Schuylkill County Human Services Block Grant Plan FY 2018-2019

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Appendix A

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: SCHUYLKILL

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

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

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

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

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

2. The County will comply with all regulation promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Please Print	
By: George F. Halcovage, Jr., Chairman	George F. Halcovage, Jr.	Date: 5/9/18
Frank J. Staudenmeier, Commissioner	Frank J. Staudenmeier	Date: 5/9/18
Gary J. Hess, Commissioner	Gary J. Hess	Date: 5/9/18

Appendix B

Appendix B
County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS (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.

   As is the pattern, planning for the Block Grant Fiscal Year began in the fourth quarter of Fiscal Year 16-17. The Team begins discussions on the use of Retained Revenue; first, by calculating the likely availability; second, by selecting which projects consistent with the goals of the Block Grant and third, by designating funds to new areas of need. We have focused our use of funds to areas addressing social determinant issues to include housing, community education and supports and recovery oriented services. None of the areas targeted with Block Grant dollars provide clinical services but all are critical to the pursuit of Wellness and Recovery.

   We used the first quarter of the Block Grant to review our identified needs and goals. There were several motivations for doing so. We have over the last four years made progress, and in some cases significant progress, on addressing identified needs. We have not resolved them but have lessen their overall impact, allowing other needs to present themselves. This is especially so with the needs of housing and transportation. The Team in coordination with Service Access and Management (SAM) Housing Department, has workded very hard to develop housing (1 and 2 bedroom apartments) and we have done so. This will be explained in detail within this report.

   Transportation is an area over which we have little influence but Schuylkill Transportation System (STS) has increased routes and access. Transportation remains a significant problem for outlying areas of the county and after 4:30 PM. Several taxicab

companies and Uber have sprung up. With these resources the need has lessen while other issues are identified.

A third reason to re-examine our needs/goals was the loss of Children and Youth as a member of the Block Grant. Their departure took significant programmatic and financial resources which forced us to prioritize needs/goals with existing resources. But life moves on and issues arise. Thru a combination of consumer surveys, provider consultations, and internal discussions with the wider Team that include critical staff the Team was able to target several new areas. These are: 1) comprehensive and specialized services for school age children, both community based and residential. The opioid crisis has opened a floodgate of abuse and neglect, with kids being traumatized before they learn to speak. The Team has identified Trauma Informed and Trauma certified services in Outpatient and Residential services, especially dealing with Attachment Disorder, as critical needs 2) the opioid crisis itself which is overwhelming all levels of care, especially Crisis Emergency and delegate services and 3) Enhanced Continuity of Care especially between MH and DA OP Providers.

The critical stakeholder groups have not changed. These are: 1) individuals and families in services or have been in services, 2) peers and advocates, 3) service provider community and 4) the wider community. As noted above the stakeholders were surveyed, met with thru the Forensics and Recovery Committees, in separate provider meeting and through the public meetings. The following boards participated in the planning process MH/DS and D&A Advisory Boards. Block Grant projects are agenda items that are discussed and provide valuable feedback. The D&A Program does a series of surveys with community members, schools, students and provider staff. This includes both inpatient and outpatient consumers and staff and work thru the Prevention Services. We have also benefitted from the activity of the Systems of Care and its County Leadership Team. Finally, we have begun to integrate the ODP initiatives- Community Participation and Community of Practice- into the Service Coordinators initial assessment with families and consumers gaining insights and feed back that is incorporated into the planning process.

By both clinical philosophy, values and practice Schuylkill County service system see "least restrictive setting " as a guiding principal. While the service system is structured in a hierarchial fashion, service to families, children, adolescents and adults are provided 1) with their choice of a particular service and 2) commensurate with their needs. In this Age of Recovery and Resilence, the service protocol is joint planning (Shared Decision Making) and development of a treatment plan. Unlike in past times, individuals in services are not assigned to services; they choose them. Indeed, individuals may qualify by medical necessity for a higher level of care and refuse that level; the only level they cannot refuse is an involuntary 302 commitment. Adults in service are offered several levels of case management (Administrative, Targeted, or Blended) or non at all; they can choose talk therapy and/or medication management. If compliance with site based services proves too difficult or inconsistent we can offer mobile medication management.

For children, adolescents and families the case management options are the same. In addition to OP persons in services may choose BHRS. Should additional services in schools be necessary there are OP services within each school district and largely within each school in the districts. As the need for more intensive services presents itself the targeted population would be offered a CASSP meeting. In preparation for this a strength-

based assessment would be conducted to set the Agenda. This is completely voluntary. It is likely that prior to a CASSP meeting the child/adolescent may have received a Crisis Mobile Therapy service. Again participation is voluntary except in the case of involuntary 302 criteria. If a family and family member have reached the point of a CASSP meeting it means a significant portion of the service system has been tried and did not remediate the issues. Recommendations from CASSP can include Family Based, Therapuetic Foster Placement of Residential Treatment Facility. Again the choice to participate on the families/guardians part in any recommendation(s) is voluntary for child/adolescent.

Block Grant dollars are used to support the shared decision, Recovery and Resilency based service systems. While some dollars are used to pay for Non-MA, Medicare and /or insurance treatment services the majority of the dollars are spent on social determinant support services, to include, CRR and housing supports, employment, Clubhouse, transportation and Crisis Delegate.

Schuylkill County did not have substantial programmatic and/or funding changes.

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.

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.)

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.

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

Commonwealth of Pennsylvania, County of Schuylkill

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

Account # 160474
Order # 82199290
Ad Price: 292.34

PUBLIC HEARING NOTICE THE
Gina Krushinski
Being duly sworn according to law deposes and says that (s)he is Billing clerk for The Republican-Herald, owner and publisher of The Republican-Herald, a newspaper of general circulation, established in 1884, published in the city of Pottsville, county and state aforesaid, and that the printed notice or publication hereto attached is exactly as printed in the regular editions of the said newspaper on the following dates:

04/11/2018 04/16/2018

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

Sworn and subscribed to before me
this 16th day of April A.D., 2018

Sharon Venturi
(Notary Public)

Commonwealth of Pennsylvania - Notary Seal
Sharon Venturi, Notary Public
Lackawanna County
My commission expires February 12, 2022
Commission number 1254228
Member, Pennsylvania Association of Notaries

PUBLIC HEARING NOTICE

The Schuylkill County Board of Commissioners will hold two public meetings for the purpose of reviewing the County Human Service Block Grant Plan and to receive public comment. The 1st meeting will be held on Wednesday, April 18, 2018 at 10:00AM at Service Access and Management (**SAM**) Office at 590 Terry Reilly Way, Pottsville. The 2nd meeting is being held Monday, April 30, 2018 at 3:30PM in the Commissioners Board Room of the Schuylkill County Courthouse, 401 N. Second St., Pottsville.

Schuylkill County Commissioners
Frank Staudenmeier
George Halcovage
Gary Hess

Schuylkill County Human Services Block Grant Public Meeting
April 18, 2018 10:00 AM
Attendance Sheet

Name	Agency Affiliation, if any	Phone# and /or Email Address
Linda Wagner	New Beginnings	Linwag@windstream.net
Margaret Kenley	Crisis- we Help	Margaret.Kenley@uhsinc.com
Alissa Kachel	Meadows/CRISIS	Alissa.Kachel@uhsinc.com
Linda Badger	New Beginnings	badger.linda1@gmail.com
Sharon Hove	Sch. Cnty. Human Services	shove@co.schuylkill.pa.us
Maureen Walsh	Allied Services	mwals1@allied-services.org
Derica Wheeler	Allied Service	dwelle@allied-services.org
Alana Schneck	The ReDCo Group	alana.schneck@pathways.com
3 Jenn Kramer	Meridy	jkramer@nhsonline.meridy.org
2X Melissa McCoy	Mercy	mimccoy@meralcy.org
Debbie Reilly	SAM	dreilly@sam-inc.org
Laura Mealia	Goodwill	lmealia@yourgoodwill.org
Lynn Housetnecht	Advocacy Alliance	Lhousetnecht@hotmail.com
Lisa Basci	Community Services Group	basci1@csgonline.org
1X Martina Buffington	Club house	
Pete Dietsock	Avenues	
Alicia Heschutz	COG	
Jaclyn Bergstein	Advocacy alliance	
Melissa Kaliyan	D+H	
Christine Fulton	MH/DA	
Kashif Khan	New Beginnings	
Michelle Marnell	SAM	
Ruth Semerod	MH/DS	
Dan McGrory	MH/DS/DA	

Schuylkill County Human Services Block Grant Public Meeting
April 30, 2018 3:30 PM
Attendance Sheet

Name	Agency Affiliation, if any	Phone# and /or Email Address
Mark Brooks	MH Advisory Board	mdbrooks@bethesdarec.org.
GERALD ACHENBACH	SAM, INC.	gachenbach@sam-inc.org
Darlene J. Robbins	NEPA Manufacturers & Employers Assn.	drobbins@nepa.macc.com
Sharon Love	Sch. Cnty. Human Services	slove@co.Schuylkill.pa.us
Lloyd Wertz	PMHCC/NFTAC	LWERTZ@PMHCC.ORG
Gary Hess	County Commissioner	ghess@co.Schuylkill.PA.US
Lisa Fishburn	Sch. County MH/DS	lfishburn@co.Schuylkill.pa.us
Melissa Kalyan	D+A	mkalyan@co.Schuylkill.pa.us
DAVE DYNICH	FTAC	ddinich@pmhcc.org
Keith Semerod		
Dan McGarry		
Christine Fulton		
George Halcovage		

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.

There are a number of examples of these linkages. I will describe them as to purpose and process.

A) Continuity of Care

This is the corner stone of a coordinated and collaborative system; it is also very difficult to establish, maintain and grow with the increased demands within service sytems. The Block Grant needs statement makes clear that this continuity includes behavioral and physical health care providers. It is an established practice that those registering for Case Management Services are asked to sign Releases of Information for other county agencies, to include Children and Youth, Aging, and/or Single County Authority as appropriate. This practice now extends to service providers with increased emphasis on MH and D&A OP Providers. This allows a flow of treatment plans and pertinent clinical information, consistant with State Law governing what D&A can share. MH and D&A OP Providers have approached this office with a request to meet, in conjunction with CCBH (Health Choices MCO), to explore ways of strengthening the continuity in the face of the opioid epidemic.

Also at intake for both case management and clinical services is a request to both identify the individual's PCP and sign a release to allow cross communication. Individuals who have both chronic behavioral health and physical health conditions must be carefully monitored to correctly identify proper medications, the impact of one condition on the other, and their general comprehensive well being. These interactions take place on a regular basis.

B) Cross Systems Training

The membership on the training team includes represenatives from MH Administrators Office, CASSP Coordinator,Service Access and Management (case and contract management), MH and D&A service providers (OP and Inpatient), County Assistance Office, schools, Children and Youth (C&Y), JPO and Crisis. Trainings are scheduled on a quarterly basis. Participants are generally new hires within the participating entities; it is advertised and open to the community. Feedback has demonstrated a high degree of satisfaction with the overview of the various service systems, scope of services, enrollment process, and interconnectedness.

C) Suicide Prevention Task Force (SPTF)

The membership of the SPTF is quite diverse. It includes members of the behavioral health systems, schools, C&Y, JPO, CASSP, Crisis and members of the wider community. There are members from the ministerial, family survivors of loved ones

completed suicides, community activist organizations such as Vision, and interested citizens. This is a very active group, sponsoring events in schools (Posters, videos,presentations) , in the community (Stomp Out Suicide, Picnics), consultations with State and Local Police, and QPR. There is a Speakers Bureau that does community presentations and trainings. The group is also affiliated with the State organization, holds joint meetings and attends state-run conferences

D) Inter-services Collaboration:

There are three (3) examples of this:

1) Crisis and Blended Case Managers jointly responding to Mobile Assessment calls with individuals active with the BCM. This has proven to be very effective in continuity of care, increased supports, and increased information from and about the person in service. These calls have increased the likelihood of diversion from ER visits and hospitalizations and the implementation of WRAP and Safety Plans.

2) Case Manager and Mobile Medication Management

This is a relatively new and has been implemented to better integrate treatment planning and medication compliance. When an appointment is scheduled by either service, the person in service is notified of a possible joint meeting. The person in service must agree. Early feedback suggests that this is having positive impact.

3) Crisis and Children and Youth

Crisis has been responding to an increasing number of calls from school districts asking for assessments on children as young as 7 years old and adolescents making threats at school against other individuals or the school in general. Crisis has found especially with the younger children that a joint response with C&Y is very effective in motivating families to seek appropriate services. The child must be open with C&Y and the parents need to approve of the joint meeting. Service options can be better explored and explained and a follow-up for compliance with recommendations can be established.

E) Housing

Schuylkill County has been very effective at blending and leveraging multiple funding sources to develop housing stock for individuals and families. We have partnered with the City of Pottsville Housing Authority thru a 501(c)(3) named Barefield on five (5) apartment building rehabilitation projects to generate one and two bedroom apartments that are available to individuals and families across all Block Grant agencies. These projects have been funded with Block Grant and Reinvestment dollars, and private dollars out of Barefield. An additional apartment building acquisition was developed through a partnership with Merakey where Reinvestment Funds and Merakey monies were combined. By June 30, 2018, these projects will

have yielded 25 beds. All these projects carry with them Section 8 Vouchers to assure sustainability.

Schuylkill County has also used Block Grant Retained Revenue dollars to help underwrite a HUD grant that Resources of Human Development (RHD) secured. This has made available 12 apartments for individuals and/or families who meet the stricter HUD criteria. We have linked RHD with Schuylkill Community Action, the county housing department, and Servants to All, the entity running both the overnight homeless shelter and day program for homeless, thru our Local Housing Options Team (LHOT). The LHOT is a very active entity, comprised of more than 30 service agencies.

Schuylkill County Block Grant Executive Team also funds two (2) transitional housing entities- Bridge Housing and Schuylkill Women In Crisis. Both are funded with blended funds from MH, D&A, C&Y and Homeless Assistance Services.

Schuylkill County, uses funding from Reinvestment and Block Grant to provide vouchers for short-term stays in designated motels and single room occupancy entities to act as an emergency safety net. Once housed in short-term motels and single room occupancy units, the various housing agencies can conduct intake and assessment to move individuals and families to permanent housing. We can couple these efforts with contingency funds to pay for a variety of needs, to include, furniture, utilities and rental subsidies.

Schuylkill County is also bringing to closure a successful thirty-two month Reinvestment Program targeting Transition Age Youth, providing rental subsidies and contingency funds to house and stabilize their living situation. This program will transfer over to Block Grant funding for a short term period once Reinvestment funds are spent down. Beginning June 2018, the Transition Age Youth housing project will be funded through a newly acquired two-year PHARE grant.

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.

This report will use this section for several reasons: 1) to describe the adult and child/adolescent/family service system to set up answering section b) and 2) to note highlights within services and service areas. To think of an adult and child/adolescent/family service systems as separate entities (as opposed to a single comprehensive service system) seems heretical until you examine the dimensions and dynamics of each. There are two main components of each system:

A) Clinical/Treatment and B) Support Services.

Adult System:

The Adult System spans individuals from age 18 years to the geriatric population. The 18 years to 25 years is not consistent when applied to the Transition Age Youth population. This is a unique population, while they are engaged in the Adult System for clinical and some support services there is a housing program that is specific to them.

