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DAUPHIN COUNTY

Human Services Block Grant Plan

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I. INTRODUCTION

A. Dauphin County Philosophy of Integrated Human Services

Vision Statement: *Dauphin County Human Services will expand and enhance our delivery of innovative, seamless and comprehensive services to our citizenship through strong collaboration, community partnerships and the recognition of our unique yet diverse population. Our Human Services will be easily accessible, culturally competent, and holistic as we provide services to our residents, with a special emphasis on our most vulnerable citizens. Dauphin County's Human Services will be the best not only in the Commonwealth but also throughout the country, making Dauphin County a sought after location in which to live and raise our children.*

Dauphin County's Human Services Plan focuses on integration at three levels – the systems level, consumer level and practice level. Dauphin County's ideal integrated system and the plan's related goals are based on the following five value sets:

- Efficient, responsive, accessible, courteous customer service with staff modeling strengths-based, solution-focused practice at all levels
- Strong inter-agency collaboration/integration utilizing a “No Wrong Door” philosophy and “One-Stop Shop” model of service provision; equal accessibility of services; protection of rights and safe guards
- Informal partners as full partners; family/youth/community as key partners in decision making
- Children, adults and families served in their own homes and communities; families engaged as equal partners; family and community viewed as a team
- Cultural competence and sensitivity; appreciation of differences; promotion of multi-culturalism

Operating Principles:

- We will hold our service to the community as our highest value and priority.
- We will involve consumers, family members and our community in the development of services/resources.
- We will be innovative, strengths-based and solution-focused in our interactions with each other and our community.
- We will measure outcomes to determine cost effectiveness and the appropriate use of resources to best meet the needs of our community.

B. Dauphin County Block Grant Objective and Goals

OBJECTIVE: Human Services funding is becoming increasingly limited. Focused attention will be given to cross systems efficiency; comparative effective research in evidence based programming; utilizing science and mathematical analytics in the distribution of resources to meet the needs of our community.

GOAL I: To develop a funding formula that will be used as a tool to assist Dauphin County in prioritizing needs; and, ultimately allocating block grant eligible funds to those areas where most need exists, all to meet the unique challenges of Dauphin County citizens.

Goal II: Families will be engaged as Equal Partners

We can only ensure best-practice by having parents, youth, adults, community and spiritual leaders around the table. We see their input as not only necessary, but also invaluable and we are determined to be inclusive of their voices as often as possible.

GOAL III: Increase and expand Family, Client and Community Engagement

We will work with individuals and families in a strength-based and respectful way. The process to accomplish this should be inclusive and relevant to all. The appropriate steps must be taken and adequate support given for people to come together and stay together. Our belief is that conducting business in this manner will ensure that consumers are adequately and properly served and this approach is consistently demonstrated by all those working with a family.

GOAL IV: Develop a “One-Stop Shop” model of service delivery

Our vision continues to include a one-stop shop philosophy that is based on a true collaboration between the community and the formal and informal family serving systems. This philosophy emphasizes the integration of services, supports and resources in order to serve children, adults and families in their own communities, taking services to our consumers where and when they are easily accessible. In addition, youth, individuals, families and communities become true partners in this collaborative effort and work jointly with both community-based initiatives and the formal systems in guiding the provision of services.

GOAL V: Develop and implement customer service principles that enhance the quality and accessibility of services.

Dauphin County will strive to empower families through their natural support network that can include: extended family, friends, neighbors, the faith based community, schools, etc. that can often avoid the need for a family to become involved with the formal systems.

C. County Planning Team

Dauphin County has multiple venues through which we involve the public, providers and clients in all of our planning. Effective 2013-2014 Plan Year, the Dauphin County Commissioners have re-structured the planning process to include a formalized Human Services Block Grant Planning Advisory Committee. The Committee consists of one member of the following: Mental Health/Intellectual Disabilities Advisory Board; Children and Youth Advisory Board; Drugs and Alcohol Advisory Board; Mental Health Provider; Intellectual Disabilities Provider; Children and Youth Provider; Drugs and Alcohol Provider; Mental Health/Intellectual Disabilities consumer, past or present; Children and Youth consumer, past or present; and one Drugs and Alcohol consumer, past or present. Members *ex officio*: Dauphin County Administrator of Human Services, Dauphin County Administrator of Agency on Aging; Dauphin County Administrator of Children and Youth, Dauphin County Administrator of Drug and Alcohol; and Dauphin County Administrator of Mental Health/Intellectual Disabilities. The Committee will meet no less than quarterly to review plan progress and offer input/ feedback.

