member where the head of the household is a veteran. SAM provides these services through our Housing Coordinator, who devotes 20% of his time to Opportunity House and the SSVF grant. This assistance may include intensive case management; rental assistance in the form of security deposits; first month's rent or arrears; moving expenses; basic household necessities; child care expenses, and assistance with utility payments.

The SAM Housing Coordinator works very closely with the Opportunity House/SSVF full-time staff person assigned to Schuylkill County; it is a productive working relationship that opens additional housing resources. A final component is the PATH Program which can be a transitional service to the SVVF Grant.

Needs:

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

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

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

Strengths:

In light of the recent tragedy and horrific events in Orlando and the release of national statistics on stigma, hate assaults and the absence of community based services, it is clear we know remarkably little about these populations.

These folks are enveloped in trauma, isolation from the wide community and are impacted by personal and often familial conflict. They report their "differences" and live with that separation, except from one another.

Last year we noted that two (2) strengths were 1) two (2) outpatient providers have established discussion and supports groups and 2) that we had clinicians in both MH and D&A who were willing to and able to open themselves to learn the skills and approaches necessary to provide counseling. The groups continue to be available but there has been very limited feedback on any system's needs.

In discussing treatment services at a recent Regional Service Planning Meeting an advocate noted emphatically that a gay person wants a gay therapist. Whether a personal belief or one held by a part of the LGBT community, the statement was made was that as well-meaning and empathetic non-gay therapists may be "They just don't get it and can't". It is a difficult and discouraging thing to hear. This statement has been disputed by others who point out that the most important thing is the client therapist relationship, not the sexual identity.

We're at a loss at this time to address strengths/needs because of the lack of knowledge of the populations and their services perspectives. We continue to provide supports through the Crisis/ Emergency system in doing outreach and finding hospitals, as needed, who have an expertise with the populations. The Junior Advisory Board and Suicide Prevention Task Force also continue to provide outreach and supports. We must continue to offer relationships based on respect and positive regard and to remain open to the education only they can provide.

- **Racial/Ethnic/Linguistic minorities**

Schuylkill County remains demographically a substantially white community; only 5% of our citizens constitute minority status in the last census. There are, however, reasons to believe that the percentage is climbing for both Spanish-speaking and African Americans. We are experiencing a much higher request for mental health, drug and alcohol and supportive services.

Strengths:

Schuylkill County remains demographically a substantially white community; only 5% of our citizens constitute minority status in the last census. There are, however, reasons to believe that the percentage is climbing for both Spanish-speaking and African Americans. We are experiencing a much higher request for mental health, drug and alcohol and supportive services.

In the clinical arena, we now have one MH Outpatient Provider and one D&A Outpatient Provider with Spanish-speaking therapists. The MH therapist is part-time while the D&A therapist is full time. While this is certainly an improvement, it is far from meeting the demand for face to face counseling. We require SAM and providers to demonstrate cultural sensitivity and awareness. We also require that they have access to interpreters to address linguistic needs; this is almost exclusively with Spanish-speaking individuals. We recommend either Language Service Associates or CTS Language Link; both have access 24/7, 365 for up to 150 languages. Crisis/Emergency Services uses an app for mobile work. We are also developing brochures and flyers in Spanish to be distributed in public areas and churches to advertise and inform individuals/families of community based services. The distribution is also an important aspect of the Community Health Fairs we participate in with Vision.

Needs:

Clearly we need to recruit and retain more Spanish speaking professionals across our human service systems, from case managers to psychiatrists and all in between. We can continue to use the tools we have available to us but we need to remain committed to recruitment and retention.

We must also increase our outreach to the full minority populations to make known the range, type and levels of care available to all our citizens.

- **Other, if any (please specify)**
  Strengths:
  Needs:

c) <u>Recovery-Oriented Systems Transformation</u>:

*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 **<u>each</u>** 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.*

Schuylkill County has a very vibrant existing recovery-oriented system and is committed, thru this office and our provider network, to maintain and expand those

principles and practices that define recovery. We have designed and implement treatment and supportive services that embrace Recovery and Resilience. Our provider system has demonstrated their belief in Recovery and Resilience by developing structures within their services. This will become evident when reviewing the survey. We will describe our current systems, provide statistics and note our intended expansions.

The requests made in the instructions for timelines and plan for tracking implementation are not applicable to mature systems, only to start-ups. We have established programs in place that continue from year to year as systems priorities.

I. Certified Peer Specialists:

A) Schuylkill County has three CPS providers-ReDCo, NHS and Community Support Group (CSG). Among them, they serve 159 individual who receive CPS. There are fourteen(14) CPS- four (4) are trained in forensics, two (2) are trained as Veterans, one (1) is a WRAP Coordinator, one (1) older adult, and six (6) generalists- working with the three providers. The Certified Peers are an essential component of the Recovery Oriented System performing a wide range of supportive services and acting as the conduit for a steady flow of feedback to providers and this office from the folks they work with. They are the primary avenue to WRAP's, advocating strongly with and for their individuals. They urge and support participation in Shared Decision Making and, as requested, will accompany the individual to doctor visits. CP's assist folks in attending and staying active with the Clubhouse.

The CP's are our conduit to feedback. They anchor the survey processes we conduct throughout the year. One of the surveys we did had a Linkard Scale as part of it and the results were intriguing. On a scale of 1 to 5, the overall system and services scored a 3.6. The highest areas of scoring were the quality of therapists (4.18), the ability to contact help when something goes wrong (4.1) and feeling supported by others in their lives (4). Scoring less well but still within a respectable range were choice of outpatient provider (3.1), ability to arrange to talk with a psychiatrist (3.2) and, somewhat surprising given the score above on contracting help, when a problem arises, it is easy to get a solution (3.1).

We are very proud of the work done by CP's and are looking to expand this service into the forensics arena and with TAY.

B) Timeline

We successfully transitioned from the closing of Recovery Edge to the Three (3) providers in one month. One of those providers (CSG) began CPS services for the first time in Schuylkill County. We continue to work with each agency to assure that each person who wants a CPS gets one and has choice of the provider. Each agency has demonstrated the capacity to match individuals and peers and to monitor the relationships to assure that they remain positive and productive.

Schuylkill County also continues to assess the service system to determine our needs for additional CPS as generalists and for specialized populations, specifically transition aged youth. This is done by consultation with SAM Case Management, the CPS providers, the Block Grant Executive Team, other human service agencies and the criminal al justice system. We use conversations with and feedback from the Clubhouse, Recovery and Forensics Committees to monitor the need. One CPS provider, ReDCo, has added a Transition Age Youth CPS.

C) Fiscal and Other Resources

The primary funded for CPS is Medicaid through Health Choices. Thirty-two (32) CPS are paid for through Block Grant dollars which includes county match. We budgeted $58,500 last year and have spent $55,500 through the 3rd Quarter.

D) Tracking

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

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

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

II. Schuylkill County Recovery Committee

A) Schuylkill County celebrated our 10 year Anniversary with presentations from Elisha Coffey and Susan Rogers both of ICAN. Susan presented on the early history of the Recovery Movement, the pioneer leaders and the struggles both within the service systems and in the wide community to establish credibility that Recovery is possible. Susan and Elisha both stressed self-advocacy and joint efforts to promote personal health and confront stigma. They encourage those present to submit their stories in 1500 words for publication by ICAN. The speakers were impressed with the attendance and with the work done thru CPS. Seventy (70) people attended the celebration.

The Recovery Committee meets the second Tuesday of each month and averages between 30 and 40 people for each meeting, the majority of them clients. The meeting continues to offer speakers chosen by the peers on issues of interest to them. This includes presentations from the Meadows on the Crisis Intervention Services, Schuylkill Transportation System and MATP, representatives from Pottsville Housing Authority and SAM Housing Department, and Servants to All Homeless and Day Program for examples. This group plans and runs special events to include picnics, fairs and art shows. The meeting offers clients the opportunity to report on and hear about other community based groups such as Suicide Prevention Task Force and HALOS (A support group for those impacted by suicide), Community Volunteers in Action, and NAMI meetings. This meeting provides professionals and agencies a wealth of information and feedback on the services and service system from those engaged in them. The meetings are held at the Clubhouse.

B) Time Frame

This committee remains important and influential in its ability to act as a monitor of the service systems successes and gaps and for its on-going feedback. We rely on this group to act as a conduit for service system surveys, to relay anecdotal and personal experiences. The group is very active and largely self-supporting. The members have asserted themselves in their message that this is their group in its

make-up and direction and professionals are consultants to these processes. That is how we act. We will offer suggestions on projects, activities, speakers and events but the ultimate decisions rest with the group. They have proven their capacities to fulfill that role.

The committee has done outreach to the wider community-based service systems and public entities, inviting representatives to be group members and to use their participation to expand community awareness in both directions and to use their skills and resources in problem solving.

C) Fiscal and other Resources

We contract with Philadelphia Mental Health Care Corporation/Family Training and Advocacy Council to assist in the planning and running of the meetings. A representative from that group chairs the meeting and produces the minutes. This is only a part of their overall duties with Schuylkill County. It is difficult to pinpoint an exact figure because of this; their full budget is $43,500.

D) Tracking Implementation

Tracking is accomplished through the minutes of each meeting. The minutes include attendance, announcements of future/special meetings and events, a summary of the presentation offered at the meeting and any discussion on plans for future Recovery Committee meetings.

III. Clubhouse

A) The Clubhouse has been and is a very impressive program and a clear success story. The commitment, high energy and loyalty the participants show to the program is remarkable. The Clubhouse is fully credentialed thru the International Standards for Psychiatric Rehabilitation and daily demonstrates its pursuit of fidelity. It operates a consignment shop on site; all activities associated with operations are done by the participants with support and guidance from staff; and it has contracted with community based employers to offer jobs, job training and readiness. The Clubhouse has been in operation since 2009-2010 fiscal year and served a total of 72 participants this last year; 24 paid for with base dollars. This is a very

effective recovery oriented service, based on self-motivation, self-reliance, teamwork and advocacy.