I. Clinical Services:

A. Outpatient:

Schuylkill County has five (5) Outpatient Providers who offer a range of services to include counseling, medication management or both. They provide psychiatric time well in excess of the licensing requirements but still well below the demand; ReDCo supplements their psychiatric time with tele-psychiatry.

These providers span the age ranges noted above, are primarily site based but have, on a case by case basis, provided mobile therapy in a persons home. All are committed to and operate consistent with the principles and practices of Recovery and Resilence. One provider has fully integrated Shared Decision Making into their intake process. All providers are equally committed to both BH and PH Continuity of Care, incorporating Releases of Information for other participating entities, including PCP's based on the individuals willingness to sign. The opioid epidemic has opened areas of concern about the effectiveness of the current continuity of care agreements and both MH and D&A OP Providers wish to schedule meetings to explore improvements.

OP Providers also hope to use an individuals involvement in services as a conduit to expanded supports, such as Certified Peer, and those that address the impacts of social determinants. Outpatient Services are inclusive and extend a long reach within the Adult System.

B. Dually Diagnosed Treatment Team (DDTT)/Crisis Stabilization (CSRU) and Re-entry Unit:

Two (2) very specialized services are the DDTT and CSRU. The Behavioral Health Alliance of Rural Pennsylvania (BHARP) had confronted the very

inadequate and often detrimental services being provided to individuals with Intellectual Disabilities and Mental Health issues. The all too familiar cycle for these individuals were community placements with numerous incidents of acting out, significant medication changes coupled with behavioral interventions often inconsistently applied, interventions by Crisis and police, and hospitalizations on community psychiatric units, where they would often languish. At times police interventions resulted in arrests.

BHARP respond to this by partnering with CCBH to develop these two services. The DDTT is as noted a team delivered service consisting of professionals with clinical and behavioral intervention skills, service coordinators and crisis response. The team can work with the individual directly, consult with residential staff or shared living families to develop behavioral plans, and support the staff/families who often suffer stress and anxieties. The current contract is for Regional Teams. We have had mixed success with the services: Regional teams have shown difficulties in responding to more distant areas in a timely fashion; establishing and maintaining the necessary skills levels and staff compliments has been problematic; and enlisting the participation and supports of certain residential providers has been inconsistent. Despite these, the services have had successes and the Block Grant Team is committed to their development.

Crisis Stabilization and Re-entry Unit was established as an inpatient unit to divert individuals from community psychiatric units or arrest. Patterned off a RFT-A, it is staff with psychiatrist, professionals with clinical or behavioral intervention skills, and behavioral assistants. It has lengths of stay of between 3 and 6 months; DDTT is involved in there referral into the unit and works with individuals and providers during re-entry. The difficulties indentified above for DDTT are also present here, but we remain committed to its success.

These are unique, first of their kind services and we anticipated a learning curve, however steep. These are, for all there needs, considered highlights.

C. Crisis Services:

Crisis includes telephone contacts, mobile face to face de-escalation, emergency contacts, and delegate services. The primary goal of crisis is to resolve any issues within the individual, within the family, and to keep individuals and families intact and in the community. Following telephone and/or mobile face to face de-escalation and problem solving the crisis worker will negotiate a safety plan as needed and request permission to do wellness calls over the subsequent days. They will ask permission to notify any treatment provider and/or support service with which the individual/family is involved for continuity of care. This will constitute a "warm hand off" so that continued problem solving and resolution can take place in the community with the necessary clinical services and supports, such as CPS and/or Blended Case Management, involved.

A highlight is that under significant demand (averaging 485 calls/month; 150 face to face mobiles; 34 voluntary and 35 involuntary inpatient admissions; and 93

delegate calls over the past year) and at times understaff the Crisis Service Department has continued to perform wonderfully.

If the situation warrants and there is no resolution to maintain their current living arrangement, Crisis will offer to divert the individual from a psychiatric inpatient admission with a referral to Safehaven. Safehaven is a crisis residential diversion program that will house individuals during periods of distress.They will provide supportive, de-escalation services, coordinate with any treatment provider and case management, if they are involved. If the person is not involved they will facilitate contact with a treatment provider or case management. It is the intention of this program to provide sufficient time and supports to allow the individual to resume their life in the community. This program is a highlight and has proven very effective.
If the person refuses Safehaven and cannot maintain their community placement, Crisis will discuss entering the psychiatric unit as a voluntary admission. It is in the best interest of the individual to enter the hospital voluntarily. If the person presents as a danger to self or others, has confirmed those ideations and suggests a plan and is unwilling to enter voluntarily, Crisis will request a Delagate to initiate an Involuntary Commitment. This can take place either in the community or the ED of the hospital. The Delegate will seek a petitioner or can issue the 302 based on the information present directly to them. The documentation is presented to the ED doctor, who may or may not ask for a psychiatric consult. If the petition is accepted the person will be committed to a psychiatric facility. If the petition is denied Crisis will work with the individual to establish a safety plan and will be asked if they are willing to receive wellness checks, either by phone or in person. Approved 302's are submitted to SAM for processing and sent to the State Police.

While inpatient the person will receive active therapy and mediation management. If they respond to treatment quickly they can be discharged quickly with referrals to Case Management, Certified Peer Specialists (CPS), Outpatient Providers, Mobile Medication Management, private practitioners at their request and/or their Primary Care Physician. If discharge cannot occur a 304 hearing may be scheduled. This would involve Mental Health Review Officer, who conducts the hearing; the individual will be represented by a Public Defender and the county is represented by an Attorney. The hearing determines whether an extension of stay is necessary; the individual can appeal the determination.

D. Compass: Mobile Medication Management

A new promising service is Mobile Medication Management. This targets individuals who have demonstrated a lack of compliance with adherence to taking their prescribed medications. These individuals frequently cycle through Outpatient and CPS services, admissions to community based psychiatric units, and State Psychiatric Hospitals. Referrals for the service comes from all those sources plus ACM and BCM and Crisis. The service does not administer medications. It is instead an educational, supportive and monitoring service that seeks to empower the individual with the knowledge and skills to self-motivate to establish and maintain compliance and to break their historical devastating cycles.

E. Psychological Associates

Schuylkill County contracts with this entity to provide evaluations, assessements, and specialized treatment services for individuals convicted of sexual offenses. The Director, Dr. Sheris, is certified in evaluation and treatment. This is almost exclusively Block Grant funded.

II. Adult Support Services

There are a wide variety of supportive services within the Adult service system, all aimed at aspects of determinants of health. A CMS Innovation Grant, Accountable Health Communities Model, identifies four (4) factors impacting health: physical environment 10% clinical care 20%, health behaviors 30% and social and economic factors 40%. With these factors in mind Schuylkill County Block Grant Team worked to develop consistent supports.

A. Case Management:

There are two (2) types of case management Adminsitrative and Blended. Administrative completes the financial and service entry intake and identifies the individual as active in the service. Blended provides traditional case management services of outreach and acts as a conduit to all the support services. Because support services are paid for with Block Grant dollars the individual must be active in one type of case management to access support services within our continuum. Community based support services are available without active case management. Both sets of services will be addressed.

B. Housing

This is certainly a notable highlight of our current system. The Block Grant funds two (2) Community Rehabilitative Residency (CRR) Programs of ten (10) beds each. The CRR's are an essential component of the housing for individuals re-entering the community from Community and State Psychiatric Hospitals and from county prison, depending on charges. These are structures residences with 24 hr/7day/365 staffing. The residents receive supportive counseling, medication education and monitoring, development of activities of daily living skills and an opportunity to save dollars for security deposits and rental costs.

Both providers (Allied and Merakey) of CRR Program also provide on-going supports to help assure their sustainablilty. Services can include budgeting, housekeeping, and maintenance, shopping, links to public transportation and supportive counseling. Having CRR and SL staff working together to assist the transition is a highlight.

Two (2) other transitional housing programs are supported with Block Grant Funds-Bridge Housing and Women in Crisis. These will be explained in detail in the Homeless Assistant Section.

For a period of time there was a bottleneck at this step in transitioning to permanent housing because of the lack of availability of safe and affordable units. Because of that the Block Grant Team engaged in aggressive developmental projects.

The housing needs have been addressed from several directions. Schuylkill County continues to work with Barefield Development Corporation, the City of Pottsville Housing Authority's 501(c)(3) partner agency, to develop apartments using a combination of Reinvestment Funds and Block Grant dollars. The project on Market Street in Pottsville is now fully occupied with all three beds in use. Now completed, Schuylkill County and Barefield have also partnered in fully occupying three, one bedroom apartments at 21 South Centre Street in Pottsville. Soon to be available for occupancy are three apartments at 217 North Second Street in Pottsville. This will bring our count to 25 permanent supportive housing beds that Schuylkill County has developed.

Resources for Human Development (RHD) was awarded a 12 apartment contract for Schuylkill County thru a HUD Homeless Grant. Individuals served thru this project must meet the very stringent HUD definitions of homelessness. RHD has now matched tenants with all twelve apartments. They continue to work with the Service Access and Management (SAM) Housing Department, Schuylkill Community Action (SCA) and Servants to All, an entity that provides a homeless shelter and day program. The individuals/families served by RHD also receive Mobile Psychological Rehabilitation and/or case management thru SAM.

Schuylkill County has also engaged in Regional development projects to address the needs of our geriatric population. Using CHIPP dollars two (2) Personal Care Homes have been built – Atlas and Coal Township sites. Partnering with additional counties in the North Central Health Choices 23 Zone, a private developer was engaged to build the homes.

The Block Grant Team is well aware that the efforts in transitional and development of permanent housing can mitigate but not resolve the many factors that lead to homelessness. As such the Team also focuses on Emegency Measures in the form of motel vouchers both in house with the SAM Housing Department and in partnership with community providers, Schuylkill Community Action (SCA) and Servants to All, My Fathers House. SCA is the county operated agency focused on housing development using federal and state dollars to purchase and rehabilitate or build new safe and affordable homes. They administer the Rapid Re-housing initiative. They are approached often with emergency needs requests and vouchers help match that need.

The Block Grant Team has dedicated dollars to develop both a day program and My Fathers House overnight shelter for men and women through Servants To All is a relatively new 501(c)(3). These daytime and overnight options are available for persons with mental health illnesses and the general population. Servants to All leases space at the United Presbyterian Church where both males and females are housed in separate spaces. When immediate, emergency shelter is needed, local motels and single room occupancy sites are used. Servants To All is invested in the Coordinated Entry Policies developed through the Continuum of Care and triages potential clients through the "211" call-in center. Individuals receiving vouchers through Servants To All report to the day program the next morning to begin the process of linkages to behavioral health services and employment entities, such as Careerlink, to begin developing self-sustaining skills. Individuals receiving vouchers through SAM are referred to Servants To All or encouraged to enroll in Case Management Services.

C. Certified Peer Services (CPS)

There are few services that have in many ways fundamentally changed how persons in treatment are regarded and the philosophical and practice changes within the systems that have occurred. CPS validates Recovery and Risilience; it creates a bond that erases the hierarchial treatment relationships. CPS has proven very effective at keeping individuals attached to and focused on their recovery by supporting and reinforcing the daily tasks recovery requires. CPS has helped maintain individuals on medication knowledge, supporting a more informed interaction with the psychiatrist and therapist, and compliance. This has broken the cycle of stopped medications, decompensations, and hospitalizations or arrests. This is a highlight.

D. Clubhouse- Hidden River

The hallmark of the Clubhouse is the work-order day, an ungainly description of a group of individuals enhancing themselves and a program by joining together to perform the tasks and responsibilities necessary to maintain the fidelity of the service. Their focus on this and outside employment provides individuals with purposeful involvement and skill development. This is another service that supports and reinforces the individual capacities and capabilities that are the foundation of Recovery.

E. Employment

There are three (3) employment focused services supported with Block Grant funds and a range of other employment readiness and involvement.

Schuylkill County contracts with Goodwill and AHEED for both the MH & ID populations, providing work assessment, job readiness, benefits counseling and Ticket To Work services, using Block Grant dollars. We have had limited success in coordinating these with OVR in securing permanent employment due to the criteria OVR is held to. Using a combination of Health Choices

Reinvestment and Block Grant dollars, we have a service specifically targeted to the Transition Age Youth group. We are the referral source, thru case management, to Careerlink, which has programs and supports focused on this age group.

Schuylkill County contracts with a provider, ReDCo group, to provide a Vocational Rehabilitative program. This program negotiates service contracts with community businesses and entities to provide a variety of tasks. It is staffed by consumers and peers, it is Block Grant funded.

Schuylkill County has also partnered with NPMEC to convert the YES curriculum to adult use and have provided these sessions to a combined C&Y and D&A populations. This year we will offer the sessions separately and do two trainings. Graduates receive the same benefits as occur with the school students with members of NPMEC. These efforts are funded thru Block Grant.

Schuylkill County ID Program is an active partner of the Early Reach Initiative; a collaborative between schools, OVR, and ODP. This program targets 14 year olds and older in an Employment First Model. We equally partner withOVR and the Northeast PA Manufacturers and Employment Council (NPMEC) to offer the YES program in the schools to a wider student population. YES is a 20 session program that addresses job readiness, work site responsibilities and behaviors, personal presentation and work ethics. The completion of the course earns the student a certificate that provides increased access and favorable attention from the business members of NPMEC. We use a combination of waiver dollars and Block Grant funding to underwrite the costs of these programs.

F. Ancillary Services/Entities:

The Block Grant Team funds a number of other services/entities that provide focused and specific benefits. These are:

1) Suicide Prevention Task Force- A group of MH and D&A Administrative staff and practitioners, representations from schools, criminal justice, minsteria, community activists and survivors who meet on a monthly basis to develop community activities and strategies to educate the wider population, target those at risk, and confront stigma.

2) Philadelphia Mental Health Care- this is a consulting group the Team employs to organize, chair and report on the Recovery Committee and Forensics Committee. They are a state-wide provider who are participants in the DHS sponsors stakeholders groups of the State Departments, including OMHSAS, DDAP, DOH, and OMAP. They have also been strong participants in writing PCCD grants.

3) Vision- a public/private community entity. The Block Grant Team partners with Vision on two (2) Health Fairs each year that integrates behavioral health and physical health activities and education. Vision

was the intial conduit in the development of the Federally Qualified Health Center (FQHC) and members of the Team participated in that successful effort.

Vision also sponsors a community base Mental Health Committee of which we are active participants.

4) Nurse Family Partnership- a community health program that empowers first time moms to create the knowledge and conditions to keep their children healthy and safe, and improve their lives. The services start early in pregnancy and continues through the child's second birthday. Many of the individuals/families who receive Block Grant fund services are referred to NFP; this is especially important with the Transition Age Youth (TAY) population.

G. Child /Adolescent Service Systems:

As I began to outline these systems the single aspect that presented itself was the significant number and types of clinical interventions and the scarcity of supportive service addressing the social determinants of health for the child/adolescent and the families. It is an aspect that deserves serious consideration as the clinical recidivisms are revealed.

A. Clinical Services

1) Outpatient Services

These are again characterized by individual and family therapy and medication prescription and monitoring. Therapy constitutes many different avenues of expression since talk therapy has notable limitations with this population. Art, play and music therapy offer effective alternatives. Much has and is changing with medications. For a time, longer than it should, the prescription regimen was analogous to adults with serveral anti-psychotics and atypicals being given simultaneously. This is now getting much closer scrutiny from the State and BHMCO's which offer consultation with prescribing psychiatrists. It is hopeful these interventions will continue.