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

Consumers, community members and providers are also included in our planning process through regular community stakeholder meetings and summits held by each of our human services agencies. In addition, through Dauphin County's Systems of Care Initiative, we have an active committee structure of family and community members who are very involved in improving their communities. The network consists of a family committee, youth committee, community committee and faith-based committee. These groups provide valuable input for our planning process as well.

D. Public Hearings

Act 80 of 2012 requires the selected counties to hold two public hearings under the auspices of the Sunshine Act, 65 P.S. §701 *et. seq.*, prior to submission of the Human Services Plan to the Department of Public Welfare. Dauphin County held such public hearings on May 3, 2013 and June 7, 2013. The hearings were properly advertised as required by the Sunshine Act and attached as Appendix B is a copy of the proof of publication.

At each hearing specific information was presented regarding the planned delivery of services based on the allocations available to Dauphin County. Public comment was taken at each

hearing. Combined, over 59 people representing a broad array of stakeholders including providers, consumers, advocates, and the general public, attended a hearing.

II. NEEDS ASSESSMENT

Dauphin County has seen slowly increasing population trend of 268,100 residents from the prior 251, 798. This constitutes an increase of 6.5% from 2000 to 2010. The youth population has stayed fairly consistent. There were slight drops in ages 45-54 categories (from 14.8% to 12.9%) and slight increases in ages 65-74 (from 6.7% - 7.1%). Comparing U.S. Census data from 2007 to 2010 the racial make-up of the county has had some slight changes. The largest population resides within the city limits of Harrisburg (48,950) making this the 10th largest city by population in Pennsylvania. Harrisburg City is followed in population by Lower Paxton Township (44, 424), Swatara Township (22,611), Susquehanna Township (21,895) and Derry Township (Hershey) (21, 273). The largest population is Caucasian and the smallest group is Hawaiian/Pacific Islander. On the East Coast of the United States, Dauphin County has the 7th largest Asian population. Also, through community partnerships, the SCA learned that Dauphin County has a rising Bosnian population. The African American community has increased by 3% (15% in 2007 to 18% in 2010), the Asian community has increased by 1% (from 2.3% in 2007 to 3.2% in 2010) and the population with individuals of mixed heritage or 2 races has increased by 1% (from 1.9% in 2007 to 3.1 % in 2010). Also the Hispanic population in the county has increased by 1.8% (from 5.2% in 2007 to 7% in 2010).

Dauphin County has utilized various tools and forums in assessing the local need. Through community forums, summits, focus groups and numerous cross-systems work groups, the county regularly asks for input and feedback from youth, adults, families and the community in terms of how we can improve services and where there are gaps in services. This area will be explored in more details throughout this plan.

Dauphin County is also developing an internal funding mechanism based on incremental comparative effectiveness research to compare the efficacy of our Human Services programming. This mechanism or "funding formula" will assist in the allocation of resources by applying quantitative analysis to programming and the best use of resources. By applying mathematical analytics, cross systems comparisons in terms of cost effectiveness; urgency and importance can be achieved. Dauphin County believes strongly that this measure is essential to ensuring that resources are spent responsibly and effectively. The funding mechanism will bolster the cross-systems approach for collaboration and cross systems efficiency.

Specific examples of how we collect and use consumer/provider input as well as data will be detailed in the following plan.

III. HUMAN SERVICES NARRATIVE

Act 80 of 2012, which created the Human Services Block Grant, has provided greater flexibility and opportunity for local officials to meet the needs of its community. This flexibility provides an opportunity to advance the Dauphin County Human Services Integration.

The County team has identified a specific cross-systems opportunity in the area of employment services. Dauphin County is exploring the development of a Human Services Career Link. Paid employment is an essential goal for many homeless persons, persons with an intellectual disability, persons with a mental health diagnosis, persons with a substance use disorder, and teens aging out of the Children and Youth foster care system. A cross-systems approach to providing employment opportunities across many of the consumer population of the Human Services Block Grant is an example of the innovation and flexibility that can be achieved with the Human Services Block Grant.

Each categorical consumer population that can benefit from such an approach faces their own set of barriers in finding and keeping employment, and so their needs are not fully met with Pennsylvania's traditional Career Link model. Barriers include the need for pre-employment readiness, skill development, limited or sporadic work histories, criminal histories, assistance with job development and job finding, and in some cases, ongoing supports to maintain employment. A comprehensive approach to meeting the needs of our human services departments and our common goal to increase employment opportunities among all our consumer groups in a coordinated fashion will allow us to coordinate local resources, focus our efforts, and improve the efficiency of our various employment initiatives in an integrated approach to human services employment.