B) Timeline

This is another program that is to a great degree self-perpetuating. The Program Director and Regional Manager for CSG work closely with SAM case management, the CPS providers and the Recovery Committee to attract and maintain active and growing membership. They also do outreach to other human service agencies to increase awareness of the service.

A critical component of the Clubhouse is real work experiences in community business. To that end, the Director contacts Careerlink, AHEED, and Goodwill to act as conduits to employers; she also contacts employers directly to meet his goal. We provide whatever support and influence we have in working with them to create these opportunities.

C) Fiscal and other Resources

Clubhouse is jointly funded through Health Choices Medicaid and Block Grant dollars. We allocated $130,000 of Block Grant dollars to fund non-MA eligible (24) and to cover the costs of non-MA reimbursable activities, such as social events and lunches.

D) Tracking Implementation

This is tracked by reviewing billing on a monthly basis, quarterly reports and reviews to determine the annual allocation. Tracking is also accomplished through the credentialing process International Standards for Psychiatric Rehabilitation

IV. Systems of Care (SOC)

A) We have completed 1 ½ years of the Systems of Care grant with the State and have entered our first six (6) months with the Federal Grant thru Behavioral Health Association of Rural Pennsylvania (BHARP), the 23 County Northcentral Health Choices contract. We have detailed much of the positive impacts SOC have had in the sections of Transition Age Youth and Children. Last year we set five (5) main objectives; we will update our progress.

B) Time Frame

There are multiple time-frames, some on-going, some with a finish date. Those that are on-going are:

1) Restructuring the CASSP process-change will-and must-come incrementally to assure that everyone remains committed to the process and that families/youth feel fully integrate;
2) Family Group Decision Making while we have yet to have a family follow thru with the service, we remain positive. Families have rejected the service because A) they cannot identify extended family and/or friends as natural supports or B) they do not want others knowing their issues.
3) Recruit Family and Youth-since this is the hallmark and backbone of SOC, it will remain an essential priority.
4) Explore using family/youth as peers-again, an essential aspect of SOC and redesigned CASSP, thus an on-going priority.

Those that have an end date in the short term are:

A) Lakeside Trauma training- the first series of six (6) sessions will be completed by August 25, 2016. This training will be made available on an on-going basis through the extent of the Federal grant; sessions maybe offered several times/year.

B) Vicarious Trauma/Screening and Assessment Training- the end dates depend entirely on which clinical model the agency and the clinicians chose. Some model trainings will be completed within one year; there are others with higher levels of credentialing and fidelity that can take three (3) years. Agencies and clinicians have not yet been required to pick a model. The next section, Opening the CASSP process, covers the areas we will address in pursuit of our goals.

C) Fiscal and other Resources:

The initial funds have come from the state of Federal Grants. We will discontinue our participation in the State grant on July 1, 2016 as per Federal Requirements. Funding for the Family and Youth Advocates, the SOC Coordinator and operating costs will transition to the Federal Grant but limitedly. That grant totals approximately $60,000 /county for each of the four years. The remaining costs will be funded with Block Grant

dollars. We do not have an allocated dollar amount at this time since, until July 1, 2016, we could on both grants. The State Grant capped at $50,000 and we were able to bill until the July 1, 2016 date. We estimate going forward that we will need between $35,000 to $45,000 of Block Gant dollars to pay for costs not covered by the grant for salaries/fringe benefits, trainings and conferences and other operating expenses.

There are considerable In-kind resources identified with the Federal Grant that range from donated meeting/training room spaces, participants not paid for with SOC grant dollars, and any other supports that directly impact the implementation of the SOC Grant.

D) Tracking Implementation

This is a SAMSHA grant and is heavily monitored. There are monthly reports that include billing and in-kind data. There are quarterly operational reports that focus on the SAMSHA required deliverables to include: 1) Development of MOU's between agencies; 2) Family and Youth Recruitment; 3) Development of Leadership Team; 4) Workforce Development that includes clinical and non-clinical trauma trainings; LGBTQI trainings and Safe Zone; Cultural/Linguistic Competency training and Policy developments. The quarterlies from all participating counties are collated into an annual report, which SAMSHA grades and offers feedback.

There is also a final requirement to conduct a total of 55 surveys of family/youth throughout the four (4) years (10-15-15-15/yr.). These surveys are fairly comprehensive and act as the data collection to measure the effectiveness and responsiveness of the grant. These are the basis for comprehensive demographics of the participants and can be used to query specific areas. The participant's identities are protected by encryption.

1. Opening the CASSP process-

We had integrated CASSP and SOC from the outset, using the structure and Team of CASSP as the foundation for incorporating SOC philosophy and practices. The CASSP Team has made many changes, some subtle, to open the process. They have moved away from a problem-based discussion to a strength- based; they open the meeting asking both the parent and the youth to define the problem as they see it.

Throughout the meeting the CASSP Coordinator will focus the discussion back to the parent and youth to assure their participation and to make sure they understand what is going on. Calls are placed to the parents after the meeting to check in with them on their impressions of and satisfaction with the meeting and to see how they are handling themselves and the recommendations

2. Integrate Family Group Decision Making (FGDM)

This has not been used to date by any of the families, either with CASSP or outside it. The feedback was interesting and frankly sad. Many of the families could not identify extended and /or friends as natural supports and others did not want family or friends to know of their issues. Schuylkill County has a long history of cultural and ethnic isolationism and we see it here. A more disturbing aspect, however, is the inability of families to identify or define any community based natural supports.

3. Recruit Family/Youth Members

We hired both a family and youth member; the family member resigned due to personal conflicts with work. The Youth member remains and runs the Creative Expressions Group.

We have recruit family and youth for the Leadership Team and participation is good but spotty. Because of problems with transportation and the responsibilities of their daily lives not all family/youth attended each meeting. While we have representatives from each at every meeting, they are not always the same from meeting to meeting. We continue to do outreach, however, to maintain connections and participation.

4. Support the development of Family/Youth Support Groups

Again the message was clear from both families and youth- No. Families, again echoing FGDM, did not see a value in a support group. They shared that when they are going thru a crisis or an issue that they energies are devoted to dealing with those. When they are not in crisis or with issues they have no desire to describe those to a group of people.

Youth, on the other hand, said that a group whose only structure is discussions for support served no useful purpose. It is why the Youth Advocate developed the Creative Expressions Group, which is well attended and seen as beneficial.

5. Explore Using Family/Youth as Peers

We have done several things with these. We have worked with our CPS providers to recruit and train both family/youth as CPS. We have made these folks available to CASSP involved families and youth, as their interests dictate. We have also initiated Family Support Services and Mentoring/Seeds programs for youth, non-clinical, habilitation/rehabilitation focused services. These have proven attractive and effective with both populations.

V. Shared Decision Making

A) This is an innovative, peer run, computer based program developed by Pat Deegan and Associates. The tool is built around a peer-run decision support center (DSC). The client enters the center, touches a computer screen to open a program which allows the client to develop their own goals, Power Statement and Personal Medicine strategies; often with the help of peer support specialists. This is converted into a report that is then used as the basis for the discussion with the psychiatrist. The report also contains information on symptoms since last visit, severity of symptoms, use of past and present medications and their impacts, medication reactions and current medical and emotional status, questions for the doctor and goals for the visit. Personal medicine is a simple, yet powerful, idea that the client can develop, identify and implement strategies and activities specific to them that help them feel good about themselves, provides supports and encourage a meaningful life. These can be hobbies, work, social activities, anything the client identifies as important to their recovery and wellness.

In November, 2011 ReDCo Group initiated Personal Medicine first and then Shared Decision Making. Six Hundred and sixty-nine individuals used these tools this past year, virtually their entire outpatient population. The cultural change they report is humbling. Clients are more engaged and empowered to work in collaboration with the psychiatrist and clinical staff. The clients report that their participation in medication management visit has changed their experiences in profound ways. The tool supports their lead in the visit, where the conversation is shaped by their own words, their voice, their concerns, their realities. They note that the use of Power Statements and Personal Medicine as critical elements of the visit have helped clarify their personal recovery journey.

For the psychiatrist and therapists the change has also been significant. The DSC has humanized recovery and provided a mutual language, materials and tools to encourage personal experiences with recovery and the recovery journey. As Jill Bainbridge, Executive Director of ReDCo Group, “Empowerment, choice, dignity of risk and

collaboration soon replaced words like treatment, court orders and non-compliance."

We are remarkably heartened by these reports and the resulting Culture of Recovery that permeates that system.

B) Timeline

DSC is an on-going, self-supporting system; it is used by each client for every visit they participate in. ReDCo Group is fully committed to its continuation.

A further goal for Schuylkill County is to encourage other Outpatient Providers to become DSC's. In discussions with the other providers they point out difficulties that have existed and continue to exist within their programs. These range from physical plant issues (a room to use as the DSC and the use of multiple sites), the lack of peer specialists linked to their programs and the very difficult time they have had maintaining sufficient psychiatric time, changing psychiatrist and the difficulties in maintaining clinical staff. We will continue to work with them on these issues. Each of the providers are fully engaged in the practice and culture of recovery and have incorporated elements of Shared Decision Making into their clinical practice.

C) Fiscal and other Resources:

As our statistics indicate the vast majority of the current DSC population (638) is paid for by Medicaid thru CCBH. All others, to include individuals with Medicare or non-participating insurances, are paid for using Block Grant dollars (31). This totals the 669 individuals using the service.

D) Tracking Implementation

The current DSC is fully implemented and operational. We monitor its on-going use thru reports from ReDCo Group, discussions with SAM Case managers, and thru our contracting process. We finally receive an annual report detailing the number of participants.