Perhaps the most meaningful change has come in the recognition and sensitivity to impacts of trauma on the age groups. A great awareness has taken place as the results of the Adverse Childhood Experiences (ACE) studies have worked their way into the diagnosing and design of treatment protocols. BHARP's Administrative Arm (Behavioral Health Administrative Unit-BHAU) applied for and received two grants both originated through SAMSHA. The first was administered through OMHSAS but the second BHAU applied for directly to SAMSHA. This has provided significant resources to train Outpatient providers across the 23 counties from Trauma Informed to Trauma Credentialed. The team has used Block Grant dollars to supplement this training. Both

MH and D&A Outpatient Service providers have benefited from the trainings and will continue to do so with future trainings. Their early feedback is positive, that they are able to see underneath the depression, anxieties and, indeed, the psychoses to discover the hidden well of adverse experiences. As noted in Part I, comprehensive, specialized services that are grounded in Trauma Informed Care are a priority. The SAMSHA Gant and trainings sponsored through CASSP and Vision have provided these in several school districts. This is a highlight.

There is an approach tailored to parents and young children (ages 5 to 8 years). Parent and Child Interaction Therapy (PICT) is an interactive, behavior modification based intervention where a therapist watches the interactions, behind a one way window of the parent and child and offers suggestions on how to improve the involvement and outcomes.

B. Community and School Based Behavioral Health

This is an intensive team delivered service that is Trauma Informed that works with a limited number of children and families both in the community in the childs home and in the schools. The team is comprised of LCSW's as lead clinicians, Masters level therapists, and bachelor-level care coordinators and support staff. The team is singularly responsible for all aspects of treatment and social supports, including Crisis Intervention whenever that occurs. The teams interact with families on a weekly basis face to face and provide daily feedback. The work very closely with school staff involved with the child and can consult with any school staff person on classroom issues. The results and outcomes of this model have been and are very impressive. There are two (2) school districts in Schuylkill County (Minersville and Pottsville) who have teams covering all of their buildings. The only payor for the service is CCBH through the Health Choices contract. It is a very expensive service and its costs limit its availability based on the need of CCBH to practice within its capitated system.

C. Family Based Behavioral Health

This is also a team delivered service with similar staffing as CSBBH but without the LCSW required. This is an evidenced-based program and providers have found it difficult to maintain fidelity in rural counties because of the increased costs of training, the demands of the on call and interventions which result in a loss of staff. The reimbursement for the service is fixed and providers cannot pay staff high enough to keep them. This too is an ownership model program – the team is the singularly responsible unit in providing therapy, responding to crisis and coordinating with need outside service providers. It is an important part of the continuum and the Block Grant Team works with providers to ramin in service. Schuylkill County has introduced a new provider, Concern, who are operating in the Northern Counties with a team we share with Northumberland.

D. Student Assistance Program (SAP)

SAP is a valuable and effective assessment and referral program that provides services in every senior high school in Schuylkill County. the assessors screen for any behavioral health issue, including depression and anxieties, emotional difficulties, bullying and capacity to integrate. They screen for drug use and serious mental illness. They are trauma trained. Once screened the information is provided to the parents with recommendations and times for consultation are arranged. The SAP assessor work closely with school personnel on their Behavioral Health Teams producing ISP. They are participating members of CASSP and SPTF.

E. Crisis/Emergency/Delegate

At any point through out their participation in any other clinical service the child/adolescent/family may need to draw on Crisis services. The same continuum of services are available (phone; mobile face to face; delegate) with some variations. CSBBH and FBBH have first responsibility to provide phone and/or mobile face to face as needed. The team members will know the person in services and family much more deeply than a crisis worker. As needed, Crisis will provide Delegate Services to initiate an emergency evaluation (302). This filing is very rarely used with a child under 14 years of age; parents have the right to dictate hospitalization if signed off by the examining physician in the Emergency Department. The only time a 302 would be initiated with this younger age group is if, in the assessment of the delegate, the child poses a significant risk to self or others and the family refuses to act. While not often, it occurs more often than one would think.

Since the school shootings in Florida there has been a marked increase in threats to schools and individuals from age groups of 8 years and up through seniors in high school. Crisis is now working with Juvenile Probation (JPO) and Children & Youth (C&Y) to screen these kids to determine their state of mind at that time. Crisis has made it very clear that their assessment is not predictive, but can determine whether the individual poses a credible risk to self or others at the point of the interview. If so, delegate services would initiate a 302. If there is no risk, JPO and/or C&Y would work with the parents and school personnel to determine an appropriate placement, that can range from home confinement to a juvenile center.

Once such a threat is made, police are notified and the individuals parents are instructed to surrender any firearms on the premises. If the parents refuse the child/adolescent is immediately placed outside the home.

F. Child and Adolescent Service Systems Program-CASSP

CASSP is an assessment and referral entity that is generally used for high need/high risk children and adolescents. There are several reasons a CASSP meeting can be held. Anyone who has been involved can call a CASSP meeting(parent, child/adolescent, case manager, CCBH Care Manager, school personnel, etc.) to ask for a review of the current plan, discuss options, update or change the plan. Another reason is when all levels of clinical intervention have been tried a CASSP meeting will be scheduled to review the history, progress and problems and to make recommendations going forward. The CASSP Team works with the Child/Adolescent and family as partners in searching for an effective set of services. The Team consists of the CASSP Coordinator, IU29 Social Worker, home school district, CCBH care manager, MH and ID Case Managers, C&Y staff, JPO, SAP,and D&A staff. Areas the Team will review are presenting problems(s), gaps in services, lack of coordination or cooperation among services and social determinant issues.

The goal of every meeting is to maintain the child/adolescent community placement, maintain the family integrity by assembling and applying the services and supports necessary. This needs to be carefully calculated; the Team has discovered that too many services/supports simply overwhelm the person in service and the family. As partners, the child/adolescent and family are presented options and they choose which they will use.
There are times when maintaining community placement for the child/adolescent does not happen. There are multiple resons for this but central factors are the family cannot meet the challenges presented to them and the behaviors and emotional distress of the child/adolescent have become unsafe. Community based psychiatric hospitalization will be initiated with the hope of stabilization and working with the family to support the child/adolescent return to the home. If stabilization does not occur the person can be referred to a Residential Treatment Facility(RTF). There are incidents where a referral to a RTF can take place from the community. RTF's have proven to be of very mixed results; too often the person does not get the treatment specific to their needs and return home- often after a lengthy stay- only to have the problems reappear. Equally problematic is the inability to do suffiecient work the family prior to the persons return. Many-too-many have multiple placements in institutions on psychiatric units, RTF's, Therapeutic Foster Placements for example, and do not have the community placement time to develop the skills required by the community. These consequences need to be examined carefully with distress; the systems are failing this segment of a generation and the numbers are increasing.

G. Child/Adolescent Support Services (C/ASS)

In examining the service systems it can be noted that the number and variety of supports between the Adult and C/ASS system is startling out of balance. It is lack of supports focusing on the social determinents of health

available to child/adolescent and, especially, families that impact the outcomes and contribute to multiple referrals to institutions.

A) Case Management

There are both types of case management (Administrative and Blended) but the nature of the works is markedly different than in the adult system. These case managers must work with both the person enrolled and the family, however comprised. What behavioral and physical health problems exist for the parents, their cultural foundation, family history and their traumas are evidenced in the child/adolescent. The case manager must navigate these dual challenges to deliver services to each. They act as a support person and as a conduit to other community based services to address the multiple needs and demands. They are often the first point of contact. They are an essential support service and a highlight.

B) Behavioral Health Rehabilitation Services (BHRS)

BHRS is designed to work only with the child/adolescent. There are three (3) providers of service: Behavioral Specialist who conducts the assessment with input from family and school personnel, designs the behavioral plan and coaches Therapeutic Support Staff (TSS) person on implementation, and then supervises the TSS to assure the plan is properly implemented and to modify the plan as needed; Mobile Therapist who provides one on one counseling sessions if the child/adolescent is not engaged with another therapist and can act as a resource to the TSS worker; TSS worker who implements the plan in either the school or the home as needed. The TSS worker may well shadow the person through out the school day.

The service has been widely used with mixed successful outcomes. Many BHMCO's moved away from the service because of its singular focus to replace it with services that included work with and in the family. The absence of inclusion of the family has impacted the outcomes because the services only deals with one side of a complicated equation. Additionally, providers found it difficult to hire and retain staff, especially TSS. However, despite some limitations BHRS has and does provide important behavioral interventions and, as such, BHMCO's are trying to stabilize the service thru rate increases.

C) Seeds Mentoring Program

The County has completed approximately 1 year with the SEED Mentor program though ReDCo Group and has provided services to approximately 15 individual children. This program serves children

by providing up to 3 hours per week of non-therapeutic mentoring in the home and community settings. Prospective children are identified and referred through CASSP meetings. Some need indicators include the need for social skills and lack of supports within the family. At intake, assessments are completed with the child and family in order to identify the child's needs and interests whenever possible. The mentor helps the child identify organizations and activites in their own community and assists in building those community supports for both the child and family that can remain in place after discharge. Some samples of community supports that have been identified and utilized are local fire companies, the YMCA, bowling leagues and the Creative Expressions Youth Group. Friendships between youth and their respective parents have been fostered through different group activities that have continued on after discharge from the program as well.

D) System of Care/Handle with Care

These two areas will get significant attention later in this report.

b) <u>Strengths and Needs:</u> (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:
    - The population has higher rates of mental illness and suicide than any other demographic group with only 20% on average receiving the needed therapy from a mental health professional. They also have, not surprisingly, higher rates of co-morbidity with physical health issues. The Block Grant Team has worked across systems and with providers in both the behavioral and physical health communities.
    - The detailed MOU with Office of Senior Services is still very active. There has been an increased cross systems communication between the case managements in each entitiy (OSS and SAM) and through the Adminstrators to intervene as best we can to resolve complex needs
    - Primary Health Network has established a Federally Qualified Health Center (FQHC) that has both primary and behavioral health components. There is a 20 hour/week psychiatrist and LCSW. This addresses a myriad of needs. It is very difficult to get MH Outpatient appointments for individuals with Medicare

or Dual eligible because of the CMS requirements for LCSW's and the low reimbursement. The Block Grant Team worked initially through Vision and then directly with PHN to make this a reality; the County MH/DS office has a contract with PHN through SAM.
- For a period New Beginnings worked with a Rural Health Clinic in Frackville providing MH counseling services. New Beginnings has the highest number of Older Adults in services.
- St. Lukes Health Network has opened two (2) Rural Health Clinics in the Tamaqua/Hometown Areas of the county which are areas of limited transportation to the services in Pottsville, the county seat.
- Targeted outpatient services to home bound individuals
- Seniors are a particular focus of the Suicide Prevention Task Force due to an increased number of suicides. A related area is a focus on the use of opioids in the age group and the startling number of overdoses. Outreach to this population takes many forms from community health fairs to pamphlets in PCP offices
- Housing is a bright spot over all because Pottsville and Schuylkill County Housing Authorities high rises and Section 8 housing. There have been two (2) tax credit projects centering on this age group, and a third of significant size is planned. Outreach is done through these entities also.
- The Shared Ride and Fixed Route transportation system provided by Schuylkill Transportation System (STS) is a benfit. STS has added additional routes and times to the northern section of the county.

- Needs:

  - The scarcity of behavioral health clinical services for Medicare and dual-eligibles. Medicare reimbursement requires a licensed clinician and is only about half of the cost of the service. In addition, there is a reluctance to use behavioral health services, especially D&A services which is cultural but dangerous as it relates to drug use and suicides. Since 2016 to present this population accounts for 26% of suicides in the county.
  - While housing is addressed by the Authorities the demand out strips the availability. Schuylkill County has a large number of seniors living in their own homes but lack the resources to maintain them. If they lose their home, their options are significantly limited and they often need to rely on public agencies, such as, Schuylkill Community Action, Homeless Assistance, Servants To All, and SAM Housing Department.
  - Transportation is an uneven benefit; shared ride and fixed routes are limited to specific areas in the county and only during day time hours.

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

  - Strengths:

We have detailed the Adult and Older Adult services system in the previous section, both treatment and supports. Areas deserving mentioning are:

- The Case Management system is well developed and responsive working within a collaborative and coordinated environment with other human services and community entities.
- The service system components of 1) Outpatient, 2) DDTT/SCRU, 3) Mobile Medication Management, 4) Family Based Behavioral Health 5) Crisis Services and 6) Crisis Residential Diversion Program provide a strong foundation from which to address a myriad of issues. The Outpatient Service Providers have received and will continue to develop skills to address trauma.
- This report has detailed the support service with a wide array of housing services and the choice of employment providers. I would note that Careerlink is used across all age groups especially TAY, through case management and other entities such as Servants To All/My Father's House.
- The ancillary supports of Vision, Suicide Prevention Task Force, Nurse Family Partnership, Philadelphia Mental Health Care have been addressed. Please note the frequent mentioning of Vision as a partner in a variety of initiatives, notably FQHC's.
- Certified Peer Specialists deserve special mention and accolades.
- Schuylkill County has enhanced its clinical services by adding Mobile Medication Management. It is an important outreach service designed to maintain community placements through medication compliance.
- Schuylkill County has successfully developed both a day program and overnight shelter for men and women through Servants To All, a relatively new 501(c)(3). These daytime and overnight options are available for persons with mental health illnesses and the general population. Servants To All leases space at the United Presbyterian Church where both males and females are housed in separate spaces. When immediate, emergency shelter is needed, local motels and single room occupancy sites are used. Servants To All is invested in the Coordinated Entry Policies developed through the Continuum of Care and triages potential clients though the "211" call-in center.

- Needs:

  - The advances made in the variety of housing options has not extinguished the need. Schuylkill County would benefit from increased transitional housing for individuals re-entering from prison.
  - The opioid and methamphetamine epidemic has strained the systems significantly and has exacerbated the cracks between systems. Whereas coordination between MH and D&A Outpatient providers has always been important, it is now critical and can be a life or death event. The number of individuals receiving services from both systems has increased; in serveral instances individuals have overdosed. Both provider systems are intent on increasing their communications with confidentiality considered.
  - Suicide remains a staggering concern. Sixty-nine percent (69%) of suicides in Schuylkill County are within 20 years to 60 years old age groups. The vast majority of these individuals are not and have not been in public MH or D&A

services. This is why the outreach, community awareness and involvement championed by SPTF is so essential.

- **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:

        - Schuylkill County continues to focus both clinical and support services in working with this population. We continue to engage the behavioral health and wider community in these efforts. Clinically, Trauma Training continues with schools, community groups and clinicians. The schools and community groups receive Trauma Informed trainings to sensitize these audiences to the etiology of trauma, its lifelong impacts and once identified how to deal with the traumatized person. The ACE study acts as a paradigm for these trainings.

        - Clinicians are engaging in a multi-year effort with the intent of receiving individual certification and having their clinics identified as Trauma Based practice. The Coordinator, now in her second year, is very active in recruiting and engaging families and youth in small group meetings that develops a comfort level for them to invest themselves in the County Leadership Team. She participates in the Trauma Training associated with the SAMSHA Grant through BHARP and has attended the all scheduled SOC trainings on family/youth recruitment and participation, Leadership, and LGBTQI. She has converted much of this into practice.