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

Our current local system has resources for evidence-based supported employment for homeless persons with the YWCA who is providing the Y Works program, a SAMHSA funded supported employment grant, for persons who are homeless. Goodwill, AHEDD, and Central PA Supportive Services Inc., provide job finding and job coaching and follow along support for persons with MH and ID, while Living Unlimited, Keystone, UCP, and the ARC of Dauphin County also provide employment services for persons with ID. Our ID Program is heavily invested in an initiative called Employment 1st, an approach to improving opportunities for persons with an intellectual disability to attain paid employment through customized employment, individualized job development and supports.

A fundamental goal in a recovery oriented mental health system is assisting persons with mental illness in securing paid employment, and for many homeless persons or near homeless persons paid employment is the main factor that needs to be addressed to achieve stable housing in the community.

Common to many human services employment initiatives is the need to perform community job marketing for our consumers, providing information about work incentives, including benefit counseling to review employment resources available through Social Security Administration, Ticket to Work, Medical Assistance Benefits for Workers with Disabilities, and other work incentives. A comprehensive approach to a human service employment hub could include

finding business partners for employment options, job training, resume writing, assistance with job applications, interview skill building, and job supports.

Building upon the PA Career Link model and incorporating our current human services that support our consumers through our traditional service array and leveraging all our employment services in a local design to establish a Human Services Career Link model in Dauphin County will allow us to maximize our resources. By coordinating funding streams and various consumer groups in a unified approach we can adapt and build upon resources available through the current PA Career Link design. Dauphin County will need to further research options, develop implementation plans, and then implement our design. We propose to more fully develop this concept throughout Fiscal Year 2013-2014.

IV. MENTAL HEALTH SERVICES

Budget cuts were implemented in FY12-13 based upon a 10% reduction of the primary allocation and a 10% cut to BHI (behavioral health initiative) and totaled \$1,931,200 million in treatment and supportive rehabilitation services to adults, older adults and persons with co-occurring disorders with a serious mental illness. A system built since the early 1990s focused on services “in the community” and dedicated to decreasing State Mental Hospital use experienced the collapse of funding streams and budget cuts, thereby exacerbating disparities for our residents in the areas of access to mental health services and fragmentation in the service array. The full impact of service reduction and program changes are still being assessed and may not be fully understood until well into FY13-14.

A. Community Data and Indicators - The Dauphin County Mental Health Program evaluates programs and services in a number of ways throughout each fiscal year. Dauphin County meets the Office of Mental Health and Substance Abuses Services requirements for Consolidated Community Reporting Initiative (CCRI), which captures data for all Dauphin County consumers registered for County funded mental health services including the type and amount of service provided. The Dauphin County mental health program also monitors various quality measures, consumer outcomes, satisfaction with services and monitors and measures changes and patterns of service delivery. Examples of data indicators include our Residential Report Card, use of RTF level of care of care for children and teens, complaints filed with our office, unusual incidents reported through the limited scope of the state Home and Community Services Information System (HCSIS) and our own comprehensive incident management system. We also utilize surveys such as outpatient program capacity surveys, telepsych surveys, consumer focus groups and consumer surveys. Specific measures and data indicators are incorporated into the Mental Health Program section plan narrative that follows as part of the description and evaluation of most cost centers.

B. Services to be provided/ Rationale for Allocation-Mental health services in Dauphin County are essential services in a recovery and resiliency-oriented system and the narrative follows the Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012. In FY2011-2012 County managed funds for children, transition-age youth, adults, and older adults with a serious mental illness, co-occurring disorders and an emotional disturbance served 4,495 persons. FY 2012-2013 data is only available for nine months. And for the most part, data will be reviewed and analyzed at the end of the fiscal year.

Throughout the document there are a multitude of references to specific and priority populations such as individuals transitioning out of State hospital settings and other intensive levels of care, person with co-occurring disorders, and persons with justice involvement both adults and children. The individual and their expressed needs drive the demand for services, and Dauphin County strives to adapt services to those needs while maintaining the integrity and fidelity of the treatment, rehabilitative and support services.