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								
Supportive Housing	Yes	266						NHS-TLP, Allied-SLP, No SAMHSA, Fidelity
Supported Employment	Yes	16						Goodwill, AHEDD, No SAMHSA, Fidelity
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery								
Medication Management (MedTEAM)	Yes	1871						ReDCo 617, New Beginnings 819, Not Evidence Based, Child & Family 30, Access 30, ACE 75, Not Evidence Based
Therapeutic Foster Care	Yes	14						NHS Not Evidence Based
Multisystemic Therapy			MSTuses a variety of fidelity measures, the primary one is entiltled Therapists Adherence	The TAMs are completed over the phone by a third party	TAMs are reviewed a minimum of once per month. SAMs and CAMs are measured	No, not to my knowledge. CSI uses the toolkit established by MST for implementation, so if MST submitted that toolkit to	Yes, all staff complete a required 5-day Orientation Training in the model. They	MST does not adhere to SAMHSA fidelity measures. This is a Children and Youth program.

			Measure (TAM). We also have a Supervisor Adherence Measure (SAM) and Consultant Adherence Measure (CAM). These are three tools the model developer established to monitor fidelity follow-through and address drift issues. The TAM is completed by a caregiver once per month for every open case MST is servicing. The tool, measures fidelity of the model and the data is reported to the clinical supervisor so they can address areas of need and drift. The SAMs and CAMs work similarly, except they are done by therapists on the supervisor and consultant to ensure fidelity in their roles. In addition, the	**agency; the information is then inputted into an official MST website that is operated by MST services. The TAMs are reviewed and measured by the Clinical Supervisor and MST Consultant primarily. They look at them a minimum of once a month to assess need and develop goals for the clinician. The SAMs are measured by the MST Consultant and reviewed quarterly. The CAMs are measured by the MST Coach. Then it is shared with the county for review.**	**quarterly and PIRs are measured twice per year.**	**SAMHSA to be the office guide, then yes, but I am not sure.**	**must complete 4 all day trainings annually as part of their ongoing training. They are required to be at supervision as part of their ongoing training in the model.**	

			program runs a Program Implementation Report (PIR) bi-annually. This report generates data on discharged cases over a six month period. The supervisor and consultant then create a Plan of Correction to address areas of need and drift, then that plan is presented to the program manager and implemented every six months. There are other forms of fidelity measures if you need more info.					
Functional Family Therapy								
Family Psycho-Education								

***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	No		Our Consumer and family satisfaction surveys are conducted by CCBH
Family Satisfaction Team	No		
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	127	
Other Funded Certified Peer Specialist	Yes	32	
Dialectical Behavioral Therapy	Yes	50	Through New Beginnings 5 Base/45 CCBH/ Medicare
Mobile Services/In Home Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	73	All CCBH
Shared Decision Making	Yes	669	31 Base/638 CCBH
Psychiatric Rehabilitation Services (including	Yes	72	24 Base/48 CCBH
Self-Directed Care	No		
Supported Education	Yes	75	Nurse Family Partnership All Base
Treatment of Depression in Older Adults	Yes	232	2 Base/ 230 CCBH/Medicare
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	6	All Base
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	No		
Eye Movement Desensitization And Reprocessing	No		
Other (Specify)	N/A		

***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.*

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

Local services range from Day Support Services such as one Pre-Vocational Program, several Community Habilitation programs (innovative and traditional), and individualized community & in-home supports. Many families choose to arrange services through Agency with Choice and others do utilize PPL or traditional providers. The County has a variety of options for Residential Care including an active Lifesharing

Program, and many Community Homes. Employment is a large focus in the County and an area we hope to expand over the next few years. The most challenging concern over all programs is related to serving people with Dual Diagnosis (ID and MH) who exhibit extreme behaviors as well as those with severe medical concerns. The Administrative Entity continues to focus on ways to address these concerns. Additional details are listed throughout this document.

The intake and registration process for all individuals in need of ID Services begins at the Administrative Entity. The Quality Manager provides coordination of this support by educating the person/family, determining ID eligibility and assisting those in need of redirection to another system. Once eligibility is determined, people are referred to a local Support Coordination Organization (SCO). The SCO then works to determine needs, evaluate PUNS Status, create an Individual Support Plan (ISP) and offer the option to apply for waiver. Together, the AE and SCO work to evaluate (and prevent) potential emergencies and make recommendations for waiver enrollment. Requests for Base/Block Grant Funding also result from this collaboration. In the end, all information is presented to the County MH/DS Administrator for final approval and determination.

	Estimated Individuals served in FY 15-16	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 16-17*	*Percent of total Individuals Served*
Supported Employment	4	0.61%	15	2.3%
Pre-Vocational	6	0.92%	6	0.92%
Adult Training Facility	3	0.46%	4	0.61%
Base Funded Supports Coordination	113	17.33%	113	17.33%
Residential (6400)/unlicensed	4	.61%	3	0.46%
Life sharing (6500)/unlicensed	1	.15%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	69	10.6%	75	11.5%

Supported Employment: *"Employment First" is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore, ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your County is a participant.*

Employment Supports, has been a focus in Schuylkill County for many years but has moved to a higher level in recent months. There are several well-established agencies that offer job support to individuals in all funding streams. All of these agencies are also providers in the OVR Network. Whenever possible, local teams work to coordinate the funding from one system to the other (OVR to the ID System). These providers are well-known by the business community, including the local Chamber of Commerce, which makes community assessments and shadowing very possible. These provider agencies are skilled at job carving and job creation. They are also skilled at benefits counseling, which can at times be a barrier, to a person choosing employment. One local provider invested in an intensive training effort to certify all of their staff in the Discovery and Customized Employment Model. Another is working toward this as well, but in a slower-paced process. Both, however, are committed to this method of implementation of competitive employment opportunities. Another agency that provides some employment supports, along with more traditional services, is currently part of a statewide consultation project. They are one of 4 agencies, across the state, working with a consultant to transform their service offerings. We look forward to supporting their efforts and seeing some innovative projects as a result.

Schuylkill County is strongly committed to the Governor's Employment First Policy. AE Support Staff has been working closely with the Office of Vocational Rehabilitation to improve relationships between the offices and to strengthen the local referral process. Conversation continues and referrals to OVR have drastically increased over recent months. People requesting authorization for Job Finding Service are directed to the Office of Vocational Rehabilitation prior to requesting the service via Base funds. Unfortunately, the local OVR District Office is suffering from a staffing shortage which affects the timeframe of referrals.

Most recently, an Employment First Council was developed in the county. It consists of SCO representatives, various provider agencies, the Office of Vocational Rehabilitation and other interested stakeholders. Discussion and activity is geared toward information sharing and development of additional employment opportunities. In addition, AE Support Staff, participate in the Local Transition Coordinating Council and school district outreach activities, in order to disseminate information to Transition Age Youth and families.

***Supports Coordination**: Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community. Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.*

Schuylkill County continues to work with local Supports Coordination Organizations to ensure they are committed to the identification and development of community supports. Meetings are held to discuss the County's commitment to efforts to promote Employment, building Social Capital and Supporting Families. Training also occurs as necessary, to ensure an accurate understanding of community supports and the importance of building Social Capital to enhance community life. Program staff have been attending training and participating in discussions on the new Community of Practice Initiative. The SCO's will be encouraged to utilize the Life Course Tools and to work with families to create or enhance their vision for their family member. Schuylkill County will also ensure that SCO's understand the purpose of the PA Family Network and encourage them to explore ways to help connect families to this newly created resource. SCO's are also encouraged to participate in the Employment First Committee and other local workgroups.

***Lifesharing Options:** Describe how the county will support the growth of Lifesharing as an option. What are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers? How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?*

Schuylkill County has had a strong Life Sharing Program for many years. In 2015/2016, the local Provider Network supported 39 people in Lifesharing. The Quality Manager has become more involved in Life Sharing Events and State Committee to ensure the most up to date information is shared with providers. The MH/DS Quality Management Plan includes an outcome related to this service. If past trends continue, the only barrier, preventing expansion of the program, will be complex needs of the individuals requiring placement. Schuylkill County is committed to this service which is the most inclusive and most cost effective of community residential services available.

Cross Systems Communications and Training: *Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.*

Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.

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

The implementation of the Dual Diagnosis Treatment Team is the most active way that Schuylkill County is having an effect on increasing the capacity of community providers and addressing complex needs. The Team has been an invaluable asset to providers and in some cases has made the difference between a provider maintaining a placement and not moving toward a discharge. The DDTT works intensely with individuals, families, provider staff, and the medical community.

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

A representative from the Schuylkill AE participates in the local CASSP Team to collaborate with other Human Service Agencies. This has helped create close working relationships with the County Children and Youth Services System, the Intermediate Unit and other providers of child services. Being part of a connected Human Services System, the MH/DS Office also has a close relationship with the County Area Agency on Aging, Drug and Alcohol Commission and other service areas. The ability for discussion and consultation is always present. Because of being at the table for CASSP meetings and discussions, the AE has been able to learn about children moving up through the C&Y System at a much earlier time. This has been very valuable to both systems.

Emergency Supports: *Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).*

Provide details on your county's emergency response plan including:

Does your county reserve any base or block grant funds to meet emergency needs?

What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?

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

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

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

Administrative Funding: *ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are Person Centered Thinking trainers. Describe how the county will utilize the trainers with individuals, families, providers and county staff.*

The Program welcomes all resources available to strengthen and educate the local system. The PA Family Network will be welcome to attend the various stakeholder groups within Schuylkill County. As the Network further develops, the Program will explore ways to share information and attempt to organize families interested in training related to Person Centered Thinking.