        - Creative Expression Group continues to meet twice/month and attendance is steady. The feedback is positive and encouraging. Both the SEEDS and Mentoring Supports are used extensively and have proven positive.

        - The Transition Age Youth Housing Project began August 2015 with Reinvestment dollars thru Health Choices. We provide rent subsidies, security deposits and payments for arrears. Contingency funds are provided for furniture, basic household supplies, moving costs and fees for official governmental identification documents. Our mission is to obtain and place individuals and families in safe, affordable housing and, as requested, to provide a wide range of supports to maintain their living arrangements. Supports can range from daily living skills, budgeting, socialization, and linking folks with job training and search. The goal is to have these individuals and families establish independence and a stable, productive life. We have engaged in professional relationships with 63 targeted enrollees. A Committee thoroughly reviews each case to determine the viability and the readiness of each transition age youth successfully living independently. The project has directly supported the needs of 29 enrollees. To date, we have rated 26 has successful. We continue to work with others and continue to enroll new candidates with monies soon to be secured from a PHARE Grant. Base dollars serve as the transitional funding source as Reinvestment Funds expire and PHARE dollars become available.

- The (3) vehicles used are 1) CASSP, 2) Systems of Care and 3) Transition Age Youth Project (TAY). CASSP continues to anchor the enhanced efforts to reach out to and engage families and children/adolescents who are actively in services as partners in the identification and development of clinical and community based supports to address social determinents of health. It is our experience that families, children and adolescents are too often so overwhelmed with their collective trauma and life cirucmstances that they feel powerless and cannot identify natural supports they do not believe there are any. Engaging them as partners in the CASSP system presents the opportunity to recognize and practice self-help skills.
- SOC is a SAMSHA funded structure that seeks to engage youth, families and system partners in a coordinated partnership to identify, develop and improve clinical and habilitative services for use within and across human service systems.
- The mission is to create a welcoming and supportive environment to 1) encourage youth and family participation in a Leadership Team; 2) to use the experiences that youth and families bring to the table to examine and improve the services they receive.
- Employment is an area where a number of resources have become available and Schuylkill County is actively using. Thru the Early Reach Initiative youth as young as 14 years are enrolled thru a joint effort with OVR and the schools, in the work environment, the nature of and readiness for employment. Jobs For All employs a business representative who works with the OVR counselor, youth and families, acting as a single point of contact with employers, linking youth to summer jobs, internships or full-time employment.

- Northeastern Pennsylvania Manufacturers and Employment Council YES Program is a 120 hours coursework in the schools. Sessions are devoted to skill development in Communication, Personal and Professional Development, Teamwork, Success in the Work Environment and Interviewing. Graduates receive a certification recognizing them as "Preferred Applicants" by employers and members of NPMEC.

- Careerlink School Youth Program provides work readiness, internships and access to private employers. For this age group they also offer GED classes and have partnered with OVR on employment projects. They offer a year round in school and out of school youth and summer work experiences. This year they have expanded the Internship Program to include high school graduates and college students 18 to 24 years old. This program will reimburse organizations for their wages/fringe benefits.

- AHEED provides benefit counseling, community based work assessment, and supportive employment.

- Schuylkill County has expanded the Student Assistance Program to accommodate additional assessments/screenings for mental health and substance abuse disorders. SAP has also been able to increase the number

of psychosocial groups, family consultations and meetings, and referrals. Schuylkill County has also worked with the provider, Child and Family Services and Community Care Behavioral Health (CCBH) to increase Outpatient Services in the number of schools and the number of schools within those districts to facilitate service referrals thereby overcoming the transportation and availability barriers.

- Schuylkill County continues to fund prevention services offer thru enhance SAP, the Suicide Prevention Task Force (SPTF) and the Junior Advisory Board. The SPTF and Advisory Board have partnered too with school students at both the middle school and high school levels on community projects and videos.

- Needs:

  - This is a volite, difficult population with many and diverse needs. So many have experienced significant trauma in their young lives thru their families, repeated hospitalizations and institutional care in RTF's and Therapeutic Foster Placements. Many lack basic daily living skills, budgeting, employment preparation. Schuylkill County believes we have made significant improvements to our clinical and support systems, as addressed, but recognize the work is never done.

  - Schuylkill County would benefit from a transitional housing arrangement targeting the male and female populations separately. This would offer a comprehensive and focused attention to their multiple needs.

  - Clinical Services still suffer from the absence of psychiatric services in general and credentialed in this population specifically. We have looked to bolster the clinical services with targeted support services and to expand Certified Peer Specialists.
  - Substance Use Disorders are being addressed thru both the prevention services, enhanced SAP services, and increased competencies in trauma counseling. This is however a unique population and services need to be developed that are culturally and age competent in provision.

- **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:

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

  - Despite the difficulties in maintaining choice of providers, Family Based Services are highly structured, evidence based interventions that are designed to address the comprehensive bio psychosocial aspects of families dealing with behavioral health needs. The service has proven effective in reducing out of home placements to TFC's and RTF's maintain family integrity and decrease psychiatric hospitalizations.
  - Family Support Services are as we described above- habilitation/rehabilitation focused services to incorporate and develop natural services to incorporate and develop natural community supports. Our recent experiences with the enhanced CASSP and Systems of Care has reinforced for us as professionals the deep need families have that are related to daily living and are not clinical. We look forward to employing this model with families in further support of the children. This is recognized as a very specific need to address and help resolve social determinents of health if families are to be successful.
  - Student Assistance Program (SAP) is jointly funded with MH and D&A base dollars, SAP serves all 13 school districts, working closely with school personnel, families and students on behavioral health issues. They participate in all in-school team meetings; provide assessments, screenings and consultations directly with the students, families and school personnel. This is a very effective collaboration between schools and community based behavioral health services.
  - CASSP continues to act as a conduit to both clinical and support services with both child/adolescent and families. The participation of families child/adolescents and members remains high, productive and creative. An AdHoc group, Critical Case Review, has been spun off to address especially difficult case. Difficulties can include co-morbidity issues, availability of a specific form of intervention or service, payer issues. Any member of the CASSP Committee can submit a request for a Critical Case Review.
  - Becon Light has opened the STAR Program, a short term, family therapy intensive RTF. Schuylkill County has had the opportunity to use it. There is a learning curve and Beacon Light is working cooperatively with the North Central 23 Counties and CCBH to resolve problems.
  - Use of Respite has increased over last Fiscal Year but availability is still limited. This is also the case with TFC. While there has been an offset on RTF referrals the overall demand for RTF has increased. There is a clear correlation between the increase and the opioid/ methamphetamine epidemic.

- Needs:

  Child/Adolescent Partial Hospitalization Program continues to be a need in our continuum of care. The positive news is that the IU29 and the Block Grant

Administrator have been in active communication with Children's Home of Reading who have committed to the project.

- Schuylkill County continues to recruit additional providers of Therapeutic Foster Home and Respite services. There have been conversations with OMHSAS concerning re-opening the licensing of CRR Children Homes as an alternative since providers of the above services are so difficult to find.
- Schuylkill County has considerable need for child/adolescent psychiatric services. Discussions with Lehigh Valley Health Network continue.
- As treatment and support systems, we need to find more consistant and constructive means to support families efforts to identify and develop natural supports to address social determinents of health.

Identify the strengths and needs of the county/joinder service system (including any health disparities) specific 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:
    - Schuylkill County has a dedicated Blended Case Manager who maintains close working relationships with Danville State Hospital staff to effectively manage re-entry. The Case Manager works closely with the Deputy Administrator, who conducts all the CSP meetings. This offers a strong foundation in assuring a smooth reintegration.
    - Schuylkill County has developed a flexible and responsive infrastructure of both clinical and supportive services using a combination of Reinvestment Block Grant and CHIPP dollars. Important support services include Certified Peer Specialists and Clubhouse.
    - The development of the permenant supportive housing has had several positive impacts: 1) Schuylkill County has in certain cases targeted this population for those beds and 2) they have increased ability to free up CRR beds, as appropriate and needed.
    - Mobile Medication Management is fully operational. The program has presented at DSH several times. The program can complete the intake packet there so the person is open at discharge, or the DSH social worker can contact the MMM staff directly.
    - Certified Peer Specialists play an active and important role in facilitating re-entry and re-engagement.
  - Needs:

- Schuylkill County must remain focused on re-engagment. While we have the tools in place we must assure that they are used to encourage and support the individual in their re-intergration into the community. The longer the stay at DSH the more difficult this becomes. The services and supports must allow the individual to re-learn and/or re-assert their skills, competencies, and comfort with living in the community.

- **Co-occurring mental health/substance use disorder**
  - Strengths:
    - Cross systems assessments and referrals between mental health case management, outpatient providers and the substance use disorders Administrative Office and provider networks. Each entity requests Releases of Information to support referrals. As noted above the MH and D&A providers wish to explore additional ways to increase coordination of care to better assure recovery.
    - Schuylkill County has established a Drug Court to address the opioid epidemic and the very high rate of addiction to various substances. The great majority have co-occuring diseases. Many have both Axis I and II conditions. Treatment is dictated by the courts and is closely monitored. The Drug Court has proven to be quite effective in encouraging and supporting recovery. To date, 33 individuals have participated with only 8 leaving the program.
    - Clinical Outcomes Group (COGI) Center of Excellence (COE) continues to offer an important model for effective treatment. Much like an Accountable Care Entity, the COE includes active outreach with face to face services in the community. When and individual misses an appointment, they go to them. This is both engaging and supportive.
    - The MH and D&A administrative staff remain active participants on all community and service system entities to include CASSP, Systems of Care (SOC), CJAB, the Forensics and Recovery Committees, SPTF, and Cross Systems training. Equally, there is active participation from the providers, and community members assuring important and helpful communication and feedback.
    - The Projects for Assistance in Transition from Homelessness (PATH) targets the co-occuring population as a priority group, the Veterans services anchored in Opportunity House also screens for and refers to services individual with co-occuring issues.
  - Needs:

- The opioid epidemic has in many ways overwhelmed both service and support systems. There are many avenues of funding but there are limited services and professionals to provide services. Individuals can be entered into services relatively quickly but it takes time to acclimate them to treatment. Indept asssessments need to be completed to assure that treatment is properly focused. Initial therapy sessions require a high level of commitment on the individuals part; beginning the road to recovery is slow and painful. Too often individuals disengage. Payer systems need to understand this process and find creative funding mechanisms to address the needs. We are encouraged by the Certified Community Behavioral Health Clinics (CCBHC) access and coordination of behavioral and physical health services and the alternate payment sturctures. Equally, we are encouraged by theBHMC's early use of Values Based Purchasing options. These alternate payment methodologies cannot come soon enough.
- There continues to be a significant gap in AA, NA and Alanon support groups in the county. Support groups are informal and geographically based.

- **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 screening and referral had begun last year as a partnership between Schuylkill County MH and D&A Programs, Service Access and Management (SAM), Adult Probation, the Prison Board (chaired by President Judge Baldwin) and Primecare is in full operation. Inmates are screened upon entry and referred to the appropriate service based on primary presenting problem. Since the vast majority have Substance Use Disorders assessements are completed to determine a D&A treatment level of care. If an APO and Court System agree, the individual will be referred to a facility. Approval depends on previous referrals, the individuals commitment to sobriety and potential for success, and despositon of charges. Individuals evidencing mental health issues are referred to the SAM Forensics Case Manager.
    - The Forensics Case Manager works closely with Primecares Mental Health Coordinator. The Coordinator screens individuals as they enter prison for

mental health issues; once found he completes a Mental Health Summary form that functions as a referral.

- The Forensics Case Manager will, upon receipt of the referral, meet with the individual, do a Psychosocial Evaluation, complete the intake process to open County Block Grant services and will monitor the individuals for on-going needs while in prison. Upon notification of a pending release, the Case Manager will begin the Compass process and provide an appointment date to be screened for community based services. In other cases the inmate will present with symptoms of Serious Mental Illness. The inmate will receive psychiatric services through Primecare. If stabilization is not achieved and the inmate maintains competency services will continue. If stabilization is not achieved and the inmate continues to decompensate, this office will work with Primecare, SAM, the Criminal Justice System (DA, Public Defender, APO and the Court system) to determine an appropriate referral for more intensive treatment. When charges allow and all entities are in agreement a referral to Danville State Hospital will be made via a 304 commitment signed by a judge.

- The adult probation tracking mechanism remains in place noting referrals to services and possible release dates. This facilitates a warm handoff upon release.
- Schuylkill County has an active CJAB and an active Interagency Forensics Task Force, a sub-committee of CJAB. The Task Force meets monthly and has representatives from MH, D&A, Crisis/Emergency, Court System, DA, APO and local police force. This facilitates stronger lines of communication and problem-solving.
- Many inmates have housing needs. Based on entering services with SAM, the Housing Department and/or PATH can begin the process of finding housing and a landlords monitoring and fiscal support for the individual seeking housing upon release.

- Needs:

  - Schuylkill County's greatest need with this population is to break the cycle of recidivism. The focus of the Courts, APO and the behavioral health service systems is to provide coordinated and effective services while they are in prison and keep them in services once released. We need creative and evidence-based interventions to break the mind set of criminal thinking and behavior. The County Commissioners are researching a Pre-Release Center provided by a contractor with a proven record of breaking the cycle. The Pre-Release would give all services the time and space to provide intensive and

dedicated services, both clinical and supportive, with the goal of better preparing folks for re-entry. A critical element of this will be integrated behavioral health for this co-occuring population.

- **Veterans**

Strengths:

- The two (2) services most used by veterans are Crisis/Emergency and housing supports/services. Veterans will often self-identify during a Mobile Assessment or the Assessment in the ED. This population also uses the Crisis counseling by phone. If hospitalization is indicated the Crisis worker will contact the VA system to determine bed availability. If none exists, the worker will begin a bed search in community psychiatric hospitals.

- Service Access and Management (SAM) Housing Department works in partnership with Opportunity House to provide housing assistance to veterans and their families. The SAM Housing Coordinator devotes 20% of his time to Opportunity House. The assistance may include intensive case management, rental assistance, first months rent of arrears, moving expenses, child care expenses, utilities, and basic household necessities. The funding has come thru the Supportive Services for Veteran's families (SSVF) grant.

- SAM Housing Coordinator works closely with the Opportunity House/SSVF FTE staff person assigned to Schuylkill County. Another avenue to housing resources is the PATH Program which can provide transitional services.

- In April of 2018, a new VA Clinic was opened in Pottsville, PA which provided Veterans with Primary Care Services, Mental Health Services and Lab services. We continue to maintain a close working relationship with the VA system to provide for any service that the VA Clinic and local providers cannot accommodate.

- Needs:

  - Employment presents itself as a most frequent need. Thru their connection at SAM we try to arrange for job training, resume writing, and job readiness thru Careerlink.

  - The VA does not provide extended care in their inpatient services. Too often veterans are referred to state hospial pshychatric facilities. Since bed usage at Danville State Hospital is managed by SAM once a referral is made known to us SAM will attempt to divert the referral by offering intensive community

based services. It is Schuylkill County's hope that the coordinated services of case management and Mobile Medication Management can provide a firm foundation and that we can work from there.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
  - Strengths:
    - The LGBTQI population remain a target population for the Systems fo Care Grant. The SOC Coordinator and CASSP Director have participated in formal training and open discussions on how the human service systems can be responsive to their uniqueness. The training intent was to teach engagement skills on recruiting the LGBTQI individuals into the SOC structure. The discussions have taught us several lessons. The individuals within these natures are not homogeneous. There are differing points of view and peceptions between groups and within groups on how they are perceived by the non-LGBTQI communities. An interesting statement made by a member of one of the communities is that only a member of the community can provide counseling because no matter how open minded and sincere a non-member may be they cannot bridge the gap; they cannot understand the differentness and trauma. Another issue was deep concern about the quality, availability and accessibility of physical health care. Listening is learning.