Addressing the needs of the co-occurring population has been very challenging and complex in Pennsylvania, including Dauphin County, since the most effective treatment is to offer integrated approaches. State-level factors are prohibiting the system from moving in the right direction. Two different administrative entities, including licensing bureaus, add to the lack of common philosophies and views on how treatment is provided. Recently a co-occurring partial program, proposed by Dauphin County using IDDT (Integrated Dual Disorder Treatment) was rejected for reinvestment funding. The State is currently considering a dual disorders clinic in a licensed D&A program recently resubmitted for approval to OMHSAS.

The Dauphin County MH/ID Program, as well as the Community Behavioral Healthcare Network of Pennsylvania (CBHNP), our Medicaid Behavioral Health-Managed Care Organization (BH-MCO), has policies and procedures to support agencies in addressing the language and linguistic support needs of persons in service. This is particularly necessary when the mental health workforce does not represent the cultural, language, and ethnic demographics of the community population. The last comparative survey of workforce demographics to the persons in mental health services occurred in the mid 1990 during a period of cultural diversity efforts across the Commonwealth, especially in children's mental health services. Dauphin County maintains a contract with the International Service Center for ethnic-specific services to persons, typically recent immigrants, who are of Asian descent.

Non-service connected veterans may access services based upon eligibility and availability. For persons and their families who are service connected, veterans assistance is provided through information and referral and accessing benefits and services that individuals and their families are entitled to receive through the Office of Veterans Affairs administrative office. In some cases, due to gaps in services, veterans and their families are served by both the MH and VA systems based on their need and eligibility for services. The County's Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families take part in the Project CONNECT events. Following these events, further outreach and follow-up is provided to individuals to assist in linking them to needed services.

Behavioral health and health disparities are not new to the Dauphin County mental health system. For the past five years, we have looked at subpopulations in the county-funded system as well as in the Medicaid managed care system for ways in which to improve the overall wellness of persons we serve. Furthermore, the relationship between health and mental health are fully understood and prioritized. The Commonwealth of Pennsylvania provides for a County-operated and managed mental health system for persons who are uninsured. While services exist, current budgetary cuts and prior cost of living increases not tied to real costs continue to impact the availability of services leading to waiting lists and the need to triage care. The county behavioral health system is also the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare. These are typically services which support persons living in communities. In a recovery and resilience based system, these services are as important as treatment to the individual and their family.

Issues of aging are complex in Dauphin County. Because we serve persons with a serious mental illness, we are a primary support system to person who stay in the county and receive MH services as they age. Very few persons are identified with a serious mental illness after the age of 60 that are residents of Dauphin County. Our experience is that most persons, if not already known to the MH system, seek treatment from their primary healthcare provider. Occasionally, persons transition to Dauphin County and are enrolled in services while residing with an extended family member. A Memorandum of Agreement with the Area Agency on Aging is updated and dialogue with Spring Creek, the former County nursing home, has been established recently.

Assertive Community Treatment (ACT): Assertive Community Treatment (ACT) Team is an Evidenced-Based Practice model designed to provide treatment, rehabilitation, and support services to adults with serious mental illness whose needs have not been met by the more traditional mental health services. NHS Human Services transformed from a Community Treatment Team (CTT) to the evidence-based ACT in 2011. The ACT Team is multi-disciplinary mental health staff, including a peer specialist and drug & alcohol specialist. The NHS Human Services ACT, organized as an urban team model, has a capacity of 100-110 persons who meet specific criteria for the service. The service is funded with County managed funds and HealthChoices Medicaid. County funds may support an estimated 20 persons, a decrease from previous years. The NHS Human Services ACT Team meets ACT fidelity and licensing requirements annually.

Administrator's Office: The Dauphin County Mental Health/Intellectual Disabilities Program has designated mental health staff to carry out the program's mission and transform mental health services to a recovery-oriented system. Administrative support and fiscal staff also offer the infrastructure to accomplish mental health goals. Guided by the OMHSAS "Call to Action" and the fundamentals of a recovery-oriented system, staff manages a complex system through administrative tasks involving collaboration, data collection/analysis and reporting, provider relations, contracting and service monitoring. The demands of ongoing operations and system change are constantly being balanced in the process.

The protection of consumer rights in the mental health system is integral to daily operations and touches every aspect of our administrative roles. While directed by the MH/ID Administrator and Deputy MH Administrator, many quality activities are carried out by a Mental Health Quality Assurance Specialist. The goal of Quality Management is to guarantee a standard basic level of care and the protection of basic rights in the mental health system. QA activities resolve individual complaints and work with person-specific teams for resolution on a host of issues.

