Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: _____ERIE_____

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

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

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

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

 1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.

 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Please Print	
[signature: Kathy Dahlkemper]	Kathy Dahlkemper	Date: May 30, 2018
		Date:
		Date:

Appendix B
County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

3. Please list the advisory boards that were involved in the planning process.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

PART 1: COUNTY PLANNING PROCESS: Erie County Response

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

Our administrative team is led by John DiMattio, Director of the Erie County Department of Human Services. He also serves at the Mental Health/Intellectual Disabilities Administrator, inclusive of the HealthChoices Program. The SCA Director, the Chief of Juvenile Probation, the DHS Finance Officer, the MH/ID Finance Officer, MH and ID Team Leaders serve as the administrative body for this Block Grant. This team has been in place since 2010 focusing on our goals of cross-system collaboration and integration.

Using the DHS Advisory Board structure that has been in place, the County seeks advice from clients, family members, advocates, service providers and community members on the planning and utilization of Block Grant funds. Joint meetings of the MH/ID, OCY, and D&A Advisory Boards were held

quarterly. The HealthChoices Advisory Board and the Systems of Care Leadership Committee are also included in the planning process. These bodies, along with the administrative team, form the County Planning Team for the Block Grant.

Needs assessments are conducted according to the various categorical requirements. In planning for FY 2018-2019, the County has employed a variety of methods in order to assess human service's needs:

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

The Planning Team will utilize all of this information to formulate the Erie County Human Services Plan for FY 2018-2019.

Consumers and family members have shared their experiences and preferences for home and community based services. We will continue to offer services that are focused on a community based model that is least restrictive for the recipient. Based upon the feedback and input received, we plan to continue to utilize funding within each categorical. We do not plan any significant changes from the previous plan in funding or programming in FY 2018-2019.

PART II: PUBLIC HEARING NOTICE

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

1. Proof of publication;
   a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
   b. When was the ad published?
   c. When was the second ad published (if applicable)?

Please attach proof of publication(s) for each public hearing.

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS

COMBINATION EDITION

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

REFERENCE: 111908   312392
Public Notice of Planning Meeting fo

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

PUBLISHED ON: 04/26/18

TOTAL COST: $138.20   AD SPACE: 32 Lines

FILED ON: 04/26/18

Public Notice of Planning Meeting
for the Pennsylvania Department
of Human Services
Consolidated Human Services
Block Grant FY 2018-2019
The Erie County Department of
Human Services will hold two
public meetings to gather input
regarding services for Fiscal Year
2018-2019. The meetings will be
held on Monday, May 7, 2018
from 11:00 to noon and Thursday,
May 17, 2018 from 4:00 P.M. to
5:00 P.M. in the MH/ID Confer-
ence Room at the Department
of Human Services, 154 West
9th Street, Erie, PA. The public is
invited to attend to provide input
on the consolidated planning for
Mental Health Community Base
Funded Services, Behavioral
Health Services Initiative, Intel-
lectual Disabilities Community
Base Services, Drug and Alcohol
Act 152 Funding, Homeless As-
sistance Program Funding, and
Human Services Development
Funds.
John A. DiMattio
DHS Director
MH/ID Administrator
(4-312392-NT-26)

Sworn to and subscribed before me this 26th day of April _____ 2018

Affiant: _____

NOTARY: _____

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

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

Sign In Sheet
Fiscal Year 2018 -19 Erie County Human Services Block Grant Plan Meeting
May 7, 2018 – 11:00 A.M.
MH/ID Conference Room

Signature	Print Name	Contact Info
Syl a Moffett	Sheryl A Moffett	DHS
Scott	Patrick Ryan	DHS
John	John D. Mathio	DHS
Shelby Karns	SHELBY KARNS	DHS
Cindy Viverolli	Cinay Viveralli	DHS
Dave Sanner	D Sanner	DHS

Erie County Human Services Block Grant Public Hearing
May 7, 2018
Erie County Department of Human Services
Fourth Floor Conference Room

John DiMattio, Erie County DHS Administrator, called the public hearing to order at 11:02 am
Mr. DiMattio gave a history of how Erie County became involved with the block grant. He explained that in FY12/13 the state had proposed a 20% cut in base funds, special grants, etc. In an effort to provide additional flexibility, they came up with a human services block grant fund pilot. Erie was chosen as one of ten counties to participate. At that time, a 10% cut in funding was implemented. Although the amount of funding has remained virtually unchanged, the block grant allows flexibility in spending.

Prior to the block grant, funding was siloed within the categoricals and could not be moved around. Initially, there were 7 categories, but Children and Youth Special Grants funding was removed from the block grant in FY17/18. In the first year, the ability to move funds was set at 10%, but has increased each year and now 100% of funding can be moved between the categoricals.

In Erie County we have not moved much, and have kept the funding levels for each categorical as intended. The need has not necessitated movement and our consumer groups have been vocal regarding keeping funds in categories for which they were intended. The original services are still in place.

Mr. DiMattio explained that holding these public hearings is mandated. The meetings are advertised in the newspaper and the public is invited. The first year of the block grant, there were 200 people in attendance at the public hearing. At that time, there was concern about the proposed cuts in funding. These meetings are an opportunity for people to let us know where gaps in services may exist. When there are retained earnings, suggestions can be made for new services that may be needed.

Patrick Ryan explained that each year the county reapplies to be in the block grant. A narrative is submitted that outlines the services to be provided with the funding. Financially, the dollar amount has been the same each year. The annual report is submitted to the state for approval.

Over the years, we haven't received any increase in block grant funding. There is also no mechanism to request more funds. However, the benefit to block grant funding is that we have flexibility in how the funding is spent and we can retain up to 3% for services to the next year.

A PowerPoint presentation was reviewed which outlined the funded sources included in the block grant and the services provided for each category. Block grant funds are state dollars that require a county match. Highlights from the PowerPoint were noted. In Erie County, the block grant provides base funds for Mental Health and Intellectual Disability services. The Behavioral Health Services Initiative

combines services for Mental Health and Drug and Alcohol services. The Homeless Assistance Program allows us to purchase Emergency Shelter, Housing and Rental Assistance for residents. The Human Services Development Fund gives us flexibility to offer some aging services, Meals on Wheels, and transportation. The Drug and Alcohol ACT 152 funds cover services for people not covered by Medicaid.

Mr. DiMattio explained that prior to the block grant, we had to have a MH plan, ID plan, etc. Public hearings were held for each.

The Block Grant is not our only funding source. We also have other mechanisms to purchase services, including Medicaid, grants, and child welfare funds.

One of the main reasons we have been able to continue to provide the same level of services without an increase in block grant funds is because Erie County has many people eligible for MA services. ID could use more base funding, although we have been able to maintain services with our current level of funding stream.

Mr. DiMattio spoke about some of our current needs. We would like to continue to improve data analysis across all DHS programs. He explained that we have ongoing discussion with professionals, clients, and the community. We have been having joint meetings with our MH/ID, Children and Youth, and Drug and Alcohol Advisory boards. These joint meetings allow for cross systems collaboration.

A few years ago, suggestions for new programing led to the development of the Long Term Structured Residential (LTSR) program that provides an alternative to state hospital placement. The LTSR can be used as a diversion from, or step down upon discharge from, state hospitals. It helps to keep people in their community and assists with reintegration. A comment was made that a similar step-down unit is a current need for an Erie County ID consumer who is being released from prison, although that is a rare situation.

Some new initiatives we hope to implement include a case manager at Drug and Alcohol to work with families involved with the Office of Children and Youth. We also want to look at programming for transition age youth. There is a need for a residential level of care, that is not an RTF, for vulnerable youth.

There being no other comments from the public, the meeting was adjourned at 11:29 a.m.

Sign In Sheet
Fiscal Year 2018 -19 Erie County Human Services Block Grant Plan Meeting
May 17, 2018 – 4:00 P.M.
MH/ID Conference Room

Signature	Print Name	Contact Info
	Dave Sanner	814-451-6890
	SHELBY KARNS	SKARNS@ERIECOUNTYPA.GOV
	Patrick Ryan	814-451-6811
	LeeAnn Twidle	814-451-6848
	STEVE CALVIN	814-451-6820
	Mary Jo Cline	814-451-6630
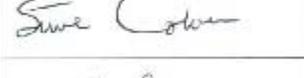
Erie County Human Services Block Grant Public Hearing
May 17, 2018
Erie County Department of Human Services
Fourth Floor Conference Room

Patrick Ryan called the meeting to order at 4:05 P.M. He welcomed those in attendance and thanked them for coming.

Mr. Ryan gave a brief history of how Erie County became involved with the Block Grant. He then reviewed highlights from a power point presentation that outlined the funded sources included in the block grant. He spoke about the financial limitations within each categorical and how participation in the Block Grant gives us flexibility to use the funds. Mr. Ryan explained that there has not been any increase in block grant funding over the years, but the flexibility of how the funds can be spent has been beneficial.

Mr. Sanner explained the block grant provides Erie County the funds needed to provide services to meet the needs of the growing opioid epidemic in the community.

Steve Colvin said the funding was very useful this year in assisting people who have been released from prison to integrate back into their community.

Shelby Karns noted that the grant provided funding for housing to refugees from Hurricane Maria who settled in Erie County.

There being no other comments, the meeting adjourned at 4:28 P.M.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

Stairways Behavioral Health's CROMISA (Community Reintegration of Offenders with Mental Illness and Substance Abuse) program works with individuals with co-occurring disorders who are leaving the jail system. Staff from the Office of Drug and Alcohol Abuse work with Stairways Behavioral Health, Erie County Care Management (ECCM), and the parole system to address individuals' needs to help them reintegrate into the community. For employment, individuals are connected with Gaudenzia, Greater Erie Community Action Committee (GECAC), Stairways Behavioral Health's Bloom Collaborative, and the Pennsylvania Office of Vocational Rehabilitation (OVR) to address needs such as job training, resume writing, job searches, and job applications.

Safe Harbor Behavioral Health of UPMC's Early Onset Recovery Program (EORP) serves individuals fifteen to thirty-five years of age who are experiencing psychotic symptoms. The program includes a Supported Employment and Education (SEE) component, which offers individually tailored assistance in resume writing, role playing, interview skills, job placement, and symptom management in the workplace.

Opportunities Unlimited of Erie is an affiliate of Stairways Behavioral Health that creates employment opportunities for individuals with mental, emotional, and physical disabilities in the clerical, laundry, hospitality, food service, and custodial fields. Opportunities Unlimited also collaborates with OVR.

For individuals with intellectual disabilities, the Office of Mental Health/Intellectual Disabilities works with OVR, who funds individuals' initial job training. The Office of MH/ID funds follow-up training. The Office of MH/ID also funds employment for individuals who have aged out of school.

Project Search is a collaborative between an employment provider (St. Michael's Harbour), OVR, the Office of MH/ID, the Millcreek School District, Erie County Care Management, and UPMC Hamot Hospital. Individuals with disabilities in their last year of schooling participate in internships at UPMC Hamot. Following completion of the program, individuals enter competitive employment, or continue to receive ongoing training and support through OVR and the Office of MH/ID.

Housing:

The Home Team is Erie County's HUD Continuum of Care Board. The Home Team convenes every other month and has representation across the human services field and beyond, such as private business, education, the faith-based community, health care, and homeless service providers (both HUD-funded and non HUD-funded). This board is currently the focus of a strategic planning initiative. One goal is to expand member representation to other areas, such as law enforcement, legal, and crisis services. Another goal is to re-examine the board's sub-committees; there is discussion of creating a Funding Sub-Committee to find and research

sources of funding outside of HUD/HAP/HSDF/DCED, such as charitable foundations (i.e., the United Way, the Erie Community Foundation) and corporate philanthropy.