      Two Outpatient provides offer drop-in discussion and support groups. One OP provider has a therapist with special training in working with the LGBTQI individuals and is in the process of certification in Trauma Focused CBT.

      Schuylkill County Administrative Office of MH, DS and D&A Programs is designated as a Safe Zone. It is the goal of the SOC to create a LGBTQI Committee.

  - Needs:

    With all good intentions a considerable level of sensitivity and humility needs to be cultivated and maintained when approaching members of these various communities. These are often private people with private lives; there is much in the non-LGBTQI communities to be wary of. The need is to offer an opportunity to support the LGBTQI communities to create an environment within which we can work together.

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

Schuylkill County has converted both behavioral health and physical health literature into Spanish and distributed it widely. The 2018 Schuylkill County Resource Guide developed through Local Housing Options Team (LHOT) and used in the Federal Point In Time Count was also translated into Spanish and distributed widely.

Several Schuylkill County MH and D&A providers have Spanish speaking therapists on staff and/or have access to them. Those that do not use various Apps or Telephonic Translation devises to communicate with individuals/families. At time family members will act as the translator, with the individuals permission. Having access to Spanish speaking therapists or devices is a requirement within County contracts.

The Block Grant Team has partnered with Vision in working with Sister Vincent De Paul and her church in Shenandoah, PA on engaging their large Spanish speaking population. We have used them to distribute the literature referenced above and to direct individuals and families to service. Sister Vincent DePaul also helps sponsor the Health Fair in that area. An important addition to this continuum will be the opening of the FQHC in Shenandoah in early Fall.

Servants To All/ My Fathers House has access to Spanish speaking, bi-lingual volunteers to assist in providing services to this population.

- Needs:

  Schuylkill County needs to continue to recruit and retain bi-lingual professionals across both our clinical and supportive services network. The principles and practices develop in addressing social determinents of health must be equally directed to this population.

  Schuylkill County needs to use our existing relationships to engage community leaders and organizations in establishing lines of communication, with the intent of community awareness, education and acceptance.

- **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:
  - 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)

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)

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
Barefield Plaza 3 North Second Street, Pottsville, PA 17901	$125,000 in Reinvestment Funds $25,000 in Base Funds	0	0	6	5	3	10 years		2011
719 North 2nd Street, Pottsville, PA 17901	$110,000 in Base Funds	0	0	2	2	2	10 years		2013
610 W. Market Street, Pottsville, PA 17901	$144,380.96 in Block Grant funds	0	0	3	3	2	10 years		2015
21 South Centre Street, Pottsville, PA 17901	$95,619.04 in Base Funds	0	0	3	3	3	10 years		2015
1251 Mt. Hope Avenue Pottsville, PA 17901	$150,000 in Reinvestment Funds	0	0	6	6	4	5 years plus a 5 year extension		2011

217 North 2nd Street, Pottsville, PA 17901	$46,793.70 in Reinvestment Funds $204,000 in Block Grant Funds	0	0	0	4	~~3~~	20 years		2018
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
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
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
Notes:									

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
	Transitional Age Youth Project (Reinvestment Funds)	$32,642	0	11	0			0.25 FTE	2015
	Transitional Age Youth Project (PHARE Funds)	0	$22,892	0	7			0 (0.15 FTE staff in 18/19)	FY 18/19
Notes:									

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
	BHARP (Behavioral Alliance of Rural Pennsylvania)	$18,519	$26,000	45	50			$520 in FY 18/19	2011
Notes:									

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
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. Compass Program

A. Narrative including action steps:

Mobile Medication Management Team has completed its first year, starting in May 2017. It is a voluntary service that targets adults with serious mental illness who experience difficulties making progress toward recovery. The targeted individuals benefit in developing skills and coping techniques to manage their medications to maintain their presense in the community. Each team consists of a program manager, RN Mobile Med Techicians, and a consulting psychiatrist. The Team will work in conjunction with the prescribing physicians recommendations and other providers currently supporting the individual.

At each stage in the service the RN will teach and reinforce information about the individuals medications, symptoms and side effects identification and management. The intention of the service is to develop and support individual skill development, assuring the individual that they are the source of their own recovery. Practical recovery tools will be embedded into the service to effectively use the tools; the tools include Personal Medicine TM, Power Statement TM, and Wellness Recovery Plan. The program design has (5) phases: Assessment and Engagement, Medication Administration, Medication Monitoring, Self Medication and Integration.

B. Timeline:

The Compass Program began in May, 2017 as a CCBH/BHARP Reinvestment project on an initial budget of $126,214.00. Start up proved to be much slower and difficult than anticipated. While there were individuals enrolled, the Teams ability to generate billable units of service was impacted by no- show and cancellations. RHD spent down the Reinvestment dollars prior to becoming fiscally viable. The Block Grant Team was able to work with CCBH/BHARP to divert $40,000 earmarked for a separate project to help support Compass for an additional 6 weeks to give them time to develop the required caseload. We divert the dollars because of the important service we believe this program provides.

The Compass Program transitioned to Fee For Service (FFS) in late February, 2018. The program is now responsible to generate sufficient units to remain viable. To develop and

maintain this intensive, on-going marketing needs to be done with all referral sources. The Compass staff is doing this.

C. Fiscal and Other Resources:

As noted, Compass is now a Fee For Service structure. The vast majority of the individuals in service are paid for through CCBH Health Choices Block Grant dollars are used to fund 4 individuals out of an entire enrollment of 22. As a Medicaid funded service no other dollars can be assigned outside the FFS structure.

D. Tracking Mechanism:

Tracking is accomplished in several ways. The person in service is tracked by their progress as they navigate through the five (5) phases. Their skill sets are gauged and upon mastering one level they move to the next until sufficient skills have been developed to graduate. These are not fixed steps; individuals may move up or down depending on retaining skills or may remain in a phase for a period until skills are confirmed.

The other form of tracking is types of services rendered, units of services and productivity. The RN and Med Tech confirm their appointment schedule for the week. Back up appointments are noted in case of cancellations. The RN and Med Tech record who they saw, the type of service delivered, and the period of time of the service. The units are then tallied for each position each week which translates to their productivity. A productivity level is defined; there is an expectation of a fixed level fo productivity/week. If the level is not reached the supervisor will review the circumstances that prevented reaching in and a corrective action plan is developed. A report is generated showing each workers units of service and the aggregate.

Monthly two (2) reports are generated: 1) a composit of all active clients, referral date and source, date of initial contact, date of assessment, phase assigned at assessment and current phase. Contact and Assessment dates are noted because they are important parts of evaluating fidelity to the model. The report also identifies individuals who were referred and assessed but are not active and the reason why.

The second report seperates out the individual by payor and units of service.

Action Steps:

This is an existing and on-going program. The action steps are that the Block Grant Team; SAM, and CCBH will continue to work with RHD and Compass staff to maintain referrals, visibility in the wider provider communities and fidelity to the model. This will be done through Compass staff's submission of reports weekly and monthly, monthly conference calls and as needed face to face meetings. This is an important, if not essential, service that needs support.

2. Shared Decision Making

A. Narrative including action steps:

This is a peer run, computer based program that offers the client the opportunity to develop their own goals, power statements and personal medicine strategies. A certified peer is available to assist with the process. This is converted into a report that acts as the basis for the discussion with the psychiatrist.

- The report also contains information on symptoms since their last visit, their severity, use of medications noting impacts and reactions, current medical and emotional status and the clients personal goals for the visit.
- The use of Shared Decision Making is empowering and self-supporting. It creates, for the client and psychiatrist, a foundation for discussions and joint problem-solving. All new intakes go though the Shared Decision making process.

B. Timeline:

- Shared Decision Making is an-ongoing, fully established self-support system. One other Outpatient Provider has initiated the use of the model to further the process of Recovery.

C. Fiscal and Other Resources:

- The vast majority of individuals using the program are paid for thru Health Choices Medicaid. Block Grant funds are used to pay for individuals with Medicare or non-participating insurances.

D. Tracking Mechanism:

- SDMS is fully established and operational. Schuylkill County receives reports from ReDCo on an annual basis.

E. Action Steps:

- There are no plans to expand this service in 2018-2019. No other provider has the training, credentialing the physical plant design, nor the hardware to provide this service. The County will continue to fund non-MA individuals who receive this service.

3. Transition Age Youth (TAY) Project

A. Narrative including action steps:

The Tay Project began in Fiscal Year 2015-2016 with Health Choice's Reinvestment (RI) dollars. The proposal Schuylkill County submitted was to use the RI dollars to provide this age group (16 to 25 years) with security deposits, rental assistance, pay utilities and contingency funds for furniture and household supplies. Schuylkill County is including this in this section for a number of reasons.

Each individual of family develops a set of goals, with participation of their case manager of CPS. The goals are identified by the individual or family to 1) assure sustainability in their housing; 2) address their behavioral health needs with services and supports, 3) to develop daily living skills from managing money to balancing a check book, 4) participate in job training and job readiness as needed, 5) to look for and secure employment and 6) to develop a healthy and productive life. These tasks often pose significant challenges for this population as they practice and learn self-help skills, wellness activities, and recovery/resilence behaviors. Not meeting these goals has natural consequenses and can result in the loss of their housing. The individuals and families are offered myriad supports thru their case managers and CPS. We recognize the difficulties of achieving their goals and offer many chances when negative situations occur. The focus is always on the individual and family developing self-help skills.

A second reason for including the project in this section is because most of the individuals/families have CPS with whom they work closely. Wellness plans and personal medicine anchor much of the relationships. They participate in the practices of Recovery/Resilence by incorporating these into their daily lives.

B. Timeline:

The TAY Project has successfully completed 32 months of providing services. During that time period 63 individuals were screened for entry into program, 27 were formally enrolled and 27 achieve successful discharge. A successful discharge is achieved when the individual/family can sustain themselves in their home, is involved in or has completed job training, has obtained a job, is involved in needed behavioral health services and/or has a CPS, and has indicated they are no longer in need of participation with TAY. There were a number of factors that resulted in individuals not meeting criteria. The program would work with individuals for a sustained period of time, with multiple chances to meet criteria. They are a volatile population with much trauma and great difficulties in complying with a reasonable structure.

C. Fiscal and Other Resources:

TAY has expended the Reinvestment dollars and the Block Grant Team assigned Block Grant dollars to maintain the program. With great good fortune, SAM wrote and was awarded a PHARE Grant for $75,000 based on our fiscal history this amount will carry the project through for 27 months ($2740/month costs). The project will continue to work closely with the Pottsville and Schuylkill County Housing Authorities to secure safe, affordable housing fully meeting codes.

D. Tracking Mechanism:

Schuylkill County has formed a TAY Committee with participants from SAM Case Management, the Housing Director and Coordinator, the PATH Coordinator, CASSP Director, the County Administrator of MH/DS and D&A Programs and his Deputy. This group meets every six weeks. At each meeting all the individuals/families are reviewed to determine how they are progressing with their goals, what supports are in place, what other supports they may need and to assess their behavioral and emotional status. Between meetings there are frequent emails and phone calls between the Committee members to remain current with each individual/family.

Schuylkill County was also responsible for monthly reports to CCBH on number of participants and costs. This will not be stopped because it was a requirement of Reinvestment, which has been expended.

E. Action Steps:

Good fortune could not have been at a better time. There would not have been sufficient Block Grant dollars to sustain the project at its current level going into the next fiscal year 2018-2019. There were sufficient dollars to buy a couple of months in this FY 2017-2018. With the availability of PHARE Grant dollars now, the plan is to maintain the project in its current structure and size, averaging the monthly costs to present figures to sustain the project. The project would expect to serve the same number of individuals/families with perhaps better results on formal enrollment because of the lessons learned over the 32 months.

4. Systems of Care (SOC)

Narrative including action steps:

A) Narrative including action steps:

- SOC is a SAMSHA funded structure that seeks to engage youth, families and system partners in a coordinated partnership to identify, develop and improve clinical and habilitative services for use within and across human service systems.

- The mission is to create a welcoming and supportive environment to 1) encourage youth and family participation in a Leadership Team; 2) to use the experiences that youth and families bring to the table to examine and improve the services they receive.

- Schuylkill County has made significant progress in meeting the mission. SOC has now a full-time coordinator who has been meeting with small groups settings in order to cultivate and strengthen relationships. SOC

also has a part-time Youth Support Partner who runs the Creative Expressions Group which offers a variety of activities for youth such as Arts/Crafts, community projects, and presentations to community organizations.

B) Timeline:

- There is no fixed time frame. SOC is a forward moving, evolving entitiy. Schuylkill County views this as a process, a journey thru which we learn what works for families and youth and what does not. SOC takes this learning to more fully engage with youth and families.

C) Fiscal and Other Resources:

- Schuylkill County SOC is a SAMSHA funded project. The grant is for $50,000 which covers about half of our operating costs; all other costs are funded with Block Grant dollars.

D) Tracking Mechanism:

- Tracking is done thru monthly reports and billing. There are also quarterly reports on the SAMSHA required deliverables on 1) interagency coordination, 2) engagement with youth and families, 3) participation in trauma trainings, LGBTQI training and Safe Zones and 4) cultural/linguistic competency trainings.

- A final requirement is to conduct a total of 55 surveys of youth/families within four years. The surveys are comprehensive and the data is used to measure the effectiveness and responsiveness of the practice and design, with the intention of developing SOC as an evidence-based service.

Timeline:

The System of Care program will be very active as Evidence below.

1. The System of Care Youth Creative Expressions Group, for youth ages 12-21, has been meeting bi-weekly since June 13, 2017. Attendance remains steady with anywhere from 10-20 youth participating in each group. The group will continue to meet as long as there is interest from the youth.

2. The System of Care County Leadership Team meets on the second Monday of every month. This team, composed of a wide variety of professionals who serve and support youth, provide guidance to System of Care. In addition, the County Leadership Team was tasked with creating a Cultural and Linguistic Competency (CLC) sub-committee comprised of professionals and community members who represent a wide range of racial, ethnic, economic, and sexual orientation backgrounds. The goal of this sub-committee is to develop CLC programming by focusing on under-represented populations within Schuylkill County. The

CLC sub-committee will attend a CLC training in June 2018 and begin to meet on a monthly basis.

3. The BHARP System of Care Youth Conference, for youth ages 14-26, took place on August 10, 2017, in Mifflinburg. Ten youth from Schuylkill County attended. This level of participation was quite a success. This was the first year for the conference. The Youth Conference will be held in State College in the summer of 2018, and we expect a large group to be in attendance again this year.

4. The BHARP System of Care Family Conference was held on September 19-20, 2017, in State College. Four parents/caretakers from Schulykill County attended this event. The Family Conference will be held in State College in the summer of 2018 and we hope to have a larger group of parents and caretakers attend the next conference.

5. The BHARP System of Care Leadership Team meets in the fall and spring at the BHARP office in State College. The Coordinator attended this meeting in October 2017 and one youth also attended the meeting in April 2018.