Dauphin County has a formal unusual incident reporting system for all County-funded services and consumers, which has been maintained with staff review, follow-up reporting, investigations of unusual incidents and corrective action planning. The County database also includes unusual incidents reported to CBHNP on Dauphin County consumers in Medicaid HealthChoices-funded services. Debriefing and process reviews of some unusual incidents have been conducted. Home and Community Services Information System (HCSIS) is also a reporting system used for unusual incidents on persons discharged from State Mental Health Hospitals and residing in residential services.

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

All complaints regarding CBHNP and the CBHNP provider network are reviewed weekly. Conflict-free Dauphin County staff participate in Level 2 Grievances for CBHNP members, and other County staff take an active role in consulting with CBHNP clinical staff regarding service delivery issues, service authorizations, and consumer-specific concerns prior to using the grievance or complaint process if communication can readily resolve the issue.

The MH/ID Program developed a training program for consumers to complete satisfaction surveys with transition-age youth, adults and older adults with serious mental illnesses and co-occurring disorders. Surveying is done by trained and supervised staff in face-to-face interviews or via telephone according to HealthChoices standards. The data helps the County mental health system know the degree of satisfaction with services, use of best practices, and ensures that problems related to access, delivery and outcomes are identified in a timely manner.

During FY12-13 one (1) administrative position, MH Program Specialist 2 was vacated due to retirement and will not be hired due to budget cuts. Essential duties such as system planning, consumer involvement in evaluation, court coordination and county involvement in managed care grievances were added to existing staff responsibilities.

An approved proposal to implement a MH/ID Mobile Team for adults with MH and intellectual disabilities will be implemented in FY13-14. The service intends to divert persons from emergency rooms, psychiatric inpatient programs by offering a community based response to behavioral needs. The proposal includes a mobile team consisting of a Ph.D. level psychologist using a Functional Behavioral Assessment and a part-time Registered Nurse to work with

physical health and psychiatrists in medication reviews, incident reviews and wellness. The team will work with the individuals current service providers to focus on behavioral approaches.

Administrative Case Management: The CMU is the Dauphin County Base Service Unit (BSU), and it is responsible for all BSU regulatory functions. The CMU also operates a satellite location in northern Dauphin County. Core services include identification of presenting concerns, strengths and need assessment, psychosocial history including other system involvement or needs; mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning including freedom of choice, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management or any other level of case management services. Approximately 200 intake interviews are conducted each month. Real-time electronic authorizations for County-funded services are coordinated through the BSU and County office for all services with the service provider network and case management entities. Administrative case management is solely funded through County managed resources and is expected to serve 3,000 individuals in FY2013-2014.

Adult Development Training: These services are not available in Dauphin County's mental health services array.

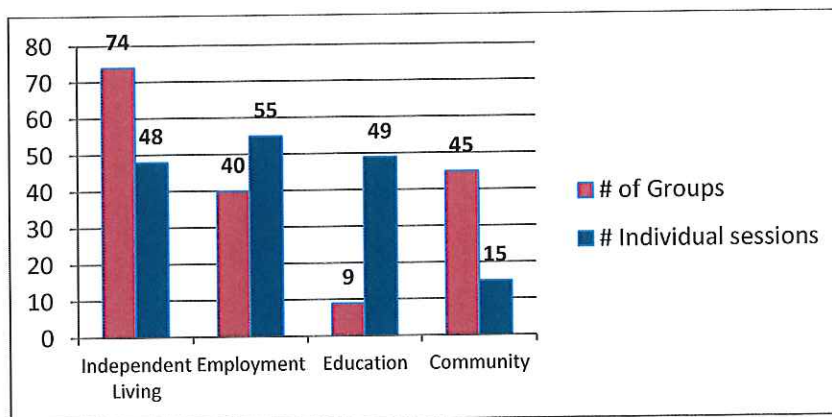
Children's Evidence-Based Practices: Children's Evidenced Based Practices have evolved as services specifically for children in the Juvenile Probation and/or Children and Youth systems. Start-up funding is occasionally available through CYS or through grants. Once implemented, the services have largely been funded by Medicaid Health-Choices funding. Multi-Systemic Therapy (MST) was first approved as a BHRS exception service in Dauphin County in January 2005. The service is designed to increase family functioning through improved parental monitoring, reduced family conflict, and improved communication. In 2010, Pennsylvania Counseling Services was added as a second MST provider in Dauphin County. MST-Problem Sexual behavior (PSB) is a clinical adaption of MST. This was implemented in FY2011-2012. Sixty four (64) youth were successfully discharged, while eight (8) of the 72 discharges were considered unsuccessful because the youth was discharged due to being removed from their community and admitted to a program outside of their home.