The implementation of the Coordinated Entry system in January 2018 has increased collaboration between the County, the administering agency (Erie County Care Management), and homeless service providers. These three groups have met regularly since fall 2017. In the short time since implementation, we have begun to gain a better understanding of gaps in the homeless system. Increasing the usage of the Homeless Management Information System (HMIS) continues to be a goal.

Stairways Behavioral Health's CROMISA program includes a component called Supportive Transitional Extension Program (STEP). STEP provides transitional housing and support to individuals with co-occurring mental health/substance abuse disorders who are leaving the jail system.

Stairways Behavioral Health also has a number of Fairweather Lodges, which house veterans with mental illness who have difficulty paying for housing, food, and utilities on their own, but are able to do so with the help of housemates. Lodge members assume responsibility for the day-to-day operation of the household, and establish the rules of the house.

A portion of Erie County's Human Services Development Fund (HSDF) allocation is used to fund Protective (shelter) Services at four local providers. Community Shelter Services serves homeless individuals and families; Mercy Center for Women serves homeless women and children; and Safenet and Safe Journey serve victims of domestic violence.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) **Program Highlights:** (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

Value-Based Purchasing – Erie County and Community Care Behavioral Health implemented value-based purchasing for the six Blended Case Management (BCM) providers in the county. The current phase of the project, which began on July 1, 2017, is a pay-for-performance model in which providers' rates will be bonused or penalized based on their performance in the following four performance measures:

- Did an Outpatient visit occur within seven days of each Inpatient Mental Health discharge?
- Average number of BCM contacts within thirty days of each Inpatient Mental Health discharge
- BCM contacts within three days of each Inpatient Mental Health discharge
- Was there a BCM claim on the day of or the day before an Inpatient admission?

Overall, providers have shown improvements over the course of the current value-based purchasing project. Erie County will work with Community Care Behavioral Health to expand value-based purchasing to our two largest Inpatient Mental Health providers (Millcreek Community Hospital and Saint Vincent Hospital) in FY 2018-2019. The goal is to significantly improve outcomes for those discharging from Inpatient stays by focusing both on the clients' case management (in the current year), and on the hospitals (next year).

Barber National Institute Outpatient Clinic – After opening in FY 16-17, Erie County's sixth Mental Health Outpatient clinic at Barber National Institute is running at full capacity. Centrally located in downtown Erie, the clinic serves individuals managing Autism Spectrum Disorder (ASD), mental illness, and dual mental illness/intellectual disabilities. The clinic is serving 400-500 clients per month, and has served 1,166 unduplicated clients thus far in FY 17-18.

Coordinated Entry – Meeting HUD requirements, Erie County and its administering agency, Erie County Care Management, launched the Coordinated Entry system for homeless services on January 23, 2018. The system acts as a single point of entry for homeless services. Clients can walk in to Erie County Care Management during business hours or call 814-SHELTER 24/7/365. Clients complete a brief screening to determine their housing status, as well as whether they are fleeing from domestic violence and/or a veteran. (Those who are fleeing from domestic violence are given the option to continue the process with Safenet, Erie County's designated DV provider, and veterans are given the option to continue with the Veterans Affairs Medical Center.) Clients who are literally homeless are referred to an emergency shelter, while those with less urgent needs are referred to other services, such as rent assistance. Within seven days, Erie County Care Management meets with the client to conduct the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), a standardized assessment. The VI-SPDAT measures the client's needs; depending on the client's score, he/she may be placed on a prioritized waiting list for more intensive services such as Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH).

Some of the anticipated benefits from the Coordinated Entry system include:
- Reducing administrative burden on homeless providers.
- Gathering more complete and accurate data and identifying gaps in the system, which will in turn help justify funding requests from HUD and other funders.
- Most importantly, streamlining and simplifying the process of obtaining services for clients.

Strategic Planning – Erie County was awarded a Strategic Planning grant in the 2016 HUD Continuum of Care competition. We have contracted with the Mercyhurst University Civic Institute for consultation and facilitation in this process. Since January 2018, twice-monthly meetings have been held with representatives from Erie County, the Civic Institute, and the homeless provider network to address two goals:

1. Retooling the Home Team (the Continuum of Care Board). This includes re-examination of its bylaws, mission, membership, and its subcommittees and their goals.
2. Examining data to identify gaps, as well as high and low performing programs. The results of this will inform future funding applications.

Enhanced Personal Care Home (EPCH) Expansion – As part of continuing efforts to divert those at risk of readmitting to Inpatient facilities, Warren State Hospital, or prison, and to offer a structured environment for those discharging from said facilities, Erie County has approved a 3-bed expansion at Stairway Behavioral

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Health's long-standing EPCH. This expansion will increase the total capacity from 38 to 41 clients. We anticipate this will help alleviate the problem of limited beds at Warren State Hospital.

CHIPP Housing Support Expansion – In FY 14-15, Erie County implemented a CHIPP Housing Support program at Lakeshore Community Services. This program assists individuals discharging from Warren State Hospital, or those at risk of admitting to Warren State Hospital, in maintaining affordable housing in the community. Components include the provision of services, assisting in the needs of daily living, and the development of natural supports. The program has proven successful but has been small scale—since its inception, four clients have been served. Erie County is in the process of implementing an expansion with Lakeshore Community Services which would allow for ten additional clients.

Refugee Case Management – Fourteen families relocated from Puerto Rico to Erie in the months following Hurricane Maria in September 2017. Most of these families have limited English proficiency, and brought no furniture or clothing with them. Erie County contracted with a local agency, the Multicultural Community Resource Center, to hire a full-time Spanish-speaking staff member to provide intensive case management to these families. The program will move these families toward self-sufficiency by addressing basic needs such as food, shelter, medical care, and employment. Goals of the program include:

- Obtaining permanent housing for 100% of the families during the first thirty days of service.
- Enrolling 70% of the adults into English classes.
- Locating employment for 80% of the adults within the first three months of service.
- Connecting all those who are eligible with medical cards, cash assistance, and/or food stamps within thirty days of service.
- Connecting all those who are eligible with SSI/SSDI.
- Obtaining school records and enrolling each child into school within sixty days of service.
- Choosing a medical provider for all families that obtain insurance or a medical card within thirty days.

Data Quality Initiative – With the sources, amount, and complexity of our data always increasing, Erie County's Department of Human Services has undertaken a new data quality initiative. Three staff (the Mental Health Administrative Team Leader, Operations Specialist, and Database Analyst) meet twice-monthly in order to systematically examine our database tables and queries for errors and inconsistencies. As problems are found, we are developing automated checks to catch them should they happen in the future. At the same time, we are learning more about the capabilities and limitations of the data available to us.

Community and School Based Behavioral Health Services (CSBBH) – On October 1, 2017 the APA methodology for Community and School Based Behavioral Health Services was approved by OMHSAS. CSBBH team services are voluntary mental health services for children and youth (up to age 21) with a severe emotional and/or behavioral problem that interferes with their functioning at school, at home, or in the community. Three target schools were identified due to their high utilization of BHRS services. CSBBH was implemented at Corry Area Primary School with the Achievement Center as the provider. In the Erie School District Lincoln Elementary was selected with Safe Harbor Behavioral Health as the provider. At the Union City Elementary School services are being provided by Sarah Reed Children's Center. The program started in the schools in October and has seen positive results. Next steps include possible expansion within the Union City School District to the middle school.

First Episode Psychosis (FEP) - In March, 2018, the Early Onset program has seen a significant growth with a consistent census of close to 30. Successful client outcomes include: two individuals are attending college since enrolling in the Early Onset Recovery Program; all individuals have been able to maintain housing status; one individual who was homeless at entry into the program is now employed and able to weigh housing options; finally, one English learner is employed part time and is proud of how his English is improving as he works. Several clients have had encouragement and greater understanding of their illness that have chosen to pursue substance use disorder treatment in conjunction with their work with Early Onset. Erie County recently submitted a renewal application for FEP funding for FY18-19.

System of Care Grant – The SAMHSA SOC grant is in its second year. The goal of Erie County is to improve infrastructure and provide coordinated services across systems to benefit children and youth with serious emotional disturbances and their families. Areas of focus include promoting a trauma informed culture across Erie County, expansion of Independent Living Services and coordination of treatment for youth in the early onset of a serious mental illness through the FEP program. DHS completed an internal trauma assessment followed by trauma training to all levels of departmental staff in May 2018. MH/ID/SOC are also members of the Erie Coalition for a Trauma-Informed Community. On May 10, 2018 SOC is coordinating a MH Awareness event which will include an awareness walk and free trauma training. SOC has met with over 200 students and educators through our "Let's talk about it" lunch and learn campaign to address the stigma of MH. Family and Youth run peer support groups have been initiated in the Erie community and continue to grow.

Erie County Re-Entry Services and Support Alliance (ECRSSA) – ECRSSA services are offered to medium/high risk offenders returning to Erie County from federal, state, or county incarceration and/or people reentering a law-abiding life from criminal/gang involvement. Participants meeting eligibility will receive intensive case management services which may include accessing job training, employment, education, medical and/or mental health care, and housing. Case Management services are offered for the initial six to twelve months of the indivduals reintergration into the community. For offenders not eligible for the program referrals are made to community organizations.

Consumer/Family Satisfaction Team (C/FST) Retool – The Mental Health Association of Northwestern Pennsylvania provides C/FST surveys for Erie County. As part of the 2016 PEPS CAP efforts are underway to improve and enhance the current C/FST process to include: training to all C/FST staff on Appendix L, complaints and grievances, mandated reporting, motivational interviewing, ethics and boundaries and cultural sensitivity. Other areas of improvement include: increased face to face interviews, incorporating universal language in all of our MH providers' contracts regarding C/FST expectations, monthly meetings with the County, CCBH and MHA to review provider reports and findings.

Psychiatric Rehabilitation Services (PRS) – This year Stairways Behavioral Health implemented their new Psychiatric Rehabilitation Services for Transition Age Youth. Stairways Behavioral Health's Psychiatric Rehabilitation Services (PRS) program for Youth/Young Adults (YYA) offers opportunities for young people with mental health concerns to develop skills that allow them to transition into adult roles: worker, student, friend, family member, community member, etc. Skills are related to independent living (e.g., cooking, bill-paying, transportation), work, community life, leisure, and relationships, communication, self-care, wellness, etc.. Services are provided both individually and in groups, in home, community, and on-site settings. The

PRS/YYA program began in January 2018, currently serves 23 youth aged 18-26, and has a waiver application in process to serve youth aged 14-17. The programs expects to serve 30 young adults aged 18-26, and 10 adolescents aged 14-17, in the next fiscal year. The YYA program follows the same principles of psychiatric rehabilitation as does the adult PRS program, but places a special emphasis on providing an environment and activities that meet the developmental needs and interests of transition-aged youth. The goal is to help young people develop self-efficacy and learn skills to live healthy, fulfilling lives that bring them joy.

Certified Peer Specialists (CPS) – The Mental Health Association of Northwestern Pennsylvania (MHA), Stairways Behavioral Health, and Safe Harbor Behavioral Health of UPMC Hamot offer CPS positions/services in Erie County. As part of the Peer Support Initiative Sub-committee we coordinated CPS training to fill seven current CPS positions. In March of 2017 two informational sessions were held for potential CPS applicants. The sessions included review of the application process, the face to face interview, the completion of a basic computer class and the submission of a writing sample. Training was conducted in April 2017. On June 30, 2017 a graduation ceremony was held with all 19 graduates. Since that time the available graduates have been placed in CPS positions. Due to current need another CPS training will be scheduled for 2018. To support current CPS graduates in their new positions a Trauma training has been scheduled for May 2018. The Trauma Releasing Exercises (TRE) program helps individuals release stress or tension as a result of difficult life circumstances, immediate or prolonged stressful situations or traumatic life experiences.