6. The BHARP System of Care Leadership Training series for county SOC project directors will be held at the BHARP office in State College on August 29, September 5, September 18 and September 26, 2018.

7. The System of Care coordinator attended the Vicarious Trauma Screening and Assessment training that was held on August 9, 2017, in State College. The System of Care Coordinator assisted in providing "Trauma 101" training to approximately 80 school staff on January 9 and 23, 2018. The Coordinator serves as proctor and is participating in the Deepening Trauma Awareness training that runs for 12 sessions between January-June 2018. The Coordinator is also participating in a "Train the Trainer" series for group facilitation, which runs for 10 sessions between April-September 2018. This training will allow the System of Care Coordinator to provide "Trauma 101" trainings within the community.

8. Schuylkill County System of Care continues to meet data collection survey requirements for the System of Care grant. The System of Care Coordinator has completed five new enrollments and will complete ten additional enrollments prior to the end of the third grant year on September 30, 2018. All of the enrolled youth have received re-assessment surveys in six month increments.

9. The System of Care coordinator actively participates in CASSP, the Anti-Bullying Coalition, the Transition Age Youth housing project, Handle With Care implementation team, CLC Sub-Committee, and the Suicide Task Force meetings.

5. Handle With Care

A) Narrative including action steps:

The Handle With Care model: If a law enforcement officer encounters a child during a call, that child's name and three words, **HANDLE WITH CARE,** are forwarded to the school/child care agency before the school bell rings the next day. No other details are provided nor need to be provided but those three (3) words. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled WithCare". If a child needs more intervention, on-site trauma –focused mental healthcare is available at the school.

Model Handle With Care (HWC) programs promote safe and supportive homes, schools and communities that protect children, and help traumatized children heal and thrive. HWC promotes school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured. The ultimate goal of HWC is to help students to succeed in school. Regardless of the source of trauma, the common thread for effective intervention is the school or child care agency.

Handle with Care is included in this section because if its unique linkage between stakeholders, community groups, schools and law enforcement tied to a Trauma Infomed and Trauma Treatment based structure designed to enhance Resiliency and Recovery.

B) Timeline:

The SOC Coordinator attended the HWC Conference from September 26th through 29th , 2017 in Charleston, W.V. on March 27, 2018.

Nov. 14, 2017- met with Schuylkill Haven Superintendent (Dr. Fitzpatrick)
Nov. 16, 2017- met with Dr. Koons at the IU
Jan. 22, 2018- presented HWC at the County Superintendent's Meeting at the IU
Jan. 23- presented HWC to all Schuylkill Haven Elementary school administration and staff
Feb. 6- phone call with Andrea Darr, HWC Executive Director
Feb. 15, 2018- met with Minersville Police Chief Michael Combs
Feb. 27, 2018- met with Sgt. Flynn, PA State Police (Schuylkill Haven)
March 27, 2018- HWC Stakeholder's meeting at the Schuylkill Country Club (with Andrea Darr and Chad Napier)
April 10, 2018- presented HWC at the Behavioral Health meeting at the IU, the Recovery Group meeting at the Clubhouse, and the Safe Schools meeting at the IU
April 12, 2017- HWC stakeholder's follow up meeting held at SAM Corporate office (approximately 25 people representing schools, law enforcement, mental health)
April 26, 2018- met with Frackville, Butler Township, PA State Police (Bloomsburg), and Union Township police departments and officials from North Schuylkill School District
May 7, 2018- met with St. Clair police department (Chief Dempsey), Dr. Yoder (Superintendent), and Melissa Carr (guidance counselor)
May 8, 2018- met with Sgt. O'Donnell, PSP Frackville
May 10, 2018- met with Pine Grove police department (Chief Trotter), Dr. Renninger (Superintendent), and Lori Chuba (guidance counselor)
May 10, 2018- met with Dr. Zweibel, Pottsville School District
May 21, 2018- follow up meeting with Schuylkill Haven School District staff, Chief Walcott (Schuylkill Haven police department) and Sgt. Flynn (PA State Police Schuylkill Haven)

C) Fiscal and Other Resources:

The only costs associated with the project to date have been the conference and the March 27th stakeholders meeting. These have been paid for with a combination of Systems Of Care and Block Grant funding. HWC will be an extension of SOC and a job responsibility of the SOC Coordinator. HWC has very few programmatic costs associated with it because it is a school-law enforcement-community partnership. The cost of the SOC Coordinator will be transferred to Block Grant dollars as the SOC Grant dollars are expended.

D) Tracking Mechanism:

There are no tracking requirements at this time, save the attendance sheets at the stakeholder trainings.

E) Action Steps:

The System of Care coordinator will participate in the Handle with Care Conference from September 26-29, 2017 in Charlston, West Virginia. The System of Care Coordinator did attend the conference last year and hopes to attend again in 2018. On March 27, 2018 a stakeholder's meeting was held with two representatives from the Handle With Care program and approximately 60 law enforcement, school, mental health and human services professionals. The Coordinator has held several meetings with police departments and school districts to discuss the program and the importance of trauma-sensitive schools. Schuylkill County plans to proceed with implementation in five school districts at the beginning of the 2018-2019 school year, while continuing to provide "Trauma 101" trainings to school districts and other agencies in the community. Schuylkill County is pursuing additional training through BHARP and Lakeside Global Institue. This training, called Neurologic, is a more intensive training on trauma and how the brain and a child's ability to learn are impacted. Schuylkill County hopes to incorporate the Neurologic training with the five Handle With Care school districts and a partial program so that youth with trauma can be better served.

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) Evidence Based Practices Survey:

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								
Supportive Housing	Y	152	Chart reviews Scales	Agency-County	Quarterly Annually	Y	N	
Supported Employment	Y	24	Internal Chart review	Agency OVR	Quarterly Annually	Y	Y	9 Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery								
Medication Management (MedTEAM)	Y	18	Quality Assurance reviews	Agency Funder	Quarterly	Y	Y	2 staff using parts of Seeking Safety
Therapeutic Foster Care	Y	9	Licensing Internal reviews	OCYF OMHSAS internal	Quarterly annually	N	N	
Multisystemic Therapy								
Functional Family Therapy								
Family Psycho-Education								

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

To access SAMHSA's EBP toolkits:
http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs

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			
Compeer			
Fairweather Lodge			
MA Funded Certified Peer Specialist- Total**	Yes	60	
CPS Services for Transition Age Youth			
CPS Services for Older Adults			
Other Funded Certified Peer Specialist- Total**	Yes	15	
CPS Services for Transition Age Youth			
CPS Services for Older Adults			
Dialectical Behavioral Therapy	Yes	50	
Mobile Meds	Yes	18	
Wellness Recovery Action Plan (WRAP)	Yes	35	
High Fidelity Wrap Around/Joint Planning Team			
Shared Decision Making	Yes	150	
Psychiatric Rehabilitation Services (including	Yes	124	
Self-Directed Care			
Supported Education			
Treatment of Depression in Older Adults	Yes	182	
Consumer Operated Services			
Parent Child Interaction Therapy	Yes	3	
Sanctuary			
Trauma Focused Cognitive Behavioral Therapy	Yes	20	
Eye Movement Desensitization And Reprocessing	Yes	2	
First Episode Psychosis Coordinated Specialty Care			
Other (Specify)	Yes	15	

*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	**15**
Number Full Time (30 hours or more)	**4**
Number Part Time (Under 30 hours)	**11**

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.*

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	2	0.41%	10	2.03%
Pre-Vocational	0	0.00%	2	0.41%
Community participation	3	0.61%	5	1.01%
Base Funded Supports Coordination	115	23.33%	115	23.33%
Residential (6400)/unlicensed	2	0.41%	3	0.61%
Life sharing (6500)/unlicensed	1	0.20%	1	0.20%
PDS/AWC	0	0.00%	0	0.00%
PDS/VF	0	0.00%	0	0.00%
Family Driven Family Support Services	53	10.75%	70	14.20%

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.

Employment Supports, has been a focus in Schuylkill County for many years but has moved to a higher level recently. There are several well-established agencies that offer job support to individuals in all funding streams. All of these agencies are also providers in the OVR Network. Whenever possible, local teams work to coordinate the funding from one system to the other (OVR to the ID System). These providers are well-known by the business community, including the local Chamber of Commerce, which makes community assessments and shadowing possible. These provider agencies are skilled at job carving and job creation. They are also skilled at benefits counseling, which can at times be a barrier, to a person choosing employment. Both providers have invested in training to certify their staff in the Discovery and Customized Employment Model. They show a strong commitment to this method of implementation of competitive employment opportunities but mostly do so through waiver funding. Another more traditional agency is currently in the process of transitioning to Community Participation Supports. They have participated in Boot Camp and worked with a consultant to develop a plan for system change. This agency also provides employment supports. All agencies have worked to ensure certification of their staff, to be compliant with new program requirements. The hope is for all changes to result in additional people choosing to pursue employment.

- 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.

  Schuylkill County is committed to the Employment First Policy. AE Support Staff continues to work closely with the Office of Vocational Rehabilitation to improve relationships between the offices and to strengthen the local referral process. Conversation continues and referrals to OVR have increased over the past year. People requesting authorization for Supported Employment are directed to the Office of Vocational Rehabilitation prior to receiving the service via Base or Waiver funds. Unfortunately, the local OVR District Office has had difficulty addressing all referrals and this greatly impacts the length of time getting people into service. The ODP Regional Office has attempted to provide assistance with this issue but it seems to be systemic within that Department. These collaborative efforts will continue in the coming fiscal year.

  Schuylkill County continues to explore ways to grow their Employment First Council. Recently, Schuylkill joined with a neighboring County's effort since they share an OVR Office and Provider Agencies. In addition, AE Support Staff, participate in the Local Transition Coordinating Council and school district outreach activities, in order to disseminate information to Transition Age Youth and families. The Schuylkill AE welcomes all opportunities as well as technical assistance and looks forward to working with ODP in this capacity.

- Please add specifics regarding the Employment Pilot if your county is a participant.

Schuylkill County is not involved with an Employment Pilot.

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.

  Schuylkill County continues to work with the local Supports Coordination Organization to ensure they are committed to the identification and development of community supports. Meetings are held to discuss the County's commitment to efforts to promote Employment, building Social Capital and Supporting Families. Training typically occurs as necessary, to ensure an accurate understanding of community supports and the importance of building Social Capital to enhance opportunities for community experiences. Over the past year all SCO staff received training on the LifeCourse Tools. Additional training sessions will be planned in the new fiscal year to enhance the knowledge of the SCO and help them to be more comfortable using them.

- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

  SCO Staff will be offered additional training in the use of LifeCouse Tools over the next fiscal year. The Schuylkill AE is committed to ensuring the mentoring of Supports Coordinators who become engaged in the process. The AE continues to use the PA Family Network and encourage SCs to explore ways to help connect families to this valuable resource. Emphasis will continue to be placed on people supported in Targeted Services Management with little paid support and those "waiting" for formal services.

- Describe the collaborative efforts the county will utilize to assist SCO's with promoting self direction.

  Local Supports Coordinators currently promote self-direction as a routine part of their work with families and individuals. During the past year, the AE organized an information session to educate the SCO about the use of Supports Broker Services. This has slowly expanded but still has a long way to go. This service will continue to be promoted, especially with individuals using the Fiscal/Vendor Model of Support. The AE will continue to monitor and assist the SCO leadership to ensure a strong commitment to supporting all families in the community.

Lifesharing and Supported Living:

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

The local Quality Manager continues to be involved in Life Sharing Events and State Committees to ensure the most up to date information is shared with providers. The MH/DS Quality Management Plan includes an outcome related to this service. Schuylkill County has a long-standing relationship with this service and works closely with a several local providers who offer this service.

- What are the barriers to the growth of Lifesharing/Supported Living in your county?

  Schuylkill County has had a strong Life Sharing Program for many years. Several providers offer the service and there does not typically appear to be a shortage of families. The largest barrier continues to be related to people with challenging behaviors and complex medical needs. Under the current structure, local Lifesharing Providers are unable to successfully provide the necessary support. That said, the County has seen some improvement in this barrier over the past year.

- What have you found to be successful in expanding these services in your county despite the barriers?

  If past trends continue, the only barrier, preventing expansion of the program, will be complex needs of the individuals requiring placement. The changing structure of the service has helped somewhat and may have directly contributed to some of the program growth. Providers have shown some willingness to provide this service to people with challenging needs.

- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

  Overall, Schuylkill County is committed to this service which is the most inclusive and most cost effective of community residential services available. The AE would welcome technical assistance from ODP as we move forward into the new fiscal year. Training and mentoring related to people effected by trauma is essential.

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.

  At the request of individual team's, Block Grant Funding has been, and will be used for evaluations and various therapies otherwise not billable through insurances or other funding streams. Consideration will also be provided to requests for supports that address system gap issues. All collaboration and

funding will be for the purpose of helping people work toward their Everyday Life in the community.

- 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.

  The AE has included School District Representatives, Early Intervention Staff, the CASSP Team and the local Link Coordinator in the development of the Supporting Families Collaborative. Some have shown continued interest and have attended training with the PA Family Network. The AE is an active participant in the Local Transition Coordinating Council, attends all activities, meetings as well as informational sessions in the various schools and family groups. Most recently, The AE has been invited to speak with a group of School Psychologists. This is an exciting opportunity and one that we believe will enhance the eligibility process moving forward. The Schuylkill AE is also exploring ways to enhance the Front Door Intake Process. We hope to begin utilizing the LifeCourse Tools as part of this process in the coming plan year.

- 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.

  The continued implementation of the Dual Diagnosis Treatment Team is the most active way that Schuylkill County is having an effect on increasing the capacity of community providers and addressing complex needs. The Team continues to be an invaluable asset to providers and in some cases has made the difference between a provider maintaining a placement and not moving toward a discharge. The DDTT works intensely with individuals, families, provider staff, and the medical community. The ID System has also worked closely over the past year on a few situation involving Community Stabilization Reintegration Unit placements. In some of the cases, a new perspective on treatment and/or behavioral therapy enabled the person to be successfully supported in the community.

  The HCQU continues to play a large role in supporting individuals and Teams. They provide necessary support, information and education to those involved. The local provider community especially relies on the HCQU for staff training. As severe health issues or rising concerns occur in a provider setting, the HCQU is one of the first phone calls made. They have assisted numerous staff and families throughout the years.
  Lastly, the Schuylkill AE participates in the local CASSP Team to collaborate with other Human Service Agencies. This has helped create closer working relationships with the County Children and Youth Services System, the Intermediate Unit, Juvenile Justice and other providers of child services. This year, the AE became part of the newly developed Children's Complex Case

Review Team. This has been extremely helpful in processing the most complex cases to learn about children moving up through the C&Y System at a much earlier time. This has been very valuable to both systems.

Being part of a connected Human Services System, the MH/DS Office also has a close relationship with the County Area Agency on Aging, Drug and Alcohol Commission and other service areas. The ability for discussion and consultation is always present.

Emergency Supports:

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
  A contracted agency manages all emergency calls within the County. If the ID Program is involved or needs to become involved, emergency contact information is used to contact the Administrator or the Director of AE Support Services. The situation is then managed as appropriate.

- Provide details on your county's emergency response plan including:
  - Does your county reserve any base or block grant funds to meet emergency needs?