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

Schuylkill County makes every attempt to be both collaborative and community-minded in order to make information available to the community. Staff participates in many presentations throughout the year to share information related to the purpose of the system and ways to become connected. This year, Schuylkill County looks forward to the initiation of the PA Family Network as well as the newly formed Self Advocacy Group. Both of these groups will be welcomed into the County to assist with networking among families and self-advocates. As information develops and these systems become accessible, Schuylkill County will welcome ODP's support in development of these local resources. Additional training related to helping people to build Social Capital and utilize the extremely under-utilized service of Support Broker will also be explored. AE Staff are also exploring ways to use social media to better disseminate this information to families.

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

The Health Care Quality Unit routinely presents on a variety of system and health topics. They are an integral part of the local system and a great support to providers and individual teams. At this time, a great deal of data is not being generated. They are, however, an active participant in all meetings, discussions and workgroups. The HCQU Nurse works directly with the Quality Manager on many projects including a high risk/multiple incident review.

Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?

Schuylkill County currently contracts with the ARC of Schuylkill County to implement the IM4Q Program locally. They are responsive to the needs of the program and generate necessary information related to their findings and recommendations. They work closely with the Schuylkill County IM4Q Coordinator, who in turn, uses the information received to develop and monitor the local Quality Plan. As the official data is received

from Temple, the Coordinator analyzes the report to share with local stakeholders including the Provider Quality Group and an annual presentation is also made to the MH/DS Advisory Board. As ODP identifies ways to expand these efforts, suggestions will be appreciated.

Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?

Schuylkill County has an excellent provider network that offers a full array of services and supports. The initiation of the Dual Diagnosis Treatment Team in the County has been a tremendous support in helping provider agencies deal with behavioral health issues. Schuylkill County is also supporting more and more people with fragile medical conditions and most agencies, especially those providing residential supports, employ their own nurse. The HCQU nurse remains an immense support and is welcomed into all local providers for training and assistance. The HCQU works cooperatively with all of the provider nursing staff and this is a great asset. That said; additional resources are still needed. The local system continues to face more and more complex needs. Additional support is essential in helping providers, individuals, their families.

The AE is interested in developing a local Positive Practices Committee this year. This appears to be an effective tool in other counties and has been instrumental in providing suggestions to Teams when problem-solving difficult situations. Any training efforts or resources that ODP can provide will be welcome. The more we can support Providers, the higher quality their supports will be for the individuals supported by the program.

Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the County will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?

As stated above, the County is in the infancy of developing a Positive Practices Committee. Support from ODP to move this effort forward would be very much appreciated. Currently, the Quality Manager works directly with the HCQU to review individual team efforts for the reduction of Behavioral Support services for individuals receiving Additional Individualized Staffing (AIS) and the reliance on this intensive staffing pattern. Schuylkill County has been fortunate to be a participant a Dual Diagnosis Treatment Team (DDTT) for high risk consumers to help with psychiatric hospitalization diversions, staff training, and to teach individuals how to be successful in a community setting.

Describe how you will utilize the county housing coordinator for people with an intellectual disability.

Schuylkill County works in conjunction with the County Housing and homelessness Coordinator, at Schuylkill County Community Action. An extensive Housing Program is in place with current emphasis on curbing issues related to homelessness. When necessary, the AE and SCO will work with the Director to obtain vouchers for people in need of assistance. The County MH/DS Program also holds a contract for Housing Supports. The AE will explore additional uses of both of these programs for the Intellectual Disabilities System and will develop ways to interact with the Housing Director. Information will be shared with system provider agencies and with the community. These collaborative efforts will begin and move forward throughout the 2016/2017 plan year.

Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Schuylkill County will pursue the possibility of participating in SPIN 911. A meeting will be held with the local 911 center to determine their interest in assisting with this project. Supports Coordinators would then be asked to work with individuals and families, throughout the year, to assess their interest in registering their information with the County 911 System. We hope to begin this conversation in the Fall in order to develop a plan to move forward.

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

Many participants and families currently use the Participant Directed Service Model for the hiring of support staff. Moving forward, program staff will organize educational sessions for families to gain a better understanding of PDS and AWC. As appropriate, Program Staff will also connect with The PA Family Network for additional training assistance.

Community for All: *ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community.*

Schuylkill County has a total of 28 people residing in congregate settings. Moving forward, the AE will take a closer look at people currently residing in Nursing Homes and Private ICF's. Program Staff will make an effort to assess the remaining people, residing in such settings to determine their needs for community placement. In addition,

education will need to occur with the local provider network to identify their needs related to supporting people in the community with complex medical needs.

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.

Schuylkill County has various public and private agencies that offer services to those who are homeless or facing eviction. While there is no formal Emergency Shelter in Schuylkill County, Servants To All has been working towards establishing a physical shelter in the County and currently provides various services to those who are homeless or near homeless. Several agencies in the County also provide Emergency Shelter funds for those in need. Agencies gather monthly at the Local Housing Options Team (LHOT) meeting to discuss the homeless assistance needs in the County and share information and resources. The LHOT also coordinates the yearly Point In Time survey. These agencies include the Block Grant agencies, the Pottsville and Schuylkill County Housing Authorities, Schuylkill Community Action, Service Access and Management, Schuylkill County MH/ID, Schuylkill County Drug & Alcohol, Schuylkill County Children & Youth, the Schuylkill County Office of Senior Services, Schuylkill Women in Crisis, Servants To All and local churches.

We have been able to work with private business to provide apartments for homeless individuals/families, using Block Grant funds. Homeless Assistance and Housing is one of the five priorities that Schuylkill County is working to address with the flexibility of the Block Grant. Funding for Rental Assistance is very low in the County, and that needs to be addressed. We also continue to work with Servants To All in the hope of establishing a physical Emergency Shelter in the County

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

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

Schuylkill Community Action manages this program, which uses twelve apartments located in one building at the John O'Hara Development of the Pottsville

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

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

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

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

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

Efficacy of the program is measured through (1) the number of family units that will resolve housing crises during the program year, (2) successful completions of the program, (3) increases in client self-sufficiency scores and (4) provision of aftercare services. During program year 2015-2016: (1) fifteen new families enrolled in Bridge Housing. A total of twenty-one families have been served during the program year. (Goal: 12 new family units enrolled.), (2) 42% of clients enrolled have successfully completed the program. (Goal: 65%), (3) Self-sufficiency scores have increased and

average of 16%. (Goal: 15% increase) and (4) Ten clients have received aftercare services (Goal: 10) and seventy-one case management appointments have been made with Bridge Housing graduates (Goal: 60).

- Case Management

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

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

- Rental Assistance

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

- Emergency Shelter

This service is currently not funded through the Homeless Assistance Program portion of the Block Grant.

- Other Housing Supports

No services are funded through the Block Grant.

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

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

CHILDREN and YOUTH SERVICES

******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.

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.

Schuylkill County Children and Youth Services

Schuylkill County Children and Youth's participation in the Human Services Block Grant program continues to include the following four programs; Multi-Systemic Therapy, Family Group Decision Making (FGDM), Alternatives to Truancy, and Housing Initiatives. Throughout fiscal year 15/16 these categorical areas have continued to receive historic funding. There continues to be under spending in the FGDM program, though there was overspending in the other areas. The surplus FGDM funding has provided additional services to MST, truancy and housing, as well as, joint projects throughout the County.

The Schuylkill County Block Grant team has continued to meet regularly and address needs throughout the community. There continues to be a focus on key areas. Though the team has identified 5 areas of need, from the perspective of Children and Youth there are 2 areas that have been more of a direct focus. Housing remains as a major issue throughout the County. There has been more collaboration and focus on a needed homeless shelter. A non-profit organization has been working diligently at addressing this need. This group has been working closely with the Children and Youth department when they receive referrals on family units. The Block Grant Housing

funding has allowed for hotel/motel vouchers and utility payments in order to avoid homelessness and the need for out of home placement. In addition surplus Block Grant funds have allowed for joint projects, including renovating several buildings to provide permanent housing options. A screening process has been established by the County MH department and appropriate candidates are currently being assessed. Additional retained earnings were able to be used to replace the roof of the group home in county. Schuylkill County owns a building that a private provider maintains as an in county group home facility. This home has provided a placement option locally for delinquent and dependent teen boys. When placement has been needed, this has allowed youth to be placed close to home, which provides more frequent visitation. In addition the JPO department has been able to utilize this facility as a step down from residential programs.

The second area that has been of greater focus is employment. Through the use of surplus funding, the County has been able to partner with Northeast PA Manufacturers & Employers Council to offer a 16 session certificate program to clients involved in either C&Y or Drug and Alcohol. The first group completed this program during fiscal year 15/16. The attendance was lower than expected, however moving forward there will be a greater emphasis on recruitment for this program. A representative from the local Career Link office continues to sit on the Children's Roundtable. This may be a way to target appropriate candidates.

	Outcomes
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	**Measurement and Frequency**	**The Specific Child Welfare Service(s) in the HSBG Contributing**

		to Outcome
Children are safely maintained in their own home whenever possible and appropriate	There will be a reduction in the number of youth placed in out of home care by 5% for fiscal year 16/17	This was an identified outcome for fiscal year 15/16. Unfortunately instead of a 10% decrease, the agency saw an almost 75% increase in the number of youth entering placement. Many of the placements are a direct result of parental substance abuse. The agency is hoping to identify an evidenced based program to pilot in order to address this growing need. Though the number of out of home placements has substantially increased, the number of older youth entering care has decreased. This can be attributed to the use of MST with this older population. The program has continued to be successful, requiring a second full time therapist to be assigned to Schuylkill County. If the referrals continue there has been discussion about adding a third. FGDM is still an under-utilized program. The agency contracted to provide the service has

		recently struggled with staffing changes. Staff has not been committed to the process as it takes a substantial amount of time for the provider to bring the group to a conference. In many cases the issue that generated the referral has been dealt with prior to the commencement of a conference. The agency is trying to pilot an in-house FGDM program during this fiscal year. Housing assistance was provided to approximately 118 youth during this fiscal year. Without this assistance many or all could have resulted in needed placements.
Children have permanency and stability in their living arrangement	Achieve permanency for youth within 12 months of their placement by 10% in fiscal year 16/17	In 14/15, 162 youth were discharged from care, with the average time in care at 15 months. In 15/16 190 youth were discharged from care with the average length of stay as 12 months. This is the direction by which the agency would like to keep going. Though the number of placements has significantly increased, discharges have also increased and the length of time in care

		has decreased. This is a trend we hope to continue. We plan to continue to use MST in discharge planning, specifically from congregate care settings.
Children receive appropriate services to meet their educational needs.	Youth participating in the truancy program will improve their academic performance by one letter grade during fiscal year 15/16	Previously the agency looked at reducing the number of absent days for the youth being tracked for truancy. For school year 15/16 the youth achieved 87% attendance. This was an improvement from the previous year, which was 80%. In addition to tracking the number of absent days the agency will be focusing efforts on improving academic performance. Youth who excel academically tend to miss fewer days. This will be a new outcome.