302 Curriculum Training – The Human Services Medical Director, MH Delegate, Hearing Officer, and Safe Harbor Behavioral Health Crisis Services developed a Mental Health Act and 302 training curriculum for Mental Health Inpatient units at the local hospitals. The curriculum was developed with input from the hospitals' Safety Directors, Inpatient Nursing Directors, and Risk Management attorneys. The training was well received and has been expanded. The entire City of Erie Police force has been trained and several provider agencies. Training in 2018 will be include DHS employees, sheriffs, provider agencies and nursing home staff. The goal for 2018 is to have the training recorded and available with an in-person question and answer session for future presentations.

Grant Writing Training – To assist MH and Homeless providers in preparing quality submissions for grants and new funding opportunities the County sponsored two free trainings in October 2017 and in April 2018. Grant Writing Basics provided an overview of the grant writing cycle, assessing funding and learning the key components to writing proposals.

Youth Mental Health First Aid Training – Systems of Care facilitated bringing the Youth MH First Aid Training to the Erie community on February 27th and 28th 2018. A total of 37 individuals completed the course including providers, parents, and staff from the Independent Living providers.

b) **Strengths and Needs:** (Limit of 8 pages)

Please identify the strengths and needs of the county/joinder service system specific to each of the following target populations served by the behavioral health system. When completing this

assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at https://www.samhsa.gov/health-disparities.

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

    - Strengths:

Specialized service needs for older adults are met through an array of programs and services offered and coordinated through the local Area Agency on Aging (AAA), Erie County Care Management (ECCM), LECOM Health Millcreek Community Hospital (MCH), and Allegheny Health Network St. Vincent Hospital. The Area Agency on Aging provides for the physical, social, and emotional needs of the senior citizens of Erie County through informal and formal supports that enable seniors to make informed choices, to be safe, to remain independent, and to be involved in the community. Erie County Care Management provides a Geriatric Administrative Case Manager specializing in geriatric mental health. St. Vincent Hospital provides short-term/acute care in a ten bed Geriatric Behavioral Services unit staffed 24/7 by a professional team of associates who specialize in caring for the geriatric population. In addition St. Vincent offers a free non-emergency mobile on site Mental Health Assessment, Monday through Friday. Millcreek Community Hospital operates a 12-bed Geriatric Center for Memory and Behavioral Health. In 2017 MCH opened a Geriatric partial hospitalization program due to the special needs of this population. In addition the LECOM Tri-State Elder Assessment Management (TEAM) program provides mobile assessments for individuals age 55 and older who may be experiencing a change in mental status, behavior or mood. A Geriatric Liaison is available to provide information and ease the admission process with all geriatric services. Access to these sites is aided by transportation services purchased from Medical Assistance Transportation Program's (MATP's) LIFT. The Erie County Department of Human Services purchases transportation services for Foster Grandparents and congregate meals for senior citizens.

    - Needs:

Additional funds and services to support increased life expectancies and aging populations. The Area Agency on Aging provides an Information and Referral service which serves as an entry point for AAA services, information, and community linkages. Additional services include Pre-Admission Assessments, Care Management, Domiciliary Care, the Family Caregiver Support Program, the Farmer's Market Nutrition Program, Meals on Wheels, the Home PLUS Project, and the Aging Waiver Program. Services with a focus on protection and advocacy include Older Adult Protective services, Ombudsman, and Senior Advocate. Services which foster seniors to remain active and involved in their community include the Foster Grandparent Program, Senior Community Service Employment Program (SCSEP), Retired and Senior Volunteer Program (RSPV), and the Senior Center Services. Assess to these sites is aided by transportation services purchased from the LIFT.

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

    - Strengths:

The implementation of the Coordinated Entry system in January 2018 has helped identify and gain a better understanding of existing gaps in the homeless system. Coordinated Entry has provided some of our most vulnerable consumers with an ease of access to available housing and services in one phone call. Implementation of the BCM Value-Based Purchasing initiative will improve the consistency and quality of BCM services across providers with a focus on enhancement of services both pre and post inpatient

hospitalizations. Safe Harbor Behavioral Health of UPMC Hamot provides a Warm-Line service. The Warm-Line is a peer run listening line staffed by Certified Peer Specialists. The Warm-Line is designed to support individuals in a non-emergency situation and is in operation Monday-Friday from noon until 7:30pm. The addition of the Barber National Institute Outpatient Clinic serving individuals managing Autism Spectrum Disorder (ASD), mental illness, and dual mental illness/intellectual disabilities offers choice to Erie County members. The clinic servces 400-500 clients per month. High Risk Care Managers work with identified high risk members and their providers to resolve complex or high-risk factors which impact the member's ability to progress towards recovery. Face-to-Face and telephone contact is focused on both the member and provider. High Risk Care Managers are on the inpatient unit and complete Readmission Interviews when an individual readmits to the hospital within 30 days.

Mental Health Association of Northwestern Pennsylvania (MHA), Stairways Behavioral Health and Safe Harbor Behavioral Health of UPMC Hamot offer Certified Peer Specialist Services (CPS) in Erie County. Peer Support Team Members, all of whom are Certified Peer Specialists, make themselves available to consumers residing in Erie County to provide support, counsel, education and training consistent with consumer identified goals. Peer Support Team Members go off-site to establish interaction with current or potential users of the service. Mental Health Association of Northwestern Pennsylvania (MHA) operates the Erie County Consumer/Recover Center "drop-in center." This center provides the opportunity for adults with mental illness to interact with peers in social, educational and recreational activities in an environment in which they feel safe. Participation also helps consumers develop informal mutual support systems. Anyone who can provide verification of current or past use of mental health services is eligible to attend center programs.

- Needs:

Continued development of treatment and housing options for those individuals with chronic behavioral health needs. The largest portion of Mental Health funds is spent on Outpatient Clinic services. The County is exploring adding Intensive Outpatient to the service continuum. Consumers as well as providers have identified a need for a service that would provide additional supports without rising to the level of a partial hospitalization program. Continued discussion of the possible expansion of Psychiatric Rehabilitation services into the rural areas of the County where there has been an identified need.

For individuals with more complex needs, additional supports are available including Residential supports (Residential Treatment Facility for Adults, Enhanced Personal Care Homes, Integrated Personal Care Homes), a Long Term Structured Residential (LTSR) facility with a capacity for 14 persons, Administrative Case Management (ACM), Assertive Community Treatment (ACT) team, Representative Payee services, Peer Support, Crisis services, Crisis Residential Unit, Psychosocial Rehabilitation, Mobile Psych Rehabilitation, Mobile Medication, Family Based services, Emergency services, Drop-in Centers, Housing Supports, and Partial Hospitalization. Many of these services are utilized to divert or facilitate discharge from the State hospital setting, residential treatment facilities, incarceration, and inpatient units. The 2019 Value Based Purchasing project will focus on Inpatient with a focus on discharge planning, readmission, and follow up care.

- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

- Strengths:

Strengths for this population include the Psychiatric Rehabilitation Program for transition age youth, High Fidelity Wraparound, and continued collaborative efforts through System of Care. MH Awareness promotions through SOC have focused on reducing the stigma of mental health. On May 10th in honor of Mental Health Awareness SOC celebrated with recognititon of youth, unveiling of youth artwork, an Awareness Walk and trauma training. Two member run support groups have been developed in Erie, the Family Caregiver Alliance and Youth Together. The PA System of Care (SOC) grant funds have been used for two providers, Bethesda and Family Services of NW PA to provide Independent Living Program services to adolescents transitioning from the child serving system to independent living/adulthood with the supports, skills and resources necessary to assist them in becoming self-sufficient and productive members of the community.

Additional specialized service needs for individuals who are transitional youth, including young adults are met through an array of services and programs. GECAC offers the Upward Bound program. Upward Bound serves high school students who are interested in pursuing higher education. In collaboration with Edinboro University and several school districts, Upward Bound offers services in the home and at Edinboro University during a 6 week summer program. Hermitage House Youth Services Inc. provides a Transitional Living Program. This program provides on-campus apartments which allow individuals reduced structure, increased freedoms and responsibilities while receiving guidance, support, and accountability. Services are coordinated with outside social service agencies such as Office of Vocational Rehabilitation, Job Corps, and PA Career Link. Educational Opportunities include an on-grounds classroom, GED preparation, and Public School/Vo-Tech options. Stairways Blended Case Management has a specialized Transitioning BCM Youth Team who works with adolescents ages 16 to 21 who are in need of transition into the adult system. The aim of the Adolescent Services division of BCM is to assure that adolescents who have or are at risk for developing a serious mental illness or emotional disorder access proper treatment and the supports necessary to help them succeed in the home, school, and community.

- Needs:

Erie County has youth and family representatives on the System of Care (SOC) Erie County Leadership Team (CLT) and the Department of Human Services Mental Health Consultative Committee (DHS MH CC). Developing a stronger system of care for transition-age youth is a primary agenda for the Erie County Department of Human Services Consultative Committee and the CLT. Continued outreach to providers to support Certified Youth Peer Support Services and employment. CPS training specific to the needs of youth.

- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:

Strengths for children services include: Parent Child Interaction Therapy (PCIT) at four outpatient providers, Intensive Family Coaching, Community and School Based Behavioral Health, Community Schools and Student Assistance Program (SAP) within the schools and the Independent Living Program for MH only youth through the SOC grant. United Way and the Erie School District have initiated the community schools model at five local schools. Schools become centers of the community offering an array of services and programs which are open to students, families and the community.

- Needs:

In the rural area of the County a need has been identified to expand Partial Hospitalization Services due to the considerable distance from existing PHP providers. The implementation and future expansion of the Practice-Based evidence Community and School Based Behavioral Health Team model. The expansion of Systems of Care to continue with the plan for a Trauma informed community and school system, Independent Living Services for Mental Health only youth, Psychiatric Rehabiliatation Services, and MH services within the Early Onset Recovery Program.

Identify the strengths and needs of the county/joinder service system (including any health disparities) <u>specific</u> to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

  - Strengths:

Strengths include the following: the Semi-Independent Living Program, ACT, Enhanced Personal Care Home, Lakeshore CHIPP Supportive Housing and the Long Term Structured Residential Program. There is ongoing consistent cross collaboration with the local and State hospitals to assist with diversion, consumer care and discharge planning. Erie County has approved a 3-bed expansion at Stairways Behavioral Health's long-standing Enhanced Personal Care Home as part of continuing efforts to divert those at risk of readmitting to Inpatient facilities or Warren State Hospital and to offer a structured environment for those discharging from said facilities. This expansion will increase the total capacity from 38 to 41 clients. We anticipate this will help alleviate the problem of limited beds at Warren State Hospital and in keeping individuals in the community. Lakeshore Community Services, Inc. provides housing support services and case management to adults with serious and persistent mental illness who are identified as CHIPP (Community Hospital Integration Projects Program) participants. This program assists individuals discharging from Warren State Hospital and in diverting individuals providing necessary supports. Erie County is in the process of implementing an expansion with Lakeshore Community Services which would allow for additional individuals to be diverted or to reenter the community with supports to maintain their recovery.

  - Needs:

Continued development of treatment and housing options for those individuals with chronic behavioral health needs. The Semi-Independent Living Program offers dually diagnosed individuals help in locating affordable housing and in understanding and negotiating the details associated with successfully living in the community. Adminstrative and High Risk Care Managers are on-site at the local inpatient units to assist with diversions and stabilization. Monthly Hospital Liaison meetings between the local hospitals MH IP units, Erie County MH/ID, Erie County Care Management (ECCM) and Community Care Behavioral Health (CCBH) address readmission rates, discharge planning, inpatient consumer care, safety and agency collaboration. Training on the Mental Health Act and the 302 process was developed along with the local hospitals and conducted by Erie County MH/ID, the County Medical Director, the Hearing Officer and Crisis Services. This training was held at both hospitals in 2017 and included all levels of staff in the Emergency Departments and the Inpatient Units.