    Schuylkill County does not currently reserve a set amount of funds for emergency needs. Schuylkill County has an understanding of the needs that could arise and makes every attempt to provide support. Block Grant Funds are analyzed continually and as needs arise a determination is made. All involved have an excellent understanding of the time-sensitive nature and are able to act quickly when needed.

  - 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?

    A comprehensive emergency service system is maintained for the County. All after-hour calls and issues are managed on behalf of the program. As needs arise, the Crisis worker contacts the Administrator or AE Support Services Director and if deemed necessary and emergency authorization for service can be initiated at any given time.

  - Does your county provide mobile crisis?

Yes, Schuylkill County provides Mobile Crisis Services through a contracted provider.

- If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?

  The Crisis Provider has managed their own training utilizing a variety of resources. Some formal training related to this population has occurred but most staff have a basic level of understanding on the topic. The overall goal is to manage each situation on an individual basis since formal diagnostic information is usually not available.

- Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

  Most Crisis Team Staff do not have an expert level of training on the topic of Autism. They do, however, have a basic clinical understanding.

- Is there training available for staff who are part of the mobile crisis team?

  ASERT and Bureau of Autism Training Supports are made available to the provider. The Administrative Entity will also be available as an added resource in order to support the provider.

- If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?

  N/A

- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

  See Attached

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.

  Schuylkill County makes every attempt to be both collaborative and community-minded in order to make information available to the community. Staff participates in many presentations throughout the year to share information related to the purpose of the system and ways to become connected. With the initiation of the PA Family Network Schuylkill County provided family training and networking sessions during the past year. Family Advisors are also active members of the local collaborative, attend the Provider Quality Group and they offer routine training for families of new intakes into the system.

- 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.

  Schuylkill County is part of the PA Collaborative and looks forward to expanding the partnership with System Stakeholders and Community Groups to support families. A Facebook Page has been created for the purpose of connecting to the community. In the coming year, the Schuylkill AE will further develop the content of this page as well as the advertisement and use.

- What kinds of support do you need from ODP to accomplish the above?

  Schuylkill County welcomes ODP's support as the local Collaborative develops. Additional training related to enhancing the "Front Door" with the use of LifeCourse Tools will be explored. Assistance and support from ODP and the PA Family Network will be appreciated.

- 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.

  The Health Care Quality Unit routinely presents on a variety of system and health topics. They are an integral part of the local system and a great support to providers and individual teams. They are active participants in most meetings, discussions and workgroups.

- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

  At this time, little data is generated and received from the HCQU. That said, the local nurse works directly with the Quality Manager on many projects including a high risk/multiple incident review. The AE anticipates that the HCQU will be an important partner in the development of a Human Rights Committee.

- 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.

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

- 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.

  Schuylkill County has an excellent provider network that offers a full array of services and supports. The continuation of the local Dual Diagnosis Treatment Team has been a tremendous support in helping provider agencies deal with behavioral health issues. Schuylkill County is also supporting more and more people with fragile medical conditions and most agencies, especially those providing residential supports, employ their own nurse. The HCQU nurse remains an immense support and is welcomed into all local providers for training and assistance. In addition, Schuylkill County will explore local training opportunities around the topics of complex needs and trauma to enhance the local system.

- How can ODP assist the county's support efforts of local providers?

  The local system continues to face more and more complex needs. Additional support is essential in helping providers, individuals and their families. The most challenging situations involve youth and young adults who have experienced extreme trauma and/or abuse in their past. The Schuylkill AE welcomes local training and resources. ODPs assistance will be explored in the coming year.

- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.

  The AE began to develop a local Positive Practices Committee in the past year. This appears to be an effective tool in other counties and has been instrumental in providing suggestions to Teams when problem-solving difficult situations. In the coming fiscal year, the AE intends to further expand this effort as well as transform the workgroup into a Human Rights Committee to focus on positive behavior supports, review restrictive planning, risk and incident management data for the overall system.

- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

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

- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?

  Any training efforts or resources that ODP can provide will be welcome. The more we can support Providers, the higher quality their supports will be for the individuals supported by the program. Assistance in the further development of the Human Rights Committee would be most helpful.

- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.

  Schuylkill County currently works in conjunction with the County Housing and homelessness Coordinator, at Schuylkill County Community Action. An extensive Housing Program is in place with current emphasis on curbing issues related to homelessness. When necessary, the AE and SCO will work with the Director to obtain vouchers for people in need of assistance. The County MH/DS Program also holds a contract for Housing Supports. As emergency housing issues arise, these programs are accessed. The Intellectual Disabilities System and the Housing Program Staff connect when necessary to address individual issues in the most effective manner.

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

  The Program welcomes all resources available to strengthen and educate the local system. The PA Family Network has begun to attend the various stakeholder groups within Schuylkill County. Some of the family trainers also serve as emergency preparedness educators. They continue to share this information with local providers, families and people receiving services from the ODP System.

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .

Many participants and families currently use the Participant Directed Service Model for the hiring of support staff. The service is offered through the typical team planning process.

- Describe how the county will support the provision of training to SCO's, individuals and families on self direction.

  In the coming fiscal year, the Schuylkill AE will continue to promote the expansion of Supports Broker services and share information about the usefulness of this service. As the message spreads of the purpose and integral role they can play in a person's Team, the more people may utilize Person Directed Supports.

- Are there ways that ODP can assist you in promoting/increasing self direction?

  Any training assistance that ODP can provide will be greatly appreciated. The AE welcomes the Partnership with the Regional and State Offices.

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.

  According to the most recent report available, Schuylkill County has a total of 25 people residing in congregate settings. The AE will continue to monitor people currently residing in Nursing Homes and Private ICF's. Program Staff will make an effort to assess the remaining people, residing in such settings to determine their needs for community placement. In the coming year, the Schuylkill AE will be working with a provider to convert their ICFs into community based waiver programs. This will effect approximately seven individuals.

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.

Bridge House is an existing transitional housing program that serves the needs of individuals and small households who are facing long-term homelessness in Schuylkill County. The staff at Bridge House provides intense case management services with residents to help remove barriers that will increase their chances at maintaining permanent stable housing upon graduation from the program. Bridge House Case Managers work directly with clients to assist them in relocating to permanent housing upon graduation.

Bridge House offers residents a safe, secure and stable environment for a period of three (3) to twelve (12) months. In some cases, and with special permission, residents can stay up to eighteen (18) months.

Bridge House provides housing to clients that are typically not eligible for other housing programs. Prior convictions, histories of drug and alcohol abuse, and/or credit issues often disqualify clients referred to Bridge House from obtaining other permanent housing in Schuylkill County. Barriers for 43 total clients served (including 33 adults and 10 children) during the 2016-2017 Program Year, included the following:

- 14 Clients on State Parole and/or County Probation
- 30 Drug & Alcohol Clients
- 29 Mental Health Clients
- 26 Co-occurring Drug & Alcohol/ Mental Health Clients

Serving clients with barriers of this nature requires an extra level of security and intense case management not provided elsewhere. Bridge House has twenty-four hour security provided through on site staffing and/or through a security surveillance system. Drug and alcohol tests are also conducted regularly, and residents are required to remain drug and alcohol free while at Bridge House.

To be eligible for acceptance into Bridge House, clients must meet the following criteria:

They must be residents of Schuylkill County.

1. They must be in need of permanent housing.
2. They must be in financial need, below 125% of Federal Poverty Income Guidelines. (See chart below)
3. They must be assessed by a human service agency and referred to the Bridge House Program by that agency.

The need for Bridge House is supported by the consistent waiting list of applicants. The waiting list typically includes about twenty-five (25) households waiting for admittance. Program referrals from other human service providers support the need for a program of this type. During the 2016-2017 program year, one hundred twenty-four (124) households were referred to Bridge House by other agencies.

- How does the county evaluate the efficacy of bridge housing services?

Efficacy of the program is measured through (1) the number of family units that will resolve housing crises during the program year, (2) successful completions of the program, (3) increases in client self-sufficiency scores and (4) provision of aftercare services.

Active involvement by all participants helps clients achieve their goals. The client, the referring agency, and the Bridge House Case Manager meet monthly to ensure all services are coordinated and to establish and monitor the client's goals. This holistic approach provides the client with an individualized comprehensive plan. In addition, Bridge House Case Managers work specifically with clients to improve their self-sufficiency scores by 15%. Self-sufficiency scores are established through evaluating each client's situation and progress in the following areas:

Income, Employment, Adult Education, Transportation, Parenting/Social Functioning, Substance Abuse, Mental Health, Health Insurance, Shelter, Subsistence

Clients graduate from Bridge House after they have achieved their goals and can transition to less restrictive permanent housing. Bridge House Case Managers work directly with clients to relocate to permanent housing upon graduation.

- Please describe any proposed changes to bridge housing services for FY 18-19.

No changes in the Bridge House program are anticipated for FY 18-19.

- If bridge housing services are not offered, please provide an explanation.

NA

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.

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.

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.

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.

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?

  For the Bridge Housing program, Schuylkill Community Action inputs the information into HMIS

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:**

	# of Individuals	Wait Time (days)**
Detoxification Services		Up to 5 days
Non-Hospital Rehab Services		Up to 5 days
Medication Assisted Treatment		Openings are available
Halfway House Services	Referrals come providers for this	from the inpatient LOC
Partial Hospitalization		
Outpatient		Up to two weeks

**Use average weekly wait time

The SCA is no longer a central intake unit; our contracted outpatient drug and alcohol treatment providers complete the screening/assessment and referral process on our behalf. None of the providers have an "official" wait list; instead they are assessing individuals and referring them to the next available treatment opening. When contacted for further information on the status of treatment referrals, they all basically had the same responses as noted above. I have the understanding that things are better currently for wait times than they had been last year at this time. For example; not all Detox referrals are waiting 3 to 5 days; most are getting in sooner there are a few cases where there is some wait. In those instances, the providers are moving on to the next facility on the list that meets the individual's needs to try for a closer admission date. All of the levels of care are about the same, if there is a delay in admission the provider is going to move on to the next facility as long as it's an appropriate referral.

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.

As mandated by DDAP, the Schuylkill County Drug & Alcohol Program proposed a plan to work with our local hospital Emergency Departments to effectively address the issues that occur in the ED when an individual is brought in on a drug overdose. The plan we proposed was subcontracting with a provider to offer screening/assessment and referral to treatment all individuals who entered the ED on an overdose. The proposed plan would utilize Certified Recovery Response (CRS) to engage with the individuals in hopes of a better outcome in regard to client treatment participation. The plan would provide coverage by an SCA case manager during business hours and then a provider subcontracted CRS during non-business hours, much like our contract for crisis services.

The SCA made many attempts to engage personnel in the hospital ED's as well as the social workers. We believed once we rolled out our plan and the services we were able to offer them, they would be anxious and willing to work with us together on solving this issue. What we found was not as expected. There was turn over in the ED and when staff changes, the information gets lost. We also realized that it's not as easy to engage overdose survivors as we thought it would be. It turns out that once individuals are revived with Narcan, they rarely are willing to transport to the ED and there are no requirements that they do so. We have heard from the ED as well as local EMS crews and volunteers of their frustrations in trying to help the overdose victims; they are not interested in getting into treatment and sometimes angry and ungrateful for their "high" being taken away as they begin to experience withdrawal symptoms. Another issue with encountered was our local hospitals were in the process of merging with larger system; Lehigh Valley Health Network. This merger took some time for the "dust to settle" and there seems to be an understanding of the importance of working with the county Drug & Alcohol Program to assist with the individual admitted on an overdose. We are getting close to getting the right people to the table to begin the discussion and as the SCA we want to listen to the needs of the hospitals and see if there is a plan that will meet everyone's needs; which may require updating the plan that had previously been submitted to DDAP. What is clear is that we are not staffed to appropriately handle the services internally and there will more than likely be a need to subcontract some of the services out to a provider. This area continues to be a work in progress for our county, but we are considering this an area that there will be an increase in spending within the next FY or two as we begin working with the hospitals and communicating as a team.

Another issue worth mentioning is the lack of cooperation we receive from the Coroner's Office in getting the number of overdose deaths experienced in the county. It is completely understandable that it takes several weeks to get the toxicology reports returned on untimely deaths, but getting even a rough estimate is very difficult. We at one point had access to the files in the coroner's office to review and collect our data. We were told it is easier for a representative at the Coroner's Office to gather the information we are seeking and report it regularly, rather than us taking an entire day or more for our review process. Ultimately what occurred was lost communication with that individual and no access to the numbers we need for reporting purposes. Briefly, we were able to get some information out of one of the Deputy Coroners, but again, that didn't last and we are back to square one. The last information I received regarding overdose deaths our county was at 34 deaths so far this year with toxicology reports still

pending on several. The number of overdose deaths reported for Schuylkill County for 2017 was 33 deaths.

Regarding the chart below, it is near impossible to provide the requested information as our system stands now. We are hoping in the future we are better able to communicate our needs as well as the services we are able to offer in the community.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
Unknown	0	0	Approximately 34

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	1		**Pregnant women**
Inpatient Hospital Rehab	1		**Pregnant women**
Inpatient Non-Hospital Detox	16	1	**Adolescent, Pregnant women**
Inpatient Non-Hospital Rehab	29	2	**Adolescent, Co-occurring, Women with Children, Pregnant Women,**
Partial Hospitalization	3		
Intensive Outpatient	6	4	
Outpatient	8	5	
Halfway House	10	1	

** *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.

Schuylkill County currently provides access to every level of care as required by DDAP. What we have seen this past FY is the need to licensed Adolescent services. We are seeing an increase demand for inpatient treatment services; especially for females. Over the past several years many of our providers have permanently closed their programs either entirely or in certain parts of the state. The explanation I've received from them is that there are not enough referrals to keep their beds full and it has become a financial strain. If an adolescent needs placement we are sending those several hours away, to the other side of the state, which is not acceptable when it comes to planning family session for the adolescent in planning for their return home following treatment.

The SCA will continue seeking licensed Adolescent providers; but we have opted to contract with a Dual Licensed provider who is not in network with Community Care just so there is an option for treating adolescents closer to home.

We have been fortunate enough to have a Community Based Drug & Alcohol Adolescent provider, Crossroads Counseling, come into our county under reinvestment funds. They continue to do well and remain at capacity after the reinvestment period ended. We have a good working relationship with them; their referrals come mainly from inpatient providers as a step-down or from sources such as JPO as a last effort before a referral to inpatient. The provider works to get the family enrolled in Medical Assistance if they are not already eligible.

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.

   The Schuylkill County Drug & Alcohol Program has been fortunate enough to have a great working relationship with Clinical Outcomes Group and several years ago we contracted with them to provide Public and private trainings on the use of Narcan. We held public trainings on the use of Narcan as well as had the medication available for distribution. We worked with our county Solicitor and the physician at Clinical Outcomes Group to put in place a county-wide standing order and a Liability form so purchasing and distribution became less of a liability issue. Recently a grant through PCCD (PA Commission of Crime and Delinquency) distributed a predetermined allocation of Narcan to counties for distribution to First Responders. PCCD expanded their definition of First Responders to allow for greater saturation in the community. The SCA and County Administration selected Clinical Outcomes Group to be the provider that was going to act as the pass through and reporting agency for this project since COGI had already been working with many EMS and Fire Departments on Narcan distribution with SCA purchased medication through MOU's.