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

Program Name:	Multi-Systemic Therapy (MST)

Please indicate the status of this program:

Status	**Enter X**			
Funded and delivered services in 2015-2016 but not renewing in	**N**			

2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	**Y**	**New**	**Continuing**	**Expanding**
			X	

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

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

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

For fiscal year 15/16 the agency paid $87,393.80 to Community Solutions for the MST program. $38,000 was funded through the HSBG. $12,000 was funded through the Special Grants and $37,393.80 was funded through Needs Based Act 148. There has been an increase in the referrals for the MST program. There are now 2 therapists specifically assigned to Schuylkill County, with continued conversations around supporting a third therapist.

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

No new program is being selected.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Delinquent/pre-delinquent youth	Delinquent/pre-delinquent youth
# of Referrals	30	35

# Successfully completing program	23	27
Cost per year	$38,000 HSBG	$38,000 HSGB
Per Diem Cost/Program funded amount	$61.56 daily $22.00 supplemental	$61.56 daily $22.00 supplemental
Name of provider	Community Solutions	Community Solutions

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

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

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

Program Name:	Family Group Decision Making (FGDM)

Please indicate the status of this program:

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

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

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

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

  Additional funding for FGDM was requested and approved in Special Grants for 15/16. This funding was specifically geared toward a pilot program for FGDM. However, due to internal issues within the agency this was not able to begin. It is anticipated that in 16/17 the agency will begin to pilot FGDM as an internal program. $50,000 in Special Grant funding was requested and approved for this process.

- 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	All	All
# of Referrals	55	60
# Successfully completing program	45	50
Cost per year	$53,098	$95,000 HSBG
Per Diem Cost/Program funded amount	$3,000 successful conference	$3,000 successful conference
Name of provider	Kids Peace	Kids Peace

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

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

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

FGDM has been a program that Schuylkill County has struggled to maintain. Through fiscal year 14/15 there had been an increase in the utilization. During the most recent fiscal year there were staffing issues with the provider that attributed to some of the under-utilization. It was anticipated that during 15/16 there would be more use of FGDM through the CASSP team and Systems of Care. The program has been discussed during meetings, however to date there have been no viable referrals.
The agency continues to work on piloting FGDM as an in-house program. It was anticipated this would have started during fiscal year 15/16, however will be a focus for 16/17. There may be shifts in funding if this is successful. Currently the program is still being offered with the current provider to both C&Y and CASSP families.

Program Name:	Alternatives to Truancy

Please indicate the status of this program:

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

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

The Alternatives to Truancy program is a mentor/advocate program. This service in Schuylkill County is provided through Access Services. There continues to be collaboration between the agency, mentor provider and school districts in order to address the issue of truancy. The mentor/advocates work one on one with the truant youth to determine the issues and development a plan to address the truancy. The mentor attends school meetings, monitors grades, and promotes participation in extra-curricular activities. In addition the mentor works on building social skills and encourages participation in family and community activities.

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

  The agency has continued to utilize Needs Based funds to cover the additional costs of the truancy program through Access Rebound. There have been additional funds in the amount of $115,000 requested and approved for both 15/16 and 16/17. However, in fiscal year 15/16 the total expended has exceeded both the approved HSBG and NBB funding. Surplus funding for FGDM will be used for the truancy program. The total cost of the program for 15/16 is $549,889.87.

- 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	Truant Youth	Truant Youth
# of Referrals	80	80
# Successfully completing program	70	70
Cost per year	$260,000 HSBG	$260,000 HSBG
Per Diem Cost/Program funded amount	$20.90/hour	$20.90/hour
Name of provider	Access Services	Access Services

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

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

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

Program Name:	Housing Initiative

Please indicate the status of this program:

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

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

The funding provided through the Housing Initiative has continued to assist with a variety of needs. The primary goal is to utilize the funding to prevent out of home placement for youth. Throughout the most recent fiscal year the funds have been used for; rent/security deposit, heating/utility payments, furniture, dumpster rental, hotel vouchers, and the monthly rent for the agency secured apartment. The apartment is used as an emergency shelter for families.

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

The agency has been approved for additional funding in the amount of $7800 for both 1516 and 16/17.

- 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	All	All
# of Referrals	60	65
# Successfully completing program	50	60

Cost per year	$60,000 HSBG	$60,000 HSBG
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Schuylkill County C&Y	Schuylkill County C&Y

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

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

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

DRUG and ALCOHOL SERVICES

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.

The Schuylkill County Drug & Alcohol Program has a vast list of services available to all county residents. There are currently five in-county and one out of county outpatient drug and alcohol providers who complete all screening and assessments as an entry point into services in the county. After residents are assessed, they may be referred for any one of the following treatment recommendations; MAT (Medication Assisted Treatment) or drug-free outpatient, intensive outpatient, partial, inpatient treatment services, halfway house or other housing options or even case coordination and CRS (certified recovery support). The outpatient treatment providers complete all necessary SCA and DDAP required paperwork on behalf of the SCA. They are also responsible for assisting individuals in applying for Medical Assistance if they appear to be qualified and they will be participating in treatment at their facility. The SCA requires all inpatient providers to apply for medical assistance for all county-funded persons admitted into treatment.

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;

Currently the SCA is experiencing waiting lists for Detox, Inpatient Rehabilitation, Halfway House and Recovery Housing. The length of the wait list does vary from week to week, but generally we are seeing it takes several days, at times, to get a detox bed, much depends on timing. The wait to get to inpatient rehabilitation is usually a few days to a few weeks; depending on the specific needs to be addressed. Our outpatient providers are reporting there are not necessarily any wait lists to get in for an assessment, but it is sometimes difficult getting an emergent assessment appointment due to schedules being full with non-emergent assessments. Most outpatient providers are having the emergent assessment present to their facilities early in the morning and wait for a broken appointment and they can be seen at that time. Depending on the outpatient provider and the time of year, etc. there may or may not be a wait to get into outpatient treatment. Much also depends on staff turnover, which affects the system because those individuals seek treatment at other providers that are already full. With the current heroin epidemic, the availability of Detox and Rehabs beds is non-existent. The focus continues to be on asking providers to expand their capacities if possible, as not all have the room for expansion. Slowly, additional beds are being added to the system, probably not fast enough to keep up with the demand.

2. Barriers to accessing treatment services

The SCA has noted the following barriers to individuals in accessing treatment services; first continues to be transportation in our rural county. Even though this conversation is had frequently, there are still no good alternatives available. Expanding bus routes in certain rural locations in the county, as well as offering transportation in the evening hours have also been discussed as possible solutions. It was determined to be not so cost effective to offer new routes at different times during the day, as well as offering transportation past 5:00 p.m. What we have seen is that our provider systems have worked their hours of operation around the hours residents are available due to public transportation. A recent barrier that we are forced to address is the current state of insurance deductibles. The SCA is receiving calls from family members stating their loved ones are not getting into treatment, most times Detox, because they do not have the money up front to cover the high deductibles necessary to enter treatment. The SCA considers this a barrier to accessing treatment and will offer assistance in covering the services applied to the deductible but the provider must understand the SCA policy and procedure in assisting with this type of situation. What we at the SCA hear repeatedly is the difficulty navigating the system to get into treatment. Most find the process overwhelming and aren't able to successfully get treatment for themselves or a loved one. The SCA offers assistance in accessing services, so we do get many phone calls with questions on how to get into treatment, where to go for treatment, etc.

3. Capacity issues

The SCA notes that the biggest Capacity Issue seems to stem from the current heroin epidemic and brings about the need for Inpatient Detox and Rehab beds and as described earlier, providers aren't able to add the beds to meet the demand. Many predict that it will be sometime before the demand starts to level off. There are many providers who have made plans to expand their bed capacity but these expansions don't happen overnight. Expansion can takes months with zoning and construction issues to be handled. We have heard that some providers aren't physically able to expand the space they occupy and their only option would be moving to another location, which comes with a cost. On our outpatient side of treatment, because we have five in-county providers providing screening, assessment, outpatient and intensive outpatient we are not seeing as much with capacity issues, however all providers are busy and maybe close to their capacity, but this may be in part due to some staff turnover at a few of the providers.

4. County limits on services;

The Schuylkill County Drug & Alcohol Program only places limits on Housing Services, as requested by DDAP. The SCA will limit funding for Recovery Housing to 90 days per Fiscal Year. The only Recovery Housing provider that is contracted with; the SCA mandates the client sign the notification, which a copy is faxed to the SCA as well as placed in their files. The SCA does not place any other limits on any other service.