The 2019 Value Based Purchasing project will focus on Inpatient level of care with a focus on improving discharge planning, readmission rates, and follow up care.

- **Co-occurring mental health/substance use disorder**

  - Strengths:

The Erie County Office of Drug and Alcohol Abuse assures services for all population groups, including those with co-occuring mental health/substance abuse diagnoses. Erie County D&A contracts with a local provider of Acute Partial services which provides additional psychiatric support. Monthly meetings involving staff from Community Care Behavioral Health and the Offices of Mental Health/Intellectual Disabilities and Drug and Alcohol Abuse are convened to assure progressive delivery of services for persons with co-occuring issues. Stairways Behavioral Health offers a Dual Diagnosis Outpatient Clinic and Gage House Dual Diagnosis Program. The Outpatient Clinic offers two levels of outpatient care, traditional and intensive. Dual Diagnosis' treatment may include medication assistance, such as Vivitrol, in combination with appropriate outpatient services to assist in recovery of individuals addicted to opioids and alcohol. Gage House offers a structured program that provides both rehabilitation and habilitation services to individuals who are in need of treatment to address co-occurring drug and alcohol and mental health issues. CROMISA (Community Reintegration of Offenders with Mental Illness and Substance Abuse) and STEP (Supportive Transitional Extension Program) are programs that provide services to support community integration to Erie County offenders who are incarcerated in the state system, with at least one year of their sentence remaining, and who are struggling with both substance abuse and mental illness. Gaudenzia Dual Diagnosis Residential Treatment Facility provides residential care, shelter, support for recovery from addiction and services to stabilize the symptoms of chronic mental illness. Erie County Treatment Court is a unique program that helps keep individuals with mental illness and chemical dependency addiction out of jail and on the road to a healthy law-abiding lifestyle.

  - Needs:

The Office of Drug and Alcohol Abuse held a Certified Recovery Specialist training in May 2017. Certified Recovery Specialists have been employed in our system, most notably at Esper Treatment Center, where they are part of the Opiate Use Disorder Center of Excellence Care Coordination team.

- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.

  - Strengths:

The Erie County Criminal Justice Advisory Board (CJAB) has created task forces aimed at enhancing communication between the various arms of the Criminal Justice system such as the police, the courts, and human services. Forensic Administrative Case Management, operated by Erie County Care Management, monitors individuals who are currently incarcerated and assists in discharge planning and implementation. Make It a Home Always is a HUD-funded program operated by the Mental Health Association of Northwestern Pennsylvania that helps secure housing for individuals who are diagnosed with amental illness, have a history

of substance abuse, and/or have been involved in the criminal justice system. On September 12, 2016, Greater Erie Action Committee (GECAC) received a 3 year grant through United Way of Erie County and Erie Community Foundation to fund the Erie County Re-Entry Services and Support Alliance (ECRSSA). ECRSSA provides Intensive Case Management and Resource Coordination services to eligible medium to high risk offenders who are returning to Erie County from federal, state or county incarceration. Stairways Forensic Outpatient Clinic provides group and individual counseling, in-house psychiatric care and prescription management. Special Probation Services is a program that is offered in conjunction with the Erie County Office of Mental Health and Intellectual Disabilities. Services are offered to individuals who have intellectual disabilities and need additional services. Mentally Ill Offender Program supervises and monitors seriously mentally ill individuals for compliance with their medications and treatment as well as their Court related obligations. As mentioned previously in the category for individuals with co-occurring disorders, CROMISA, STEP and Treatment Court also meet the needs of individuals with criminal justice history.

- Needs:

Safe, affordable housing and employment opportunities continue to be a focus for successful community re-entry for this population.

- **Veterans**

  - Strengths:

Erie County's mental health and homeless systems have proactive and continuous communication with and regarding veterans, both through the systems' programming and their relationship with the Erie VA Medical Center (EVAMC). Boots on the Ground is a program dedicated to helping veterans and their families struggling with Post Traumatic Stress Disorder (PTSD) by linking them to services, offering education, holding trainings about suicide prevention, and providing peer support. The National Alliance on Mental Illness (NAMI) of Erie County offers a twelve-week course to help family members and caregivers whose loved ones are facing the challenges of a mental illness. A portion of the curriculum is dedicated to persons suffering from PTSD. Each year in January, Erie County's homeless population, including the number of homeless veterans, is captured by the Single Point In Time (SPIT) survey. The County's Housing Program Specialist maintains contact with the EVAMC's Homeless Care Team through the Home Team, a local homeless collaborative. The Erie County Veterans Court is a Treatment Court that assists veterans involved with the Criminal Justice system gain access to treatment and housing rather than incarceration.

Stairways Behavioral Health opened a Veteran's Fairweather Lodge on February 1, 2017. The Lodge is a living arrangement designed specifically for veterans with mental illness who are active members of society and wish to live independently. All Lodge members are encouraged in a variety of ways to assume responsibilities for the day-to-day operation of the household. Members establish the rules they are to live by. Staff offer support and assist with accessing community services.

  - Needs:

Continued collaboration across systems and with the Erie VA Medical Center (EVAMC) to ensure that needs are identified and services are in place.

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

  - Strengths:

PERSAD Center and CCBH provide local training, outreach and consultation opportunities to help mental health providers obtain and sustain a basic understanding of sexual orientation and gender differences. Erie County continues to support PERSAD Center in their mission to improve the well-being of the LGBTQI (lesbian, gay bisexual, transgender, queer, questioning and intersex) communities, and the HIV/AIDS communities. In 2017 the County promoted multiple Transgender/LBGTQI Cultural Awareness & Sensitivity presentations to various audiences including DHS, CCBH, Office of Vocational Rehabilitation, Certified Peer Specialits, family members, consumers and providers.

  - Needs:

Continued collaboration, planning and representation from individuals to ensure that needs are identified and services are in place. Educational training opportunities for providers and systems.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

  - Strengths:

Specialized service needs for individuals with limited English proficiency are met through various provider services and programs. Greater Erie Action Committee (GECAC) provides an Adult and Education Program, which welcomes adults who are interested in improving their math or reading abilities. Erie County Office of Mental Health and Intellectual Disabilities (MH/ID) and Community Care Behavioral Health (CCBH) are contracted with Logistics Linguistic Solutions (LPLS) to provide interpreter and document translation services to individuals with limited English proficiency. LPLS is accessible 24/7 in person and via phone. International Institute provides interpreting services, legal representation, education access and links to healthcare and community connections. Catholic Charities Counseling and Adoption Services provide initial interpretation and translation services to refugees. The Education Department of the Multicultural Community Resource Center offers English as Second Language classes. The Multicultural Community Resource Center offers Accurate Communication Language Services, which provide professional interpretation of multiple languages in a variety of settings for emergency and scheduled appointments. Services include verbal interpretation in legal, medical, and social settings and translation of business forms, letters, manuals, and other documents. Languages include, but are not limited to: Spanish, Bosnian, Russian, Ukrainian, Arabic, Vietnamese, Swahili, and Burmese.

The Truancy/CARE (Community Assistance for Refuge (parenting) Education program is offered at the Multicultural Community Resource Center. The program is available to families that English is a second language from the Latino/Hispanic community and refugee families. The Truancy program case managers monitor the youth's school attendance and grades, meets with the students regularly to help them overcome barriers, provides after school tutoring and reaches out to parents to encourage their participation in parent teacher conferences, open house, etc. and assists with referrals. Annual training for parents to learn about school regulations, excuses for absences etc. are held at the beginning of each school year. Case managers frequently assist with interpreters to ensure services are provided in the language of the parent. They provide workshops to youth to assist in acculturating. The CARE program works with OCY and/or is used as a diversion program to avoid child welfare involvement. Case management services include: assisting the family

with meeting the needs of the children and parents, assists with appointments at Department of Public Welfare and Women Infants Children (WIC), referrals and assistance in getting to medical and mental health appointments, referrals to the domestic violence program, and assistance with housing and daycare applications. Case managers also provide parenting education and arrange for interpreters.

Fourteen families relocated from Puerto Rico to Erie in the months following Hurricane Maria in September 2017. Most of these families have limited English proficiency, and brought no furniture or clothing with them. Erie County contracted with the Multicultural Community Resource Center, to hire a full-time Spanish-speaking staff member to provide Intensive Case Management to these families. The program will move these families toward self-sufficiency by addressing basic needs such as food, shelter, medical care, and employment and in securing the necessary referrals to community supports.

- ▪ Needs:

Continue to work with the community, families, CCBH, ECCM and providers to identify and address barriers in serving the minority populations and in meeting their needs.

- • **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)

- ▪ Strengths:

Integrated Care Plans, Maternal addiction and Traumatic brain injury services. Specialized service needs for individuals with both behavioral health and physical health needs are being met through collaboration efforts between behavioral health providers, physical health plan organizations and our local managed care provider, Community Care Behavioral Health (CCBH). From July 1, 2017 through April 2018, three hundred seventy three (373) <u>Integrated Care Plans</u> have been completed. Monthly calls between CCBH and each of the physical health care plans (Aetna, AmeriHealth, Gateway and UPMC for You) occur for integrated care. CCBH makes referrals to the Specialized Needs Unit as needed and have a direct pipeline to the agency. Saint Vincent Hospital of Allegheny Health Network has the Growing Hope Maternal Addiction Program. The focus of the program is to ensure the best outcomes for the opiate addicted pregnant patient and her baby. Traumatic brain injury services are met through Anchor Inne, Erie Independence House, Inc, and the PA Medicaid Waiver Program, CommCare (OBRA and Independence – Traumatic Brain Injury).

- ▪ Needs:

Continued efforts to coordinate physical/behavioral health plans and treatment needs.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

☒ Yes   ☐ No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

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Cultural and Linguistic Competency has been and continues to be a priority in Erie County, since Erie is one of the major refugee resettlement locations in the state. In past years, Erie has received large groups of refugees from Bosnia, Sudan, Nepal, Somalia, and Syria among other countries. The Department of Human Services continues to emphasize Cultural and Linguistic Competency both internally and in the provider community. The County contracts with the Multicultural Resource Center (MCRC) to provide ongoing cultural diversity trainings to the Department of Human Services and provider agencies. This year topics included: the Nepali/Bhutanese culture, Syrian Refugees and the Puerto Rican Community.

Does the county currently have any suicide prevention initiatives?

☒ Yes   ☐ No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Erie County is part of the Erie County Suicide Prevention Task Force and is involved in the planning of the annual suicide conference. The 4th Annual Suicide Prevention Conference was held on September 6, 2017. The focus of the event was on the LGBTQI population and youth suicide.

c) Supportive Housing:

DHS' five- year housing strategy, _Supporting Pennsylvanians through Housing_, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY _Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year**_)

1. Capital Projects for Behavioral Health	☐ Check if available in the county and complete the section.								
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex.									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	_Total_ $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
N/A									

Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health		☐ Check if available in the county and complete the section.							
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
N/A									
Notes:									

3. **Master Leasing (ML) Program for Behavioral Health**				☐ Check if available in the county and complete the section.						
Leasing units from private owners and then subleasing and subsidizing these units to consumers.										
	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
N/A									
Notes:									

4. **Housing Clearinghouse for Behavioral Health**				☒ Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Coordinated Entry	Department of Housing and Urban Development (HUD)	$12,000	$12,000	850	1,300			2.0	FY17-18

	County Base Funded	$129,125	$129,125						
Notes:	Provided by Erie County Care Management								

5. Housing Support Services for Behavioral Health				☒ Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Housing Support Services	County Base Funded	$40,532	$40,532	25	28			2.2	Prior to 1999
	CHIPP	$84,668	$168,960						
Notes:	Provided by Lakeshore Community Services								

6. Housing Contingency Funds for Behavioral Health	☒ Check if available in the county and complete the section.
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.	