   Clinical Outcomes continues offering trainings on the proper use of Narcan for any entity that is interested in using the medication; schools, fire departments, etc. The biggest hurdle has been the reporting of medication usage by the First Responders as it is difficult to get all personnel on board within an agency but the staff at COGI continue working with them. Because one of their staff is involved with an EMS it made partnering with them very easy and logical. Our goal is to continue the expanding the MOU process within the county to distribute and report usage. We will look to acquire any Narcan offered by the state as well as purchase through the SCA as we have in the past with Opioid Crisis and HS Block Grant funds. Due to an increase in overdose calls and the number of Narcan kits needed per call (heroin and fentanyl combination), we are looking to begin offering the public trainings as we had temporarily suspended them to focus on the MOU process with First Responders.

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.

The Schuylkill County Drug & Alcohol Program made the decision to contract directly with Train for Change, the official ASAM Training Company, due to the large number of counselor and staff needing the training in our county. Although our MCO, CCBH was in the process of scheduling several trainings throughout the region, it was not enough to train the staff from our providers. The SCA was aware of the burden on the providers to have their staff drive all over the state for trainings, so we decided it was best for our system to host two trainings. We were fortunate enough to secure a trainer for two training sessions prior to the end of the FY, which will give us 80 slots and train almost the entire county system, with just a few who cannot attend on those dates. We have decided to cover the cost of the trainings and the required textbook and are requesting no reimbursement from the providers as this will benefit the residents of our community that are seeking treatment.

Another cost that will be involved in the upgrade of our current data system, but until we have all completed the trainings, we are unclear what this will mean for our current system. It is our belief that it may only require some adjustments to the authorization section of the program, but we also realize that the program we are using is becoming outdated and will need replacement in the near future. This SCA has agreed to act as a pilot in the state for the Authorization/Billing component in the WITS system and hopefully this will meet our fiscal data collection needs.

	# of Professionals to be Trained	**# of Professionals Already Trained**
SCA	5	1
Provider Network	70	2

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: Home Delivered Meals
Description of Services: Provides meals to homebound individuals in their own homes. 2 meals are delivered Mondays & Wednesdays and 1 meal is delivered Fridays.

Service Category: Please choose an item.

Program Name: Homemaker/Personal Care
Description of Services: Provides non-medical personal care and homemaker services to individuals who are functionally unable to perform life-essentail tasks of daily living due to a short-term disability or until they can get into a long-term service. The HSDF Coordinator will be responsible for the development of a service plan based on the consumer's needs and with the consumer's input. Services include basic care and management of the home in order to ensure safe and sanitary conditions, non-medical personal care services, and instructions to individual or family members in home management, the care dependent members of the household, and in self-care. An aide usually provides 2-3 hours a week of service during the time the consumer is unable to perform these tasks themselves or until they enter a more comprehensive program.

Aging Services: Please provide the following:
Program Name: NONE
Description of Services:
Service Category: Please choose an item.

Children and Youth Services: Please provide the following:
Program Name: NONE
Description of Services:
Service Category: Please choose an item.

Generic Services: Please provide the following:
Program Name: Transportation
Description of Services: Transportation to medical services for those without Medical Assistance. Mainly for dialysis patients.
Service Category: Please choose an item.
Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☑ CYS ☑ SUD ☑ MH ☑ ID ☑ HAP

Program Name: Outreach Case Management
Description of Services: Provides residents of Shenandoah, Mahanoy City and Tamaqua areas with comprehensive information regarding programs available through Schuylkill County Human Services Agencies while also facilitating access to those programs. This service is mainly Information & Referral; those individuals who call or visit will be provided with information and referrals as necessary to assist with individual or family needs. Presentations including written materials will be made available to community groups, service organizations, congregations or religious organizations and others. A Community Case Manager is available to assist in the completion of forms to ensure clients obtain the services they require, as appropriate.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.
Please indicate which client populations will be served (must select at least **two**):

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name: NONE
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.).

  A portion of the salary/benefits/office costs for the CVIA director. 6 different agencies contribute to the total cost of this program and the costs are split evenly between the agencies.

  A portion of the salary/travel expenses of the Human Services Courier. 6 different agencies contribute to the total cost of the Courier and the costs are split evenly between the agencies.

  A portion of the salary/benefits for the Block Grant Manager. This depends on the amount of time the BGM spends working on coordinated services.

- how the activities will impact and improve the human services delivery system.

  A small portion of HSDF funding is used to offset some of the categorical agencies expenses for the Community Volunteers in Action program (CVIA). The CVIA director meets on a regular basis with the Human Services ("categorical") agencies as well as other human services agencies in the county to plan and manage volunteer coordination in order to enhance current county human services as well as to provide services to "fill in the cracks" where current funding does not allow for services to be provided. Funding goes toward the CVIA director's salary/benefits/operating costs. The Human Services Courier, funded through Service Coordination and 5 other County agencies, transports mail from agency to agency, and also to and from the County Courthouse and local Service Providers. The daily mail run allows for faster distribution of paperwork between agencies and/or service providers. Funds are used for the courier's salary and mileage expenses. All of these activities are funded by several of the county's human services agencies and a small portion is provided by HSDF in order to help facilitate services. The Block Grant Manager, partially funded by HSDF under the administrative line item, manages both the CVIA director and the courier and coordinates their services with the other agencies to

make sure the agencies are getting what they need to improve their services by either using volunteer opportunities or faster distribution of paperwork.

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

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

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, 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	
Substance Use Disorder	

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

Appendix C

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

County: **Schuylkill**	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	791		$ 370,230		$ 12,069	
Administrator's Office			$ 507,826		$ 16,554	
Adult Developmental Training	1		$ 967		$ 33	
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	40		$ 23,485		$ 765	
Community Residential Services	79		$ 1,437,110		$ 46,848	
Community Services	3,388		$ 74,569		$ 2,431	
Consumer-Driven Services						
Emergency Services	1,579		$ 352,993		$ 11,507	
Facility Based Vocational Rehabilitation	2		$ 53,898		$ 611	
Family Based Mental Health Services	1		$ 1,937		$ 63	
Family Support Services	17		$ 11,621		$ 379	
Housing Support Services	560		$ 711,500	$ 34,816	$ 14,813	
Mental Health Crisis Intervention	1,278		$ 300,212		$ 9,787	
Other						
Outpatient	1,592		$ 202,339		$ 5,096	
Partial Hospitalization						
Peer Support Services	32		$ 46,969		$ 1,531	
Psychiatric Inpatient Hospitalization	1		$ 967		$ 33	
Psychiatric Rehabilitation	52		$ 113,308		$ 3,692	
Social Rehabilitation Services	52		$ 11,137		$ 363	
Targeted Case Management	427		$ 269,092			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	9,892	$ 4,490,160	$ 4,490,160	$ 34,816	$ 126,575	$ -

INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 658,096		$ 44,842	
Case Management	115		$ 140,263		$ 5,723	
Community-Based Services	105		$ 349,778		$ 29,435	
Community Residential Services	5		$ 139,980			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	225	$ 1,288,117	$ 1,288,117	$ -	$ 80,000	$ -

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

County: **Schuylkill**	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	40		$ 125,672			
Case Management						
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
Administration			$ 2,500			
TOTAL HOMELESS ASSISTANCE SERVICES	40	$ 128,172	$ 128,172		$ -	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	300		$ 75,000			
Inpatient Hospital						
Inpatient Non-Hospital	60		$ 55,000			
Medication Assisted Therapy	20		$ 30,000			
Other Intervention	150		$ 30,000			
Outpatient/Intensive Outpatient	50		$ 20,000			
Partial Hospitalization	5		$ 5,000			
Prevention	2,600		$ 77,000			
Recovery Support Services	30		$ 15,000			
Administration			$ 34,819			
TOTAL SUBSTANCE USE DISORDER SERVICES	3,215	$ 341,819	$ 341,819	$ -	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	13		$ 42,614			
Aging Services						
Children and Youth Services						
Generic Services	3,150		$ 49,700			
Specialized Services						
Interagency Coordination			$ 15,100			
Administration			$ 10,700			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,163	$ 118,114	$ 118,114		$ -	$ -
GRAND TOTAL	16,535	$ 6,366,382	$ 6,366,382	$ 34,816	$ 206,575	$ -

Appendix D

Appendix D
Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management

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

Administrator's Office

Activities and services provided by the Administrator's Office of the County 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 E

Schuylkill County MH/DS Policy & Procedure	Title: Emergency Services
Effective Date: 07/01/2016 Revision Date: 05/25/2017	Approved by: Dan McGrory, Administrator

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

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

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

IV. **Procedure:**

a. Supports Coordination Organizations:

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

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

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

b. Crisis Intervention:

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

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

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

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

c. In General:

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

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

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

Schuylkill County has also used Block Grant Retained Revenue dollars to help underwrite a HUD grant that Resources of Human Development (RHD) secured. This has made available 12 apartments for individuals and/or families who meet the stricter HUD criteria. We have linked RHD with Schuylkill Community Action, the county housing department, and Servants to All, the entity running both the overnight homeless shelter and day program for homeless, thru our Local Housing Options Team (LHOT). The LHOT is a very active entity, comprised of more than 30 service agencies.

Schuylkill County Block Grant Executive Team also funds two (2) transitional housing entities- Bridge Housing and Schuylkill Women In Crisis. Both are funded with blended funds from MH, D&A, C&Y and Homeless Assistance Services.

Schuylkill County, uses funding from Reinvestment and Block Grant to provide vouchers for short-term stays in designated motels and single room occupancy entities to act as an emergency safety net. Once housed in short-term motels and single room occupancy units, the various housing agencies can conduct intake and assessment to move individuals and families to permanent housing. We can couple these efforts with contingency funds to pay for a variety of needs, to include, furniture, utilities and rental subsidies.

Schuylkill County is also bringing to closure a successful thirty-two month Reinvestment Program targeting Transition Age Youth, providing rental subsidies and contingency funds to house and stabilize their living situation. This program will transfer over to Block Grant funding for a short term period once Reinvestment funds are spent down. Beginning June 2018, the Transition Age Youth housing project will be funded through a newly acquired two-year PHARE grant.

F) Employment

I wish to refer you to Sections Adult Support Services; Strength and Needs-Transition Age Youth and IDD to see further evidence of coordination.

Schuylkill County Block Grant Team, Case Management/SCO, Clinical and Psychiatric Rehabilitation Service Providers, CPS, Individuals in Services,and Stakeholders consider employment as an intregal element of recovery and full community integration. Employment is, indeed, a critical component of Block Grant Agencies. Cross-Collaboration can take many forms, thru both case management and at the provider level:

A. *There are eight (8) key players across all the Block Grant Agencies: AHEDD-job find/supports; Goodwill-job find/supports; ReDCo-Vocational Rehabilitation; CSG/Clubhouse-transitional employment; Avenues-trasitional employment; Careerlink-job training/interviewing skills and resume writing; job placement/supports, Northeast PA Manufactureres and Employment-YES Program and OVR. All eight are engaged by contract or MOU across the agencies and, at times collaboratively. The training groups often have individuals in multiple services where referrals are coordinated thru the case management systems.*

B. *Several of these, most notably OVR and Careerlink, have significant involvement with the Transition Age Youth (TAY), Children and Youth (C&Y), and the Behavioral Health Services. For TAY and C&Y the involvement is designed to address full employment, which is critical to self sustainability. This is especially important for TAY participants since within generally three (3) months of securing housing they must pay rent. It is common that TAY participants have had C&Y involvement in the past.*

As noted in both the Adult Support Services and IDD Sections, OVR is the hub of the Early Reach Initiative in schools, partnering with ODP in its Employment First Initiative.

C. *Northeast PA Manufacturers and Employment's YES has offered trainings to mixed audiences comprised of individuals in services with mental health, drug & alcohol and Children & Youth. These sessions were coordinated thru case management, APO and providers, YES is also provided in the schools and includes students with multiple needs. These are coordinated thru SC's in the IDD services.*

Plans to provide the YES Program in the prison had to be delayed due to over crowding in the county prison.

D. *AHEDD, Goodwill and Avenues have individuals in services from MH, IDD and D&A systems. We noted their services in the section on Adult support services. Their involvement is noted in the Individual Service Plan and is shared if the individual is in more than one service system. The ISP is negotiated between the individual and primary casemanagement provider and is shared thru a Release of Information between agencies, which are included then in both ISP's.*

E. *Employment defines a primary Vision and Mission of CSG's Clubhouse model. It is indeed an important element of their International Credentialing. Transitional employment is sought out in the public and private sectors with the hope of permanent employment. At times outreach to other employment training providers has occurred to bolster on-site supports.*

ReDCo's Vocational Rehabilitation Program is a contract based service. Contracts are negotiated with public/private sectors companies/ agencies and with private citizens to provide a variety of jobs. Referrals can be done thru Case Management systems and/or provider agencies.

Servants To All/ My Fathers House has access to Spanish speaking, bi-lingual volunteers to assist in providing services to this population.

- Needs:

  Schuylkill County needs to continue to recruit and retain bi-lingual professionals across both our clinical and supportive services network. The principles and practices develop in addressing social determinents of health must be equally directed to this population.

  Schuylkill County needs to use our existing relationships to engage community leaders and organizations in establishing lines of communication, with the intent of community awareness, education and acceptance.

- **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:
  - 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)

The systems of Care Director participated in two (2) CLC Trainings, one sponsored by Behavioral Health Association of Rural Pennsylvania and another at the CASSP Conference in May, 2018. This latter training focused on the LGBTQI Communities and the creation of Safe Zones. These trainings have acted as the foundation and blueprint for local efforts.

The local efforts involve the formation of CLC Board comprised of parents, youth and stakeholders from the community. This has been an effort with uneven results; it has been difficult to recruit participants and equally hard to have consistent attendance. For these reasons, scheduling a local training has been put on hold. This is not discouraging; we anticipated difficulties.

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)

Schuylkill County has a very active and robust Suicide Prevention Task Force (SPTF). I briefly noted the composition with representation from MH & D&A providers, this administration office, C&Y, APO/JPO, schools, LVHN, IDD community, ministerial and the community at large.

Initiatives include:

A) Speakers Bureau- providing community presentations and QPR trainings.

B) Junior Advisory Board- a group comprising two (2) students from all 13 school districts who have produced three (3) videos, the topics are Bullying, Suicide Awareness/Prevention and Mental Health Among Peers. These videos are shown to all schools and are made available to the general public thru the Speakers Bureau or special events.

C) Stomp Out Suicide Walk/Event- an annual event that provides childrens activities and resources. Many human service agencies set up tables to distribute brouchures and information, ministeria is involved; as is Vision a public/private community based entity we have referenced in the plan.

D) SPTF and Vision have partnered thru the Vision MH Committeee to sponsor and plan events and presentations.

E) SPTF has had until recently a Survivors Group, named HALOS The lead person for HALO's has recently left the county; SPTF is actively recruiting a new director.

F) SPTF has affiliated with several grass-roots community groups that have formed as a result of the opiod epidemic. They attend each others events/meetings and jointly communicate with the public.

G) Each year several members of the SPTF attend annual suicide prevention conferences and then disseminate the information and resources with other interested parties.

H) Each year SPTF participate in the Capital Awareness Day held in Harrisburg organized by Prevent Suicide PA. It is an opportunity to meet with and inform legislators of our significant community needs.

I) This year the group has developed an event named Trauma Day. They have invited a wide swath of the community-professionals, family members, interested citizens-to a full day of presentations, interactive events, and question/answer activities.