5. Impact of opioid epidemic in the county system;

The Schuylkill County Drug & Alcohol Program documents the following impact from the growing opioid epidemic in the county as a greater demand for MAT as well as an increase in Overdoses; survival and deaths. The SCA is currently working on policy and procedures to begin funding MAT services, other than Methadone. We will be initiating a contract with Clinical Outcomes Group, Inc. to begin funding Buprenorphine and Vivitrol for county resident who are not eligible for Medical Assistance and have no other way of funding this treatment. We know that most clients enrolled in these program apply and receive MA benefits, but there are cases that they may have Medicare, which only Part D funds this treatment and they may have to wait for an open enrollment to sign up for that coverage. It is not known how many individuals this could assist with treatment, but since we have seen a decrease in number of individuals funded for inpatient treatment due to Medicaid Expansion, this is the next area for the SCA to cover gaps in services. Schuylkill County has seen an increase in the number of overdoses this past year, and this year alone, the numbers have already doubled. The SCA is addressing this overdose issue with offering community training and distribution of Naloxone. The SCA has contracted with a provider, who subcontracts

with doctor to go into the community to present and educate on opioid addiction. He gives an hour long presentation on the how and why of addiction and then they have a Certified EMT Trainer who educates the group on the use of Naloxone. Along with his presentation is an actual hands-on demonstration of the use of the product and the attendee receives a certificate that they completed the training and the SCA provides each participant with a Naloxone kit. The SCA is looking to partner with the local EMS to offer training and Naloxone supplies to the departments requesting it.

6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

The SCA notes the following emerging substance use trends that impacts its ability to provide SUD services to individuals within the community. We have recently learned that there are people attempting to make fake Fentanyl. The issues this is causing are a greater chance of overdosing on opioids. The Pottsville Area Police have begun to carry and administer Naloxone to overdose victims if they arrive first on the scene. A trend that they are now seeing is that the individuals are not being revived as quickly as in the past which is probably due to the Fentanyl and the high toxicity when both are mixed and the individual has no way of knowing what is in that bag of heroin they are purchasing. It is also a known fact that some of the new drugs making their way around the state cannot be detected on regular drug screenings, so individuals continue getting high and not being mandated to treatment by their APO, JPO or C&Y case worker.

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.

Target Populations

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

- Adults

  At this time, the SCA is able to provide funding for all levels of care for the adult population from detox, rehab, halfway house, partial, OP and IOP. We currently have contracts with three OP Methadone Maintenance providers and we are in the process of having our policies approved through DDAP so we can provide funding for other MAT; Buprenorphine and Vivitrol. Once the SCA has its policy approved for MAT, we will also begin working with the Schuylkill County Prison and Prime Care, their Medical provider, to begin offering a Vivitrol Program to

any interested Opioid or Alcohol addicted inmate. The goals of this program will be to begin the Vivitrol injections one to two months prior to release from the prison, engage the inmate in groups while still incarcerated and introduce the case coordinator they will be working with upon their release. This has been an on-going conversation with the prison and Prime Care and the provider, so we are looking forward to beginning our own county pilot. The SCA has also begun funding CRS services to any individual who is not eligible for MA. We have one provider currently offering this service and we are hopeful to expand the capacity and possibly bring on another CRS.

- Transition Age Youth (ages 18 to 26)

This population seems to be the fastest growing in terms of accessing services. This age group is seeking treatment services, mostly MAT, for opioid addiction. This age group is eligible for all of the services listed above and we are looking forward to beginning to offer MAT for this population. It is a difficult population to treat, some feel it is because they want a quick fix to their addiction and the understanding of working a program is lost to this age group. We, as an SCA have brought on a small but growing group of recovering individuals who are having success reaching out to this age group and really pushing recovery within the community. We were able to bring the head of the recovery group on to our D&A Advisory Board, with hopes of reaching this population who are early in their recovery and working with them on finding alternatives within their community to using drugs. It has been beneficial to hear their perspectives on treatment, prevention and intervention and offering them a place on the advisory board gives them a voice on addressing their needs within the community.

- Adolescents (under 18)

This age group does not often come through the SCA for services, as most have private insurance or medical assistance. We have all levels of care available to this age group; from inpatient to partial to outpatient. What we have seen this past FY is that there are not enough inpatient facilities to treat this population. Even though we are not asked for funding often, we are contacted regularly by CYS and JPO to offer assistance when they are trying to place an adolescent. This past FY we have seen one inpatient provider close their doors, which really left a hole in the system. We have one major adolescent inpatient provider, which leaves a dilemma when it comes to placing an adolescent who may have already completed their program. The state seems to be lacking providers for this population and what we have seen is that our MCO has a list of approximately 6 providers, but that doesn't seem adequate enough to treat this population. As an SCA, we have contracted with a provider who is in the process of making application with our MCO, so there is another option if needed in our county. We also, as part of our 23 county region MCO have been able to secure reinvestment funding to start up an Intensive Outpatient Treatment Team that is community based, and will be able to work with adolescents and their families within their community, where transportation to

treatment has become a barrier. The provider selected to offer this service to the residents in our county should be able to begin services within the next six months. Also, through our 23 County Region; we have been included in a System of Care grant that has been received and we are able to offer Trauma Certification training to our Outpatient Providers. We will be training community to identify trauma in the adolescents they serve and they will have Trauma Certified providers to make the appropriate referrals.

- Individuals with Co-Occurring Psychiatric and Substance Use Disorders

The SCA continues to offer inpatient options for individuals who are assessed as needing Co-Occurring services. What we are still lacking in this community is an Outpatient Provider who is licensed for both Mental Health and SUD. Over the years we have had a few of our licensed drug & alcohol providers express interest in obtaining licensing to offer mental health services as well, but the cost for the required doctor time seems to be significant. Recently I was approached by the county SAP provider, who already has a psychiatrist on staff, so they are expressing interest in obtaining their D&A license through DDAP. The SCA will be working with the provider and offering support in any way possible.

- Criminal Justice Involved Individuals

This is a large and growing population. We estimate that approximately 75 percent of the county and state prison population have a Substance Use Disorder. The SCA has put numerous programs in place for this population. The most recent program was an employment readiness program that we instructed by the Northeastern Manufacturer's Association. It was a 20 week program that assisted this population with a combination of life skills and job readiness skills. This is the first time we utilized a program like this specifically for this population. The SCA has also written a Day Reporting Center into the IP Grant through PCCD. We continue looking at other models throughout the state and working on putting the appropriate services into place to benefit this population. It continues to be a slow process as finding the perfect location was a challenge. Another program that the SCA funded was Breaking the Cycle, and evidence-based journaling program that was used specifically with pre-release individuals. The APO selected inmates for the Pre-Release Program and in addition to house arrest, additional APO supervision, the group was mandated to attend this 10 week group session that focused on criminal thinking, addiction and overall perceptions. We received positive feedback from the individuals involved as well as from APO and other involved agencies. To date, the provider has completed approximately 10 groups at various locations in the community. The provider and APO continue collecting data on these sessions to look at the outcomes for comparisons. The next thing on the horizon for the SCA and the court system in Schuylkill County is a Drug Court. The county will be training approximately 11 individuals on the proper utilization and operation of a Drug Court within the coming months. The County Court system is hoping to have the court up and running in the beginning of the year. The SCA will be working

closely with the court as well as other counties to ensure the proper programming is put in place.

- Women with Children

The SCA has completed many assessments on women in the prison and the Gaudenzia programs that cater to women and their children have been an excellent resource for the women who are in need of long term treatment. The SCA is also looking into offering programming specifically for pre-school aged children who attend Outpatient treatment sessions with their mother's. Clinical Outcomes Group, the MAT provider finds that most times women will bring their children to their sessions with them if they are unable to find a babysitter. Since this then takes staff time to watch the children while their mother is seeing the doctor or the case coordinator, we were thinking that we could use that time constructively for the child and offer a prevention message to the child while they wait. We are in beginning conversations on how to structure the program and will continue discussions. The SCA feels if the provider offered several times during a week that childcare would be available during specific groups, the moms may be encouraged to bring their children with them. As always, pregnant women and women with children remain a priority population within the SCA and they are provided with priority services, assessment and placement.

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.).

The Schuylkill County SCA has recently contracted with Gaudenzia Pottsville to offer Certified Recovery Support services. The program was approved through our MCO for this provider and we have a contract in place to fund any individual who is not eligible for Medical Assistance. The provider is not new to the service, as they are offering this service through their outpatient facility in another county. It has been slow to get moving, but they are in the process of reaching out to other providers, both inpatient and outpatient and other county agencies. The SCA is recommending this service when we get phone calls from inpatient providers calling with client admissions. Because we don't track the individuals receiving the service with medical assistance, it is not known how many clients have engaged in this service. It is a service we mention to other county agencies and providers as a good resource to help individuals in early recovery. The concept of CRS may also play a role in the warm hand off process in the

heroin epidemic. The SCA will be exploring ways to expand this service and see how it can be of assistance to local ED's in moving recent overdose admissions from the hospital to inpatient treatment. Other counties are funding CRS to be present in hospital EDs so they are present when an overdose arrives and can immediately begin discussions on treatment. The other recovery oriented service the SCA offers to the community are free bus passes to get to treatment. The passes are distributed and tracked by the outpatient providers and are for individuals who are not eligible for medical assistance transportation and without passes, would not be able to get to treatment on their own.

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.