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
Housing Contingency Funds	County Base Funded	$21,043	$21,043	327	327			$324.29	Prior to 1999
	CHIPP	$85,000	$85,000						
Notes:	Provided by Erie County Care Management								

7. Other: Identify the Program for Behavioral Health	☐ Check if available in the county and complete the section.

Project Based Operating Assistance (**PBOA** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge** (**FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
N/A								
Notes:								

d) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- 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.

1. Value-Based Purchasing (BCM and IP)

The County and Community Care Behavioral Health (CCBH) implemented a new value-based purchasing model for the six BCM providers in Erie County. In FY 2017-2018, we are following a pay-for-performance model which is using following performance measures in order to bonus BCM providers' rates:

- Did an Outpatient visit occur within seven days of each Inpatient Mental Health discharge?
- Average number of BCM contacts within thirty days of each Inpatient Mental Health discharge
- BCM contacts within three days of each Inpatient Mental Health discharge
- Was there a BCM claim on the day of or the day before an Inpatient admission?

The data for the four measures is being collected and reported quarterly. Progress is discussed at BCM Provider meetings.

The BCM pay-for performance model consists of 100% HealthChoices funds.

The County and CCBH are currently in the planning stages to implement another VBH project with local Mental Health Inpatient hospitals in FY 2018-2019. The BCM project will be adjusted based on providers' performance in the current year, and will continue in FY 2018-2019. The goal is to significantly improve outcomes for those discharging from Inpatient stays by focusing both on the clients' case management and on the hospitals.

2. Coordinated Entry

Meeting HUD requirements, Erie County and its administering agency, Erie County Care Management, launched the Coordinated Entry system for homeless services on January 23, 2018. The system acts as a single point of entry for homeless services. Clients can walk in to Erie County Care Management during business hours or call 814-SHELTER 24/7/365. Clients complete a brief screening to determine their housing status, as well as whether they are fleeing from domestic violence and/or a veteran. (Those who are fleeing from domestic violence are given the option to continue the process with Safenet, Erie County's designated DV provider, and veterans are given the option to continue with the Veterans Affairs Medical Center.) Clients who are literally homeless are referred to an emergency shelter, while those with less urgent needs are referred to other services, such as rent assistance. Within seven days, Erie County Care Management meets with the client to conduct the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), a standardized assessment. The VI-SPDAT

measures the client's needs; depending on the client's score, he/she may be placed on a prioritized waiting list for more intensive services such as Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH).

Some of the anticipated benefits from the Coordinated Entry system include:
- Reducing administrative burden on homeless providers.
- Gathering more complete and accurate data and identifying gaps in the system, which will in turn help justify funding requests from HUD and other funders.
- Most importantly, streamlining and simplifying the process of obtaining services for clients.

Funding for Coordinated Entry includes $12,000 of HUD-awarded money, which covers furniture and equipment, and $130,000 of County Base funds, which supports two full-time CE Specialists.

Erie County, Erie County Care Management, and local providers have meet every other month in Home Team meetings, and monthly in Coordinated Entry sub-committee meetings to discuss progress and barriers to the Coordinated Entry system. Erie County is also in the process of developing performance measures to track the efficacy of the system.

3. Psych Rehab in Corry

Erie County is currently working with Corry Counseling Services, a provider in a rural southeastern part of the County, to develop a Psych Rehab program. Currently, Erie County has only one Psych Rehab provider (Stairways Behavioral Health).

Corry Counseling Services currently provides Outpatient, Blended Case Management, and Family Based Mental Health. Our goal is to have the program up and running in the first half of FY 2018-2019. Funding would be on a fee-for-service basis with HealthChoices and County Base funds.

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☐ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☐ County ☒ HC ☐ Reinvestment
Partial Hospitalization		
Adult	☒	☐ County ☒ HC ☐ Reinvestment
Child/Youth	☒	☐ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
ACT or CTT	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Walk-in Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services	☒	☒ County ☒ HC ☐ Reinvestment

Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☐ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☒ HC ☐ Reinvestment
Transitional and Community Integration Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Residential Services	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☒	☒ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Family Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer Driven Services	☒	☒ County ☒ HC ☐ Reinvestment
Community Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Mental Health Treatment	☒	☐ County ☒ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☒	☒ County ☒ HC ☐ Reinvestment
Outpatient D&A Services	☒	☒ County ☒ HC ☐ Reinvestment
Methadone Maintenance	☒	☒ County ☒ HC ☐ Reinvestment
Clozapine Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

*HC= HealthChoices

f) <u>Evidence Based Practices Survey:</u>

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current 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)	Additional Information and Comments
Assertive Community Treatment	Y	128/year	TMACT and DACTS	Agency, County, and MCO	Annually	N	Y	Provided by Stairways Behavioral Health
Supportive Housing	Y	106	In-house and HUD	Agency	Monthly, quarterly, and annually	N	Y	
Supported Employment	N							
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	25	In-house through Mercyhurst University and Erie County Office of D&A	Agency	Quarterly and annually	N	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	18/year	In-house and CCBH standards	Agency and MCO	Quarterly	N	Y	Provided by Harborcreek Youth Services
Multisystemic Therapy	Y	74/year	MST Institute	Agency	Weekly, quarterly, and upon discharge (5-7 months)	N	Y	Provided by Harborcreek Youth Services and Family Services of NW PA
Functional Family Therapy	Y	122/year	FFT outcome measures (youth, self, parents, family, client, peer), pre/post questionnaire	Agency	Pre- and post-therapy (22 weeks)	N	Y	Provided by Family Services of NW PA
Family Psycho-Education	N							

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

To access SAMHSA's EBP toolkits:

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

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	Goal: 4,148	Provided by the Mental Health Association of
Compeer	No		
Fairweather Lodge	Yes	25/year	Provided by Stairways Behavioral Health
MA Funded Certified Peer Specialist- Total**	Yes	158/year	Provided by the Mental Health Association of
CPS Services for Transition Age Youth	Yes	18/year	
CPS Services for Older Adults	Yes	140/year	
Other Funded Certified Peer Specialist- Total**	Yes	45/year	Provided by the Mental Health Association of
CPS Services for Transition Age Youth	Yes	2/year	Funding is Mental Health Base
CPS Services for Older Adults	Yes	43/year	Funding is Mental Health Base
Dialectical Behavioral Therapy	Yes	421/year	Provided by Corry Counseling Services, and
Mobile Meds	Yes	513/year	Provided by Corry Counseling Services,
Wellness Recovery Action Plan (WRAP)	Yes	16/year	Provided by the Mental Health Association of
High Fidelity Wrap Around/Joint Planning Team	Yes	76/year	Provided by Erie County Care Management
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	380/year	Provided by Stairways Behavioral Health
Self-Directed Care	No		
Supported Education	Yes	18/year	Provided by Safe Harbor Behavioral Health of
Treatment of Depression in Older Adults	Yes	561/year	Number of clients ages 65 or older with a
Consumer Operated Services	Yes	975/year	Consumer Center provided by the Mental
Parent Child Interaction Therapy	Yes	45/year	Provided by Achievement Center, Barber
Sanctuary	Yes	780/year	Provided by Harborcreek Youth Services,
Trauma Focused Cognitive Behavioral Therapy	Yes	120/year	Provided by Achievement Center, Affinity
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	50/year	Provided by Affinity Family Support Services
First Episode Psychosis Coordinated Specialty Care	Yes	23/year	Provided by Safe Harbor Behavioral Health of
Other (Specify)			

*Please include both County and Medicaid/HealthChoices funded services.
**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as:

> An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers

- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	23
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	18

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability and autism 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' teams.

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.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing 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 (PDS), 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.

The Erie County MH/MR Office offers the full array of Base-funded services detailed in "Developmental Programs Bulletin 00-12-05, Individual Supports Plan (ISPs), Manual for Individuals with Intellectual Disabilities." Table 1 details the projected number of people to be in service during FY 18-19.

Individuals Served

	Estimated Individuals served in FY 17-18	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 18-19*	*Percent of total Individuals Served*
Supported Employment	16	1	8	<1
Pre-Vocational	1	<1	0	0
Community participation	10	<1	26	1
Base Funded Supports Coordination	1,466	66	1,355	61
Residential (6400)/unlicensed	7	<1	4	<1
Life sharing (6500)/unlicensed	1	<1	6	<1
PDS/AWC	11	<1	37	1
PDS/VF	0	0	0	0
Family Driven Family Support Services	726	32	787	35

Generally, these funds serve as a starting point for eligible persons who have no services at all. Funds purchase a small amount of service for a large number of people so as to not to create a situation of the "haves and have nots." Services are typically community based; allowing the consumer to integrate into the community while offering some care giving relief to the family. Service delivery is based upon consumer selection of provider(s), and a targeted start date with said provider(s). As soon as funds are available, the services are authorized and the consumer can receive the services per the targeted start date.

As capacity becomes available persons are enrolled in the Consolidated, Community Living, or Person/Family Directed Supports Waivers. These funding sources offer greater amounts of money per recipient, enabling persons to receive more types of services as well as additional units of service. Currently, the County Program Office has capacity to serve 630 people through the Consolidated Waiver, 65 people through the Community Living Waiver, and 474 people through the Person Family Directed Supports Waiver. The determination of which persons are ultimately enrolled in these Waivers is based upon the ODP waiting list tool – the PUNS (Prioritization of Urgency of Need).

Table 2 illustrates the number of people identified by the PUNS process as being in either Emergency or Critical Need of services in each of the last three years. People with an Emergency Need are currently in situations in which they need services immediately. People with a Critical Need for services are making the request to be served within one to three years. While the total number of people waiting for service decreased slightly last year, there has been a significant increase over the past year, with the number of people in the Emergency need category remaining consistently high. This is most likely the result of people's needs having increased over time from Critical to Emergency, as well as a lack of additional funds to serve the population. Information regarding the number of people needing services was collected from the Office of Developmental Programs, Home and Community Services Information System (HCSIS), and the PUNS report dated 4/27/18.

All Persons Waiting for Service (Fiscal Year Comparison)			
	FYE		
	2016	2017	2018
Emergency Need	241	256	338
Critical Need	272	249	231
Total	**513**	**505**	**569**

Table 2

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 competitive 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 assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

The County Program Office has worked with the Office of Vocational Rehabilitation (OVR) since 1982, jointly funding employment services. Now the County Program Office is working with OVR, St. Michaels Harbor, the Millcreek School District, and UPMC Hamot to implement "Project Search" – a two-year program designed to train persons with a disability for competitive employment at UPMC and other businesses. Project Search is a nationally recognized job training/employment model. The 2016 school year was the inaugural year and saw twelve Erie County students enrolled in the program; it is expected similar numbers of individuals will enroll to receive on the job training for competitive employment when the next cycle begins during the 2018 school year.

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This collaboration will continue, with OVR funding the job training provided by St. Michaels Harbor, a job training agency. The Millcreek School District will provide teachers for instruction of job skills. UMPC Hamot was the flagship employer, providing job training sites. Additional employers will be sought out as the program continues. HSBG funds will be used to purchase follow-up employment services.

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

Supports Coordination:

- Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
  Describe the collaborative efforts the county will utilize to assist SCO's with promoting self direction.

The County Program Office performs Waiver administrative entity functions collaboratively with Erie County Care Management (ECCM). The County Program Office meets bi-weekly with administrative staff from the Supports Coordination unit of ECCM to review procedures and practices used to support consumers and families in navigating the service delivery system; capacity; PUNS and the waiting list; and developing effective ISP plans following Everyday Lives and Life Course principles. The County Program Office also meets quarterly with Operations administrative staff from ECCM to review the Intake and Incident Investigation functions they perform. Additionally, both the County Program Office and ECCM conduct annual self-reviews to assure compliance with the Consolidated, Community Living, and Person/Family Directed Supports Waivers.