Priorities in HealthChoices are focused on clinical skills in licensed psychiatric outpatient clinics. During 2012-13, two providers were funded by CABHC to increase skills among outpatient staff in Cognitive Behavioral Therapy. No children's evidenced based programming is currently funded through the Block Grant.

One of Dauphin County's most promising practices is The JEREMY Project funded through reinvestment funds. Dauphin County began The JEREMY Project under a competitive grant from OMHSAS in FY 2001-2002. Making Joint Efforts Reach and Energize More Youth (JEREMY) has provided a boost forward for young people ages 16-22 by focusing on person-centered planning and preparation for adult life in four domains: education, employment, community, and independent living. Over the years, more than 300 young persons have been served. The JEREMY Project has the capacity to serve 50 individuals at any given time. In the

program, participants learn to maximize control in their own lives by developing healthy peer relationships, decision-making skills, lawful and drug-free social activities, better self-esteem and acceptance.

Table 1 – JEREMY Project group and individual sessions FY 11-12



Children’s Psychosocial Rehabilitation Services: Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of children and teens from 0-21 years of age. Most services for children 0- school age are provided to children with Autism Spectrum disorders, other developmental disorders and/ or trauma-related disorders of childhood. All BHRS is funded solely under the HealthChoices behavioral health managed care program. Mobile Therapy is the most commonly requested and authorized service for children, including older teens and young adults with the second most frequently service being Summer Therapeutic Activities Programs (STAP). Other types of State-approved BHRS services include Behavioral Specialist Consultants and Therapeutic Staff Support. Dauphin County has nine (9) BHRS providers. FY 2012-2013 was an opportunity for assessment and strategic planning to address cost drivers using root cause analysis, overuse of service areas without demonstrated person-level benefit, and realignment of organizational priorities. BHRS services are not funded in the Block Grant; they are funded through HealthChoices.

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

Transitional employment is paid work training provided at employer locations. This service focuses on improving interpersonal relationships, work habits, and attitudes to prepare individuals for competitive employment. Transitional employment creates a work setting with less intensity to provide individuals with greater opportunity to develop skills toward becoming

self-sufficient in a competitive environment. Our experience with transitional employment has not lead to competitive employment. Funding of transitional employment programs has shifted due to person-level outcomes and costs.

Competitive employment, including supportive employment as an evidenced-based model, is available for individuals on the job at the employer's location to provide support in the employment experience. It may also involve job finding. Support decreases as the individual gains competitive employment skills. Staff makes individual and employer contacts and may accompany individuals to interviews to support them through a hiring process. Follow-up contacts are provided to resolve work-related issues and needs in a timely manner. Dauphin County estimates that 10 persons will benefit from transitional and competitive employment in 2013-2014. The YWCA of Greater Harrisburg is a federal supportive employment grant recipient. Using the supported employment model many person using mental health treatment and rehabilitation services have also been served through the YWCA's SAMHSA federal grant. Sustainability of supportive employment programs for persons with a serious mental illness is a high priority because the model leads to competitive employment that may reduce the persons need for supervised living, intense treatment and economic dependence.

Community Residential Services: Community Residential Rehabilitation (CRR) services offer many individuals' choices for a stepping stone to independence in their recovery journey, adults, children and teens. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a quality standard of service.

All adult CRR services are solely funded by County managed funds. The Intellectual Disabilities Program staff identified a need for short-term stabilization for persons with ID and MH issues who were not appropriate for MH inpatient care. During FY12-13 two (2) diversion CRR beds were established. The program supports individuals in crisis 24/7 needing diversion from hospitalization, step down from inpatient treatment, short term respite and assessment to help address individual needs. Two (2) people were served during the current year in the dual disorder diversion beds. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County for adults:

Table 2– Adult Community Residential Rehabilitation (CRR) Programs 2013-2014

CRR Program	Characteristics	Capacity	Provider
Crisis and Diversion CRR - Windows	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services started March 2011	12 (2 Crisis 10 Diversion) and 1 MH/ID bed	Northwestern Human Services Capital Region
Crisis and Diversion CRR- Adams Street	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services	14 (2 Crisis 12 Diversion) and 1 MH/ID bed	Community Services Group, Inc.
CRR Program