Adult Services: Please provide the following:

Program Name: Home Delivered Meals
Description of Services: Provides meals, which are prepared in a central location, to homebound individuals in their own homes.
Service Category: Home-Delivered Meals
Planned Expenditures:$5,500

Program Name: Homemaker/Personal Care
Description of Services: Provides non-medical personal care and homemaker services to individuals who are functionally unable to perform life-essential tasks of daily living due to a short-term disability or until they can get into a long-term service.
Service Category: Homemaker
Planned Expenditures:$29,500

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

Allowable Aging Service Categories:
Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; Home-Delivered Meals; Home Support; Information & Referral; 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: Transportation
Description of Services: Transportation to medical services for those without Medical Assistance. Mainly for dialysis patients.
Service Category: Transportation
Which client populations are served?: Adult, Aging, Children & Youth, Mental Health, Homeless, Drug & Alcohol, Intellectual Disabilities
Planned Expenditures: $2,500

Program Name: Outreach Case Management
Description of Services: Provides residents of the Shenandoah, Mahanoy City and Tamaqua areas with comprehensive information regarding programs available through Schuylkill County Human Services Agencies while also facilitating access to those programs.
Service Category: Information & Referral
Which client populations are served: Adult, Aging, Mental Health, Homeless, Drug & Alcohol, Intellectual Disabilities
Planned Expenditures: $34,000

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: NONE

Program Name:
Description of Services:
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.*

A small portion of HSDF funding is used to offset some of the categorical agencies expenses for the Community Volunteers in Action program. Also included in Service Coordination is funding for the Schuylkill Regional Resource Center**.** Clients can come to this facility, in the northern part of the County, to learn about, sign up for and receive services without having to come to the County seat. The Human Services Courier**,** funded through Service Coordination and 5 other County agencies**,** transports mail from agency to agency, and also to and from the County Courthouse and local Service Providers. The daily mail run allows for faster distribution of paperwork between agencies and/or service providers.

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

Other HSDF Expenditures – Non-Block Grant Counties Only

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

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.

Schuylkill County MH/DS Policy & Procedure	Title: Emergency Services
Effective Date: 07/01/2016 Revision Date:	Approved by: Dan McGrory, Administrator

I. Policy Statement: The Schuylkill County MH/DS Program will comply with Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966.

II. Purpose: To ensure a system for 24 hour Emergency Services is provided and available to the local system.

III. Responsibility: Schuylkill County MH/DS will ensure the provision of Emergency Services, including a system to provide support to people requiring services and supports after hours.

IV. Procedure:

a. Supports Coordination Organizations:

i. Schuylkill County MH/DS Program will ensure all local Supports Coordination Organizations (SCO's) have a system for the management of calls and issues that occur outside of typical business hours.

ii. SCO's will be required to submit a copy of their process to the AE annually.

iii. SCO's will be expected to manage calls received. If assistance is needed or if paid services must be implemented for the protection of health and safety, the SCO will reach out to the Administrative Entity Support Staff.

b. Crisis Intervention:

i. Schuylkill County MH/DS Program will ensure a contract is in place to manage the provision of crisis intervention and general management of system-wide after-hour calls.

ii. Crisis Intervention Staff will answer phone calls, provide outreach and emergency services coverage to the Intellectual Disabilities System, as well as the general community, at all times. They will be available outside of normal business hours, 365 days per year.

iii. If a situation requires a crisis worker, one will be dispatched to the person's location to assist the individual, family or provider agency.

iv. Upon receiving emergent calls, the Crisis Intervention Staff will make every attempt to manage the needs presented. This could involve working with caregivers, talking with provider staff or even the SCO's.

c. In General:

i. If additional assistance is required, the Crisis Intervention Contractor or the SCO will reach out to the AE Support Staff.

ii. If paid supports are required to maintain safety, the County MH/DS Administrator or Deputy will be notified.

iii. On the next business day after the emergency, the Waiver Administration Staff will ensure that SCO follow-up has occurred so longer-term supports can be put in place.

Appendix C

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

County: SCHUYLKILL	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	2,271		505,661		20,256	
Administrator's Office			535,118		23,010	
Adult Developmental Training	1		481		20	
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	45		35,000		2,015	
Community Residential Services	59		1,109,682		47,258	
Community Services	2,280		134,089		2,344	
Consumer-Driven Services						
Emergency Services	1,047		240,725		8,808	
Facility Based Vocational Rehabilitation	2		58,832		1,062	
Facility Based Mental Health Services	2		20,500			
Family Support Services	25		12,764		514	
Housing Support Services	415		884,655	31,578	29,665	
Mental Health Crisis Intervention	1,739		374,799			
Other						
Outpatient	164		50,595		269	
Partial Hospitalization						
Peer Support Services	36		58,500			
Psychiatric Inpatient Hospitalization	1		481		20	
Psychiatric Rehabilitation	81		157,290			
Social Rehabilitation Services	12		9,939		445	
Target Case Management	323		304,287			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	8503	4,493,398	4,493,398	31,578	135,686	0

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

County: SCHUYLKILL	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			630,146		49,288	
Case Management	113		171,434		7,093	
Community-Based Services	93		281,668		23,619	
Community Residential Services	3		205,919			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	209	1,289,167	1,289,167	0	80,000	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	40		128,172			
Case Management						
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	40	128,172	128,172		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	95		126,350		6,650	
Promising Practice						
Alternatives to Truancy	80		234,000		26,000	
Housing	65		51,000		9,000	
TOTAL CWSG SERVICES	240	411,350	411,350		41,650	0

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

County: SCHUYLKILL	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	175		71,000			
Inpatient Hospital	5		10,000			
Inpatient Non-Hospital	55		57,500			
Medication Assisted Therapy	30		50,000			
Other Intervention	60		26,000			
Outpatient/Intensive Outpatient	50		20,000			
Partial Hospitalization	10		8,000			
Prevention	1,000		35,319			
Recovery Support Services	200		30,000			
TOTAL DRUG AND ALCOHOL SERVICES	1585	341,819	307,819	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	25		35,000			
Aging Services						
Children and Youth Services						
Generic Services	3,106		36,500			
Specialized Services						
Interagency Coordination			34,614			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3131	118,114	106,114		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			46,000			
GRAND TOTAL	13708	6,782,020	6,782,020	31,578	257,336	0

Appendix D

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 E

MH/DS Advisory Board Members

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Appendix F

Provider Meeting Minutes
August 18, 2015

Attendance:

Dan McGrory	MH/DS D&A Programs
Keith Semerod	MH/DS D&A Programs
Martina Buffington	CSG/Hidden River Clubhouse
Patrice Zanis	New Beginnings
Debbie Reilly	SAM
Toni Rupert	SAM
Monica Schnech	New Story
Christine Fulton	MH/DS D&A Programs
Patricia McGee	Access Services
Vicki Marteslo	SAM
Jill Bainbridge	ReDCo
Jim Rosler	Allied Services
Andraleen Savlik	SAM
Kathy Couch	AHEDD
Polly Wolfgang	SAM

Administrator Report:

The topic of Dan's discussion is the lack of the State Budget approval and how it will affect our programs and providers. Dan stated, "It does not appear from anything I've read or heard that they are close". This process could easily take as long as late September into early October. Currently, there are sufficient funds to pay invoices for August. We will then be out of funds to pay any invoices going forward.

A survey was put out by the Providers Association to their members through the United Way that is basically asking questions such as: How big is your corporation? How many people do you serve? What is your exposure now and going forward? What steps will you take as a corporation or provider given the fiscal reality? Etc. We will be closing books in September and we can supply providers with the Annual exposure on the base dollar amounts that they need to calculate expenses, and complete the survey. The response from some providers has been that they will tough it out, some will provide lines of credit. It doesn't appear as if there are any contingency funds available. Dan would like to know from each provider how they would like to proceed in the interim. Would it be better if we hold off on referrals? Dan feels it would be wise to provide services and be compensated later than to stop providing services. Those providers receiving Medical Assistance will continue to do so but others are 100% base funded.

Dan is encouraging providers to send emails and letters to Legislators in an effort to encourage decision on the budget. Dan sent emails to Legislators and felt they were upset that the budget had been vetoed rather than blue lined. There are ongoing negotiations and it was made clear to Dan that the State will not approve 4 Billion in tax dollars to fund our program.

The Article in the paper was helpful and an editorial piece from the Providers Association (RPCA arguing for a Continuing Resolution. The State is not authorized to release money to the Department o Human Services because there isn't a budget. If you sign a Continuing Resolution it will allow the State to release funds to our program. This has its own dangers, if they fund for three months then they will not continue to negotiate a budget. If the budget is signed in October it could take until November unt the funds are available.

Because we are a Block Grant County we do have some additional flexibility. Discussions can b made with our Fiscal Officer, SAM's Fiscal Team and the Block Grant Executive Team to recommend the best way to spend these funds. Providers should keep track of expenses and these funds could possibly be utilized for these expenses.

Currently, there is a large and growing Hispanic population and we are in the need of bilingual therapists. We are looking to recruit and hire bilingual therapists.

Minutes submitted by: Christine Fulton, Administrative Assistant

Minutes approved by: Daniel McGrory, Administrator

Budget Impasse Provider Meeting Minutes
Schuylkill County Courthouse
November 4, 2015

Attendance:

Name	Organization
Dan McGrory	Schuylkill County MH/DS and D&A Program
George Halcovage	Schuylkill County Commissioners Office
Christine Fulton	Schuylkill County MH/DS and D&A Program
Lisa Fishburn	Schuylkill County MH/DS
Dave Bekisz	Schuylkill County Transportation Authority
Joan Consugar	Schuylkill County Transportation Authority
Shelly Chumard	Friendship House
Christianne Bayer	Schuylkill IU #29
Debra Arnold	Schuylkill IU #29
Patricia McGee	Access Services
Martina Buffington	Community Services Group
Jennie Rosehuber	Schuylkill Health BHU
Jody Missmer	Schuylkill Health BHU
Tammy Zosh	Guadenzia
Lori Michael	Lori's Angels
Vicky Marteslo	Service Access and Management
Debbie Reilly	Service Access and Management
Toni Rupert	Service Access and Management
Nicole Burke	Intern
Keith Semerod	Schuylkill County MH/DS
Jesse Roman	Ashland Addiction Counseling
Carol Shemsky	Good Will Fire Co#1
Michael Mistishen	Good Will Fire Co #1
Shanna Cook	Allied Services
Suzanne Rutkowski	ReDCo Group
Georgene Fedoriska	OSS
Melissa Chewey	Schuylkill County Drug and Alcohol
Alicia Fleischut	Clinical Outcomes Group
Ted Dreisbach	Schuylkill Community Action
Sharon Love	Schuylkill County Human Services
Jill Bainbridge	ReDCo Group
Lisa Stevens	Schuylkill County Children and Youth
Linda Badger	Schuylkill County Children and Youth
Lynn Houseknecht	The Advocacy Alliance
Michele Marnell	Service Access and Management
Jennifer Kramer	NHS

Dan McGrory discussed the lack of a State Budget and the effect it is having on Providers, Consumer services and their finances. We are now into five (5) months of what is described as a Budg Impasse. No one knows the nearest thing to accuracy about how negotiations are going; they are goir through a very small group of people representing the different caucuses and the Governor's office. Th subject is revenue and whether or not revenue will be made available. According to Governor Wolf there is between a 1.5 and 2 Billion dollar structural deficit. This did not take into consideration the ful impact of the pension problem, addressed within those budget years or the privatization of state store and property taxes.