Support Coordinators participate in training designed to develop multi-system collaboration in the development of Individual Service Plans (ISPs). This includes children and youth, mental health, school, and aging supports. Requests or "considerations" obtained from the Independent Monitoring for Quality Assurance surveys (IM4Q) are routed to Support Coordinators for follow-up and resolution. This includes collaboration with and oversight from the County Program Office. Often these requests are to assist consumers with gaining access to common community supports like energy assistance, landlord issues, and adult education.

Currently, an effort is being made to develop a unified individual planning process and common record management system for children and youth, mental health, housing, and intellectual disability services. This will allow for the development and coordination of a single support plan.

Lifesharing and Supported Living:

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.

- What are the barriers to the growth of Lifesharing/Supported Living in your county?
- What have you found to be successful in expanding these services in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

These experiences are both Waiver and HSBG funded. Life Sharing refers to a living situation between a family/individual who wishes to share their home and day-to-day experiences with a person with intellectual disabilities. Supported Living refers to a living situation where the person with intellectual disabilities lives in their own home or apartment, but has Provider delivered services in their home or in the community to assist them with day to day activity. Currently, HSBG is funding six persons participating in Life Sharing; we are unable to render an accurate count of how many consumers participating in Supported Living are receiving HSBG funding as the service (In-Home and Community Supports) is also available to consumers not living on their own.

The County Program office encourages Providers and Supports Coordinators to identify consumers during the ISP process who are interested in a more independent or family oriented living situation. Recent initiatives to increase the focus and support given to employment for persons with intellectual disabilities has resulted in more consumers feeling financially able to explore living independently with Supported Living assistance. However, to attract more Life Sharing providers (families) to commit to the long-term support of consumers as they age, become medically compromised, or demonstrate challenging behaviors, further consideration needs to be given to the establishment of higher rates and options to pay multiple caregivers. Changes in licensing requirements may also aid in attracting Life Sharing providers.

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, especially medical 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 and promote the life course /supporting families paradigm.
- 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 community resources as well as formalized services and supports through ODP.

On a bi-weekly basis, staff from the County Program offices of Mental Health, Intellectual Disabilities, Children and Youth, Drug and Alcohol, and Juvenile Probation meet to develop, implement, and evaluate service delivery to persons served by multiple systems. On a monthly basis, staff from the County Program offices of Mental Health, Intellectual Disabilities, Children and Youth, and the Support Coordination office meet to identify and plan for youth transitioning between funding sources and offices. Additionally, monthly Systems of Care meetings occur which include the parties previously stated as well as consumer and family representatives.

The County Program office and Support Coordination office meet bi-weekly to develop and evaluate the effectiveness of service delivery. Staff from the County Program office and Support Coordination office also meet bi-monthly with all qualified providers within the county to do the same.

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

The County Program office supports and encourages Providers as well as the Supports Coordination office to work with local school districts to inform families of services in order to develop effective transition plans from school to adult living. Additional collaboration with local school districts is detailed in the Supported Employment section of this document

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?
    - Does your county provide mobile crisis?
    - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
    - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
    - Is there training available for staff who are part of the mobile crisis team?
    - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

Every ID Provider agency has an Emergency Response plan to support persons in their care. The County Program office and the Support Coordination office maintain 24/7 on-call personnel to assist Providers and consumers with emergencies. SCO calls are routed to an answering service, County Program calls are routed directly to County office personnel. The Supports Coordination office on-call service assists Providers/consumers in identifying services and supports that are available on an emergency basis. The County Program office on-call service responds to the service and funding needs identified by the SCO. The County Program office works with other County emergency management services if there is a catastrophic event. The County 911 Center has a listing of all ID Provider group homes and detail of persons residing in each who may have special medical or evacuation needs. The Center also has Provider and County Program office 24/7 contact information.

The County program office reserves approximately 4% of the ID Base allocation for Emergencies. Each spring unspent reserves are used to support persons who have one time needs which would exceed their funding source maximum. Reserve funds are then freed-up for the upcoming fiscal year. Persons with on-going emergency needs are identified for enrollment in Waiver funded services and freed-up Base funds return to the reserve

account. In the event of an emergency and all fund sources were exhausted, the County Program office would request emergency Waiver capacity from the Office of Developmental Programs.

Administrative Funding: 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 trainers.

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.
- 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 the above?
- Describe how the county will engage with the Health Care Quality Units (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.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- 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 the county's support efforts of local providers?
- 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 the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

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

The County Program Office has long standing, cooperative working relationships with advocacy groups for families and consumers. As family and consumer outreach and training opportunities become available, these organizations are contacted to reach out to their constituents. The support coordination organization does the same.

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

The County Program office has identified lead staff to collaborate with the local HCQU and IM4Q offices. Lead staff meet with the HCQU and IM4Q staff to discuss needs identified by consumers and Providers and assist in facilitating resolution. Both offices are participants in the County Program office's Quality and Risk Management committee, allowing for additional communication with Providers.

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .
- Describe how the county will support the provision of training to SCO's, individuals and families on self direction.
- Are there ways that ODP can assist you in promoting/increasing self direction?

Consumers have access to two options - one offers the person and family full control of employer functions, and the other the family uses a Provider to act as an employer surrogate.

The Erie County Program Office performs waiver administrative entity functions collaboratively with Erie County Care Management (ECCM). To manage and monitor both delegated and County Program Office functions , bi-weekly management meetings are held to define and review policy and procedure implementation. Additionally, both the County Program Office and ECCM conduct annual self reviews to assure compliance with the Consolidated and Person/Family Directed Supports Waivers.

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

The County Program office does maintain a contingency fund for emergencies. The amount varies with annual allocations and demand throughout the year. In the event of an emergency, protocol is to use existing Waiver capacity then exhaust Base funds. If these options are exhausted, a request would be made to ODP for increased capacity.

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.

As needed, the Intellectual Disabilities and Mental Health programs within the Erie County Department of Human Services, along with the Office of Children Services, County Probation Office, and Support Coordination Office collaborate in funding and planning for the admission and discharge of individuals residing at:
- State Centers,
- State Hospitals,
- nursing facilities,
- children and adults at in-patient mental health facilities, and
- individuals on probation or being released from correctional facilities.
Whenever possible, available Waiver funding is used for this support. In the absence of Waiver funding, Base funding is used.

Also, joint planning occurs for persons transitioning from the following programs:

- aging out of EPSDT services,
- transitioning from school to work, and
- aging out of OCY.

Plan Summary

- Erie County is requesting additional funds for to serve all of the 338 people in Emergency Need of services.
- Employment, especially for people recently completing their high schools program, and Life Sharing will continue to be priorities.
- Offer services that allow families and consumers to direct and manage their services.
- Offer services that assist individuals in maintaining healthy relationships and integrating into the community.
- Erie County will continue to dutifully execute its administrative entity responsibilities.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

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.

Bridge Housing:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 18-19.
- If bridge housing services are not offered, please provide an explanation.

Bridge Housing is offered by one provider in Erie County (Safenet). Their program is an 18-bed facility with five units. The facility offers separate bedrooms as well as common areas for participants. The project serves homeless women who are the victims of domestic violence and their children. Program participants must be low income and be able to demonstrate that they are in need of temporary housing and supportive services while preparing to live independently. Preference is given to women with children and women attempting to regain custody of their children. Erie County monitors the efficacy of the program by way of invoice verification, quarterly reports, and on-site monitoring. There are no proposed changes to services in FY 18-19.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 18-19.
- If case management services are not offered, please provide an explanation.

Case Management is not provided through Homeless Assistance funds due to the 10% reduction in the FY 12-13 State Budget. These services are included, however, under Erie County Care Management's Administrative Case Management (ACM) program, which is funded by County Base funds.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.
- If rental assistance services are not offered, please provide an explanation.

Rental Assistance is offered by two providers in Erie County: Greater Erie Community Action Committee (GECAC) and St. Martin Center. The programs provide assistance for clients in arrears on their rent, first month's rent and security deposit for those who are homeless, mortgage assistance for those facing foreclosures, and utility assistance for those in arrears and facing utility shut-offs. No payments are made directly to clients. GECAC and St. Martin Center collaborate with the County Assistance Office for people eligible for Emergency Shelter assistance through the Pennsylvania Department of Human Services (DHS). Eligible clients are up to 150% of the median income and receive no more than $1,000 per individual or $1,500 per family over the course of two years. Due to the recent start-up of the 2-1-1 service in Erie County, as well as the implementation of Coordinated Entry in January of 2018, the providers are reporting a significant increase in referrals and a resulting staff shortage. The efficacy of the programs is monitored through invoice verification and on-site monitoring.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 18-19.
- If emergency shelter services are not offered, please provide an explanation.
- If emergency shelter services are not offered, please provide an explanation.

Emergency Shelter is short-term (30 days or less). During this time, Case Managers address needs and causes of homelessness and make appropriate referrals to other mainstream services. Below is a list of shelters and their target populations:

- Community of Caring – Individuals with mental illness
- Community Shelter Services – Individuals and families
- Erie United Methodist Alliance (The Refuge) – Families
- Safe Journey – Women and children fleeing domestic violence
- Safenet – Women and children fleeing domestic violence
- Saint Patrick's Haven – Single men

Insufficient shelter beds are always a concern; however, this problem becomes more acute each spring for two reasons. First, the overflow shelter, which rotates between local churches for two weeks at a time, only operates from November through the end of March.   Second, the Mental Health Association of Northwestern Pennsylvania's Warming Center is only open on nights when temperatures are at or below 25 degrees.

The efficacy of the Emergency Shelters is monitored through invoice verification and on-site monitoring. There are no proposed changes to service in FY 18-19.

Other Housing Supports:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 18-19.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Other Homeless Assistance-funded housing supports are not provided. However, our Emergency Shelters work with other mainstream providers to access other needed services for homeless individuals.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

Historically, Erie County's HMIS was administered by Erie United Methodist Alliance, a local service provider. In the 2016 HUD CoC Competition, Erie County was awarded an HMIS grant, which allowed us to hire a full-time staff member as HMIS Lead and transfer administration, operation, and maintenance of HMIS to the County. This transfer was effective in July of 2017.

It has been our goal for some time to expand the use of HMIS outside of HUD-funded programs; the implementation of Coordinated Entry in January 2018 has underscored the potential benefits of this. However, we have struggled and continue to struggle obtaining buy-in from providers. Some commonly-cited barriers include:

- Lack of staff time
- Lack of equipment (i.e., computers or internet access)
- Lack of staff technical knowledge
- Client trust issues (i.e., clients do not want to divulge the information needed for the Universal Data Elements)

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Please provide the following information:

1. **Waiting List Information:**

Waiting times have not generally increased from the 17-18 plan and in some small ways have slightly decreased. Wait times and waiting list is still dependent on provider, gender, level of care needed, normal program fluctuations, and client choice. For these reasons it remains difficult to generate an average number of individuals on waiting lists and an average weekly wait time across programs and levels of care. The chart below combines programs and level of care to give Erie County's best estimate of waiting list information.

	# of Individuals	Wait Time (days)**
Detoxification Services	0	0 – 2 days
Non-Hospital Rehab Services	0 - 10	0 – 30 days
Medication Assisted Treatment	0	0 – 2 days
Halfway House Services	10+	90+ day wait
Partial Hospitalization	0	0 – 7 day wait
Outpatient	0	0 – 7 day wait

**Use average weekly wait time

Erie County's longest wait times are for halfway house services, both male and female. The only other level of care where there remains a nearly constant wait is in long term (3C) non-hospital rehabilitation for women with children. Our 3C women with children (House of Healing) has maintained a wait list of 6 to 10 individuals over the past year. Currently the next available bed (without other, unplanned discharges) would be 5-21-2018 for the House of Healing program.

2. **Overdose Survivors' Data**: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
533	223	310	124

The above numbers represent the number of over doses we were made aware of during calendar year 2017. Erie County D&A was successful in maintaining the contracted provider model at all 4 hospital emergency

departments in calendar year 2017. In 2017 our contracted providers responded to 533 OD survivors in the ED. Of these 533 OD survivors: 223 were accepting of a formal level of care assessment/referral in the ED. 310 OD survivors refused the level of care assessment and referral to treatment. The success of our local warm hand-off program has been contributed to community cooperation and collaboration, having trained crisis case managers from multiple providers who are available to all hospital ED departments 24/7 following stabilization of an overdose survivor, close coordination with our Opioid Use Disorder Center of Excellence for those OD survivors who are opioid dependent, and increased use of certified recovery specialists. In Erie County in 2017 there were 124 OD deaths as reported by the coroner. This number (124) is an increase over the 95 OD deaths that were recorded by the coroner in 2016.

3. **Levels of Care (LOC)**: Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	2	1	
Inpatient Hospital Rehab	1	0	
Inpatient Non-Hospital Detox	9	1	Adolescent (out of county)
Inpatient Non-Hospital Rehab	19	4	Co-occurring MH, Women with Children, Adolescent (out of county)
Partial Hospitalization	2	2	Co-occurring MH
Intensive Outpatient	5	5	Adolescent, Co-occurring MH
Outpatient	7	7	MAT/Center of Excellence, Adolescent, Co-occurring MH
Halfway House	7	2	Women with children

** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.

4. **Treatment Services Needed in County**: Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

Erie County is in the midst of an overdose epidemic, primarily related to the increased use and abuse of prescription opiates and heroin.

- Incarcerated individuals have unmet drug and alcohol, mental health, and/or co-occurring disorders that must be addressed comprehensively thru all available means to assist both individuals successful return from custody and to reduce the number of people with these disorders from entering jails.
- Synthetic substances, primarily synthetic THC, is an alarming emerging trend and treatment need that must be addressed aggressively thru evidence based prevention, student assistance initiatives, and treatment options.

- The market economy of drugs in the community (the availability, quality, and cost) remains a driving factor of the drugs of choice and must be addressed thru cooperative law enforcement, policy, and control initiatives that have the potential to reduce the demand and availability.

Community collaborative, strategic, and evidence based initiatives are best means for addressing the trends and issues identified. The SCA gathered information from contracted providers that provide all levels of drug and alcohol treatment. Having this information enables our assessors to recommend programs that have proven to be successful with all priority populations and identified SUD clients.

An area of concern identified by providers, the coroner and other community partners is the increased use and overdose on prescription medications (opiates), both prescribed and non-prescribed, heroin, and Heroin/Cocaine laced with Fentanyl. Also noted is that alcohol and THC use have remained consistent and continue to be a significant problem in Erie County especially by the adolescent population. With a clear understanding of the drug of choice, the SCA can refer clients to the appropriate treatment provider and offer access to the appropriate level of care and length of stay. In turn the provider can then implement the most effective treatment plan for the client.

With the information gathered from entities such as the Erie County Prison, Office of Children and Youth, Erie County Care Management (Case Management unit of mental health services for Erie County) and other social agencies we can better address the needs of the SUD client.

We also find that individuals who are incarcerated have drug and alcohol, mental health or co-occurring related problems. Identifying individuals with these problems helps us identify and focus on solutions to lessen recidivism. Erie County contracts with Stairways Behavioral Health to operate two separate programs within the prison that address inmates with mental health and drug and alcohol issues. Also, SCA staff are sent to the prison to complete drug and alcohol assessments on a weekly basis. Those inmates who meet PCPC criteria are able to leave the prison with either a bed date for inpatient treatment or an appointment for the appropriate level of outpatient care. The SCA feels strongly that people that are assessed in the prison prior to their release have a better chance to succeed with their recovery. Also of note is the implementation of MAT (Vivitrol) to appropriate clients prior to their release from Erie County Prison.

As identified heroin, prescription and non-prescription medications (opiates) and Heroin/Cocaine laced with Fentanyl are seen as the emerging substances that are causing a significant concern for this SCA. We are seeing an increase in priority population usage, specifically IV users, overdose survivors and pregnant substance users. This is a direct result of a marked increase in availability and quality coupled with a reduction in cost.

In an effort to address these emerging substance use problems, the SCA now has a contracted provider operating a 3C Women with Children program in Erie County. This provider is also working with the SCA to revamp their intervention program that currently focuses on pregnant women.

It is also noted that when considering our "leveraged (criminal justice) population" we have noticed continued use of synthetics, especially K-2. It is the consensus of opinion among professionals working with this population that the reason for this is an attempt by the users of these substances to go undetected. Current testing capabilities are falling short in their attempts to try to keep up with the constantly changing formulas for these synthetic substances. Unfortunately, there is little or nothing that the SCA can do to remedy this situation. We will encourage both providers and SCA staff to seek continued education with regards to this situation.

On the local, state and national level, heroin continues to be a dominant issue stressing the resources of this SCA as well as other systems like criminal justice (prison population), behavioral health, etc.   In an effort to

address this issue, this SCA has convened a Heroin Task Force comprised of numerous individuals from multi-disciplines throughout Erie County. The mission of the task force is to arm the community with information to significantly reduce the number of Heroin overdose deaths.

There has also been an increase in MAT programing that has given clients additional choices for treatment and maintaining their sobriety. The SCA has also added a Suboxone and Vivitrol supplement to our provider's contracts.

The SCA had previously been approached to join with a local school district in their efforts to secure a Drug Free Communities (DFC) grant. This effort by this school district is the direct result of the increased use of heroin within their community. They have experienced the loss (death) of several individuals due to heroin overdoses. The DFC grant has been secured.

The SCA has also recently been successful in forming a positive relationship with our local hospitals. On several occasions the SCA has conducted trainings for medical staff that emphasizes access, funding and options for treatment.

The demand for SUD treatment in Erie County has continued to remain high. However due to increased contracts with treatment providers the wait time for residential levels of care has significantly decreased since the last treatment plan. It should also be noted a current provider added a partial hospitalization program and there has been a new outpatient provider that now offers intensive outpatient and outpatient services.

The Warm Hand-Off Program has also been established and functioning through two of our providers to help OD survivors to seek and engage in treatment directly from their ED visit. Also a Center of Excellence has been identified in Erie County and is now providing services to our OUD clients.

Student Assistance Program (SAP) parental resistance and/or a lack of education or understanding of the SAP program in general continues to be problematic for this SCA. This SCA has made arrangement to provide all Erie County School Districts the ability to send new SAP team members to the two-day SAP training in hopes of increasing the awareness of the SAP process. The SCA has ramped up efforts to have our prevention providers re-educate school district staff regarding the SAP referral process as well as how the program works. It is the SCA's expectation that SAP liaisons have more training regarding their ability to appropriately communicate with and engage program resistant parents or guardians. A number of parental outreach groups/forums have been held in various schools and school districts to help educate and inform parents.

It is the opinion of this SCA that there continues to be a longstanding need for safe & affordable housing for lower income individuals and families. The SCA would like to see DDAP consider allocating funds for the provision of safe and affordable housing for those individuals and families struggling with substance use disorders, especially transitional housing.

Erie County's Warm Hand-Off program continues to grow however struggles to achieve cohesiveness. However, there seems to be ongoing struggles to get some of the hospitals to "buy-in" and consistently make appropriate referrals to the program. We continue to meet with all Warm Hand-Off stakeholders in an effort to eliminate/reduce these problems.

Poor Stakeholder Collaboration – The SCA continues to encourage and facilitate providers to work together and/or collaborate with each other. Providers continue to have issues with certain treatment facilities whose program modalities they might not totally agree with.

The SCA continues to see Erie County as being "resource rich" when it comes to the availability of social services. Erie County has been fortunate enough to receive several grants that allow us to procure and administer several new programs such as, Narcan distribution, PA MAT, COE, OUD, etc.

We have an ongoing program (Center of Excellence) that assists our OUD clients with resource coordination which will hopefully reduce recidivism.

Having contacted several of our contracted providers, we found that they are using examples of evidenced based programming such as T/C, Motivational Interviewing, Cognitive Behavioral Therapy, etc. However, providers have been somewhat unable to link "success rates" directly to these modalities of therapy.

One provider that we surveyed is providing treatment at the OP, IOP and Partial levels of care. This provider has recently made adjustments to their treatment approach by implementing several curriculums offered by the Change Company. Since the implementation (1 ½ years) of these curriculums, the attendance rate averages at 70% for all levels of care and the success rate is averaging at 24%. It should be noted that the provider indicated that the partial level of care is the only one that uses the curriculum on a regular basis.

On the negative side of the equation, there seems to be the appearance of client "pigeon holing" in an attempt to make more clients "fit the mold" of any one specific evidence or outcome based program. That being said, the SCA will continue to encourage our contracted providers to keep moving in the direction of outcome based programming while at the same time maintaining the stability of their programs.

 Although Erie County has two (2) halfway houses (one male and one female) they are always full with waiting lists extending out months at a time. The SCA currently contracts with all available treatment providers for these levels of care (3B and 3C levels of care, both regular and dual, & halfway houses) within Erie County. To meet the growing and unmet demand, additional efforts to obtain contracts with out of county providers have been initiated. The SCA will continue exploring other treatment and contracting options with providers to address the increasing demand.

The SCA is fortunate to have a variety of federal, state and county resources to address the different needs of the client. Funding is allocated based on income and/or mental health and criminal justice status of the client, and it can change at various levels in the client's treatment episodes. Also, the SCA implements a prevention plan to educate the public about the dangers of drug and alcohol abuse. This plan as well as support services, and case management activities, are monitored throughout the fiscal year to insure that funding is available for clients at every level.

The SCA is actually preparing and identifying the recent trends of drug use on a continual basis. Due to the projected increase in the need for treatment, any possible reduction in funding will adversely affect our ability to assist clients in need. The SCA is diligent in our efforts to monitor the funding available to this county so that all levels of care are offered throughout the fiscal year. This SCA has a readmission policy and a request for extension policy. However, the decision is made on a case-by-case basis depending on the motivation of the client, the clinical issues being addressed, and compliance with aftercare recommendations.

5. **Access to and Use of Narcan in County**: Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

Erie County SCA is the PCCD designated Centralized Coordinating Entity (CCE) for Narcan. Through this designation and other efforts we have made countless cases/doses of Narcan available to all First Responders including EMS, EMT, Fire Departments, local law enforcement agencies and criminal justice entities

(probation, parole, corrections…), community groups and non-profits. We have collaborated, coordinated and sponsored public education/training events through Erie County's Department of Health and local hospitals. Most recently (March 2018) a "leave behind" program was initiated through our CCE and First Responders so that doses of Narcan can be left behind for those OD survivors who refuse transport to a local hospital for treatment (and connection with our Warm Handoff protocol) or those taken into custody by law enforcement.

6. **ASAM Training**: Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	10	10
Provider Network	180	180

The SCA is providing ASAM training for all its local contracted providers at no cost to the providers. This new placement criteria will help our providers to determine the most appropriate level of care of each client base on their individual needs. Trainings in Erie County were held on the following dates:

- January 29th & 30th 9:00 AM -5:00 PM

- March 5th & 6th 8:30 AM & 4:00 PM

- March 7th & 8th 9:00 AM – 5:00 PM

- May 7th & 8th 8:30 AM – 4:00 PM

- May 9th & 10th 8:30 AM – 4:00 PM

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 fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on "please choose an item".***

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:
Program Name: Meals on Wheels
Description of Services: Greater Erie Community Action Committee (GECAC) and Metro-Erie Meals on Wheels are private 501(c)(3) non-profit organizations that provide Home-Delivered Meals to Erie County

residents. Volunteers deliver two meals per day, five days per week to the homes of individuals that are unable to prepare adequate meals for themselves.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Adult Services: Please provide the following:
Program Name: : Protective Services
Description of Services: Four local private 501(c)(3) non-profit organizations offer Protective Services. Community Shelter Services serves individuals and families who are homeless. Mercy Center for Women serves homeless women and children. Safenet and Safe Journey serve victims of domestic violence. Protective (shelter) services for homeless persons are operated on a unit-funded basis in which providers are reimbursed for a night of stay for those who are homeless and have a mental illness. This allows people to be safe while a goal plan is developed for permanent housing. Case Managers address causes of homelessness and make appropriate referrals to other mainstream agencies. The HSDF funding stream reimburses for nights of stay up to and including thirty days, while County Base funding is used for those individuals whose stays exceed thirty days.