Early in the process we informed providers that we had enough money to pay through August billings on the base side and we did that; we are now two and a half months beyond that point and I wanted to bring us back together to facilitate a discussion of what the impacts are to date and ask wha are the impacts going forward. What has the impact been on Consumers to date? What is the anticipated impact on Consumers, staff and finances going forward? What information from us for our Legislators moves this along?

We need to do something, both individually and collectively to be able to present to our legislators and the Governor the issues, situations and consequences of the inaction we have seen beir relative to solving this budget. We do not have a budget now; and the Budget planning process for 201 has already started. The Governors responsibility is to present a budget on February 2nd they start their research and surveying within the Government within their own departments by the end of October beginning of November. Dan turned the floor over to Providers to answer, "What the impact has been on Consumers within the service arena? "

Provider Impact:

Alicia Fleischut spoke on behalf of Clinical Outcomes Group in Schuylkill County we are still servicing the Drug and Alcohol population, and staff is intact. There have been some lay-offs that are affecting the entire 12 surrounding counties and they are no longer receiving services, we did carry them through October but at that point there was a financial strain on us. Tobacco Cessation program has been discontinued and there have been lay-offs of staff, this program is funded 100% by state dollars.

Melissa McGoey spoke on behalf of NHS. Currently, there has not been any interruption in service delivery or any impact at this point to staffing. "We have not done anything yet, we have just been continuing on as normal." However, the company is looking for multiple lines of credit. Carbon, Monroe, Pike and Schuylkill Counties are still being serviced by NHS. Mostly their residential programs are funded by the county. Even though NHS has access to a large amount of money; even at 2-3% interest it becomes a lot of money to repay.

Ted Dreisbach spoke on behalf of Schuylkill Community Action. They are moving along in general. Some of our state impacted programs are basically using discretionary money to keep us goine

until the next month or so. The Food Purchase Program is suffering. It is 100% state funded and the 18 food pantries around the county are not getting deliveries. They are staying open because of some private donations and some federal commodities money that is coming through to the program. This is our biggest impact so far. We have heard that our Life of Crisis Program money will be passed through and get paid. The need is still there as before.

Lori Michael spoke on behalf of Lori's Angels, we are a private duty home care agency and we also do some Waivers and private pay. We can't lower staff because we are one on one. We have lowered wages of present employees and are always hiring but at low wages. We are looking at mortgaging our house in order to meet bills and make payroll. We cannot stop making home visits. We are a private operation. This is a losing situation but it keeps us in business.

Dan added that Providers have been put in the position of stopping services knowing they will never get paid; or continue to provide the service at whatever expense it costs to provide services because at least they will be partially paid. At the point that a budget does in fact get passed and money is released, can we use it to help providers pay down debt they have incurred by keeping their doors open? At the moment no one at the state level is willing to offer an opinion on these questions. Essentially what will happen to Providers is you'll get those years behind in the financing of their operation.

Melissa McGoey shared what she thinks to be worst case scenario, regardless how large your organization is at some point the money could run out. We will have to pay the interest on borrowed money. Currently, our service delivery is not disrupted but our operations have been disrupted; a lot of internal cost containment, expenses and travel are things that were budgeted for and have been put on hold. In directly this is affecting our service delivery. A couple more months and large companies could have to close their doors on certain programs and use funding from other programs to keep them going, but eventually this will have a trickledown effect and money can run out.

Jodi Missmer spoke on behalf of the Schuylkill Health BHU, from the acute care side we are noticing limited availability of services for individuals being discharged. We are looking at the long term of what we are trying to control and account for and what can we do as we move forward? The hospital is in the process of integrating and we are asking is there something we can do for our patients? We don't turn down individuals, but we are running into a bit of a delay in getting assessments; we are looking at two day approval and a three day authorization. Sometimes daily authorizing stays very quickly doctor to doctor. Down the road our treatment team is asking how this is going to impact discharge planning. Resources are already limited in Schuylkill County we know that by studies that have been done.

Dan responded, we need to find a voice a direction to send that voice and find a way to collectively present our collective cases. So we are heard. We should have the folks impacted the most reach out to Legislators and have the Providers facilitate it.

Commissioner Halcovage addressed the budget crisis, he spoke with the Governor directly and expressed how serious the situation is and how it is affecting people. The funds aren't there and this is

not fair to anyone involved. The Board of Commissioners are pushing very hard to get this done. Anything we can do together will get results. He recommended using the Press to get our concerns heard by the Governor's office and Legislators. In speaking with the negotiators we've found that they are not close to a decision. Governor is holding his hand on the issues. People are hurting, employees are hurting. We do have a good relationship with the decision makers. We need to bring to their attention to the impact the Budget Impasse is having on the Community.

Respectively Submitted,

Christine Fulton

Appendix G

Retained Revenue Distribution

I. MH-NHS-SIL Project

This is the Reinvestment funded capital/residential project at Mt. Hope Avenue Apartments. The apartment building is a blended use facility, serving both Mental Health and Children and Youth clients. The apartments needed both structural and maintenance work and new furniture.

II. MH-D&A-Nurse Family Partnership

This is a jointly funded program with both MH & D&A dollars. We have invested Base and now Block Grant dollars in this service for a number of years. The program is a maternal health service provided by nurses to first time mothers. The nurses provide supports, education, and strong relationships to first time mothers to promote a healthy pregnancy and the foundations for strong and healthy families going forward.

III. MH-Schuylkill Alliance for Health Care

The Schuylkill Alliance acts as a conduit and broker for health care services for the un-insured and under insured citizens of the county. They do so by forming cooperatives with both PCP's and specialists who agree to provide medical care for a fixed, negotiated fee. Schuylkill Alliance also acted as an agent on helping individuals and families apply for and receive Medicaid under the Pennsylvania Expanded Medicaid Option. We learned and continue to learn the importance and benefits of integrated BH and PH care; working with the Alliance is part of that strategy.

IV. Schuylkill Community Action- Bridge Housing

Bridge Housing is a transitional living program managed by SCA. There are twelve apartments in the John O'Hara Development of the Pottsville Housing Authority. The program is staffed by a Program Supervisor, Case Managers and Residential Workers. The goal of the program is to offer the supports and coordination with other service systems to assist the residents in attaining long term self-sufficiency. This begins with each resident signing a lease for monthly rent thus making it necessary to find employment. The residents must be willing to live in a drug, alcohol and violence free environment and must actively pursue skill development for independent living. A resident usually stays in the program three to twelve months. Many of the residents are

involved with MH and or D&A counseling. The Block Grant made two (2) investments: 1) $15,000 operating costs and 2) $10,000 capital improvements.

V. Housing Vouchers- Schuylkill Community Action, Servants To All and Service Access and Management

The Block Grant Team awarded each of these entities $10,000 for Emergency Housing Vouchers. In the absence of a homeless shelter service agencies receive many requests for immediate, emergency housing and must be able to respond. Placement can range from three to five days in most cases. Each of the entities has found various housing options ranging from motels to single room occupancy facilities. Each entity also offers additional and unique services available to the individuals requesting vouchers. Schuylkill Community Action offers the Rapid Rehousing Program and case management. Servants To All offers a day program aimed at skill building and linkages to community services, including employment. SAM offers the PATH program, Veterans program, and the housing program and access to case management with referrals to a range of mental health counseling and medication management.

VI. Servants To All-Day Program

The Block Grant Team awarded $7,500 to Servants To All for startup and operating costs of their Day Program. Considerable work had to be done prior to opening their doors this past November. This included physical plant changes and renovations, consultations with other Homeless Coalitions from Berks and Lancaster counties on establishing Policies and Procedures and the recruitment and training of staff. The Board and Albert Nastasi spent countless hours and great effort in accomplishing these necessary tasks.

VII. Bullying Video Project

The Block Grant Team has funded two (2) video projects on Suicide-Awareness and Prevention in the past. These videos were the brainchildren of the Junior Advisory Board, a group formed of volunteer students from all 13 school districts. The students, with the help of mentors, wrote and acted in each video; they are incredible in their sensitivity, sophistication and the management of the content. This year the group focused their attention on Bullying and enlisted middle school students as the actors. The project is in its final editing and will be available soon.

VIII. Vision

Vision has been an active player with both the Community Mental Health Committee, a standing group of Visions, and Suicide Prevention Task Force. In addition, Vision has offered Community Health Fairs in Shenandoah and Schuylkill Haven. The behavioral health community providers and entities have been an essential part of these integrated BH & PH efforts and the Block Grant Team is happy to support these.

IX. NEPA-Employment Readiness

The Northeast PA Manufacturers and Employers Council have adapted their school based YES workshop series to match the needs of the blended populations from Adult Probation/D&A Program and families from C&Y. This is a 20 session series whose goals are the development of employment skills, awareness of workplace expectations and requirements and coaching opportunities. A handout is provided. The Block Grant Team had D&A and C&Y negotiate separate contracts with NEPA; the sessions are currently running.

X. Cloud Home/Friendship Home

This is a county specific transitional living residence for the children of families currently active with C&Y and in need of non-institutional placement. The Block Grant Team is investing approximately $30,000 to replace the roof.