Service Category: Protective - A system of social service intervention activities to assist eligible persons in a crisis situation. The term includes social service activities necessary to remove the person from the dangerous situation. See Supplements A-C for detail.

Aging Services: Please provide the following:
Program Name: Congregate Meals
Description of Services: Congregate Meals are provided by the Greater Erie Community Action Committee (GECAC), a local provider that operates Erie County's Area Agency on Aging (AAA). GECAC's Senior Center provides a daily hot, nutritious meal to individuals ages 60 and older four days per week. The meals are prepared on-site by GECAC's Food Service Department and are served by volunteers.
Service Category: Congregate Meals - Provided to eligible older persons in a group setting either in senior centers or adult day care centers. Appropriate meals which meet at least one-third of the recommended nutritional needs of older persons are available.

Aging Services: Please provide the following:
Program Name: Foster Grandparent Program
Description of Services: The Foster Grandparent program is provided by the Greater Erie Community Action Committee (GECAC), a local provider that operates Erie County's Area Agency on Aging (AAA). The program consists of forty-eight volunteers who are ages fifty-five and older and who meet income requirements. Each Foster Grandparent volunteers from fifteen to forty hours per week at specified volunteer stations that work with children who are at risk. Foster Grandparents are recruited and interviewed to determine appropriateness and eligibility for participation. Once hired, Foster Grandparents received approximately twenty hours of pre-service training. HSDF funds are used to reimburse Foster Grandparents for transportation or for use of the Erie Metropolitan Transit Authority's (EMTA) LIFT, a senior citizen paratransit program, in getting to and from the volunteer stations.

Service Category: Transportation (Passenger) - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living.

Children and Youth Services: Please provide the following:

Program Name: N/A
Description of Services:
Service Category: Please choose an item.

Generic Services: Please provide the following:
Program Name: Transportation Services
Description of Services: Community Resources for Independence is a local private 501(c)(3) non-profit organization that offers Transportation services for Erie County adults with physical disabilities, the aging population, and U.S. veterans. Individuals in the provider's Employment/Life Skills program meet their goal plans by using transportation for attending medical appointments, attending educational classes, going to work, shopping, and for attending various consumer-oriented activities. Individuals' goals are established through a person-centered planning process between the individuals and Case Managers.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name: N/A
Description of Services:

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for 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 both:
- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

HSDF funding is not currently used for Interagency Coordination.

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

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, or Homeless Assistance, please provide a brief description of the use and complete the chart below.
Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (non-block grant counties only).

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 Mental Health (MH) Program.

Adult Development Training (ADT)

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 Disabilities

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 experiencing homelessness 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.

Substance Use Disorder

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 individuals with substance use disorder 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 individual with a substance use disorder.

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 individuals with substance use disorder 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/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five 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 three days per week for at least five hours (but less than ten).

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 three days per week with a minimum of ten 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 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 in gaining 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

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 service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, 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 services counseling/intervention, day care, day treatment,

emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

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

Specialized Services

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

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

County: **ERIE**	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	32		$ 386,119	$ -	$ 1,823	$ -
Administrative Management	8,098		$ 1,793,073	$ 90,821	$ 18,727	$ -
Administrator's Office			$ 234,489	$ -	$ 7,293	$ 69,030
Adult Developmental Training	-		$ -	$ -	$ -	$ -
Children's Evidence-Based Practices	-		$ -	$ -	$ -	$ -
Children's Psychosocial Rehabilitation	316		$ 285,495	$ -	$ 24,643	$ -
Community Employment	-		$ -	$ -	$ -	$ -
Community Residential Services	360		$ 3,948,264	$ -	$ 97,263	$ -
Community Services	1,961		$ 234,518	$ -	$ 3,019	$ -
Consumer-Driven Services	5,012		$ 519,209	$ -	$ 2,694	$ -
Emergency Services	415		$ 196,075	$ -	$ 16,925	$ -
Facility Based Vocational Rehabilitation	-		$ -	$ -	$ -	$ -
Family Based Mental Health Services	94		$ 479,025	$ -	$ 41,348	$ -
Family Support Services	2,009		$ 553,466	$ -	$ 21,447	$ -
Housing Support Services	365		$ 333,370	$ -	$ 17,447	$ -
Mental Health Crisis Intervention	1,217		$ 1,111,847	$ -	$ 15,697	$ -
Other	-		$ -	$ -	$ -	$ -
Outpatient	7,961		$ 2,988,997	$ -	$ 145,773	$ -
Partial Hospitalization	1		$ 921	$ -	$ 79	$ -
Peer Support Services	304		$ 198,095	$ -	$ 13,639	$ -
Psychiatric Inpatient Hospitalization	-		$ -	$ -	$ -	$ -
Psychiatric Rehabilitation	77		$ 306,744	$ -	$ 3,901	$ -
Social Rehabilitation Services	1,059		$ 256,509	$ -	$ 21,311	$ -
Targeted Case Management	598		$ 1,232,072	$ -	$ 11,113	$ -
Transitional and Community Integration	-		$ -	$ -	$ -	$ -
TOTAL MENTAL HEALTH SERVICES	29,879	$ 15,058,288	$ 15,058,288	$ 90,821	$ 464,142	$ 69,030
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 1,305,050	$ -	$ 55,850	$ 19,923
Case Management	1,355		$ 618,377	$ -	$ 48,976	$ -
Community-Based Services	712		$ 1,399,332	$ -	$ 104,649	$ -
Community Residential Services	10		$ 599,189	$ -	$ 39,033	$ -
Other	-		$ 16,218	$ -	$ 1,492	$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	2,077	$ 3,938,166	$ 3,938,166	$ -	$ 250,000	$ 19,923

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

County: **ERIE**	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
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	34		$ 73,810		$ -	$ -
Case Management	-		$ -		$ -	$ -
Rental Assistance	1,563		$ 451,822		$ -	$ -
Emergency Shelter	1,011		$ 50,795		$ -	$ -
Other Housing Supports			$ -		$ -	$ -
Administration			$ 30,338		$ -	$ -
TOTAL HOMELESS ASSISTANCE SERVICES	2,608	$ 606,765	$ 606,765		$ -	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	1,011		$ 223,921	$ 500,000	$ -	$ -
Inpatient Hospital	9		$ 40,000	$ -	$ -	$ -
Inpatient Non-Hospital	33		$ 378,710	$ -	$ -	$ -
Medication Assisted Therapy	-		$ -	$ -	$ -	$ -
Other Intervention	11		$ 46,347	$ -	$ -	$ -
Outpatient/Intensive Outpatient	71		$ 157,254	$ -	$ -	$ -
Partial Hospitalization	30		$ 10,500	$ -	$ -	$ -
Prevention	230		$ 449,213	$ -	$ -	$ -
Recovery Support Services	-		$ -	$ -	$ -	$ -
Administration			$ 116,240	$ -	$ -	$ -
TOTAL SUBSTANCE USE DISORDER SERVICES	1,395	$ 1,422,185	$ 1,422,185	$ 500,000	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	217		$ 171,003		$ -	$ 1,047
Aging Services	766		$ 89,212		$ -	$ -
Children and Youth Services			$ -		$ -	$ -
Generic Services	72		$ 31,009		$ -	$ -
Specialized Services			$ -		$ -	$ -
Interagency Coordination			$ -		$ -	$ -
Administration			$ 32,358		$ -	$ -
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,055	$ 323,582	$ 323,582		$ -	$ 1,047
GRAND TOTAL	37,014	$ 21,348,986	$ 21,348,986	$ 590,821	$ 714,142	$ 90,000

Michael,

Erie County's response:

With the inclusion of consumers diagnosed with Autism in the Waiver programs, the AE has:

- asked the Supports Coordination Organization (ECCM) to work with the Autism Society of NWPA to identify eligible consumers as well as educate and inform families
- increased financial support to the SCO to provide for non-covered TSM services
- disseminated information regarding ASD inclusion to all relevant County departments and their contracted providers via staff meetings, Provider meetings, and advisory boards
- updated the County's Department of Human Services Facebook page
- begun work on an updated version of the Erie Sprout Resource Directory that will identify local and regional ASD resources

Social media (Facebook and Erie Sprout) have been effective in providing an instantaneous, 24 hr./day platform for the public to access information regarding services, resources, and contacts to initiate the Intake process. Additionally, traditional media outlets (TV, radio, print) continue to be helpful in promoting "Awareness" events, as well as local Provider/Resource specific events.

Please let me know if anything else is required.

LeeAnn Twidle
Administrative Officer
Erie County Department of Human Services
154 West 9th Street
Erie, PA 16501
814-451-6848

From: PW, HS Block GRANT <RA-pwhsblockgrant@pa.gov>
Sent: Tuesday, September 04, 2018 1:37 PM
To: Twidle, LeeAnn <ltwidle@eriecountypa.gov>; PW, HS Block GRANT <RA-pwhsblockgrant@pa.gov>
Cc: Maries, Anne <AMaries@eriecountypa.gov>; Miller, Darlene <DMiller@eriecountypa.gov>; Ryan, Patrick <PRyan@eriecountypa.gov>; Sanner, David <DSanner@eriecountypa.gov>; Viveralli, Cynthia <CViveralli@eriecountypa.gov>; Karns, Shelby <SKarns@eriecountypa.gov>; Klonicki, Ron <RKlonicki@eriecountypa.gov>; Colvin, Stephen <scolvin@eriecountypa.gov>
Subject: RE: Erie County FY18/19 Human Services Block Grant

Good afternoon,

Thank you for Erie County's FY 2018-19 Human Services Plan. Responses from the Program Offices are below;

     1. Regarding, ID, per ODP, "Please *address ways in which the organizational culture of the County is changing to include those with Autism in addition to ID. Address ways in which the media is helpful in getting important service messages across to those who live in the County.*"

Response for this will be due 9/14/18. Thanks and have a great day

Michael Wallis | Administrative Officer
Department of Human Services | Bureau of Financial Operations
Forum Place First Floor | 555 Walnut St | Hbg, PA 17101
Phone: 717.705.0997 | Fax: 717.705.6334
www.dhs.pa.gov

From: Twidle, LeeAnn [mailto:ltwidle@eriecountypa.gov]
Sent: Thursday, May 31, 2018 5:01 PM
To: PW, HS Block GRANT <RA-pwhsblockgrant@pa.gov>
Cc: Maries, Anne <AMaries@eriecountypa.gov>; Miller, Darlene <DMiller@eriecountypa.gov>; Ryan, Patrick <PRyan@eriecountypa.gov>; David Sanner <dsanner@eriecountypa.gov>; Viveralli, Cynthia <CViveralli@eriecountypa.gov>; Karns, Shelby <SKarns@eriecountypa.gov>; Klonicki, Ron <RKlonicki@eriecountypa.gov>; Colvin, Stephen <scolvin@eriecountypa.gov>
Subject: Erie County FY18/19 Human Services Block Grant

Attached is Erie County's FY2018-2019 Human Services Block Grant Plan

LeeAnn Twidle
Administrative Officer
Erie County Department of Human Services
154 West 9th Street
Erie, PA 16501
814-451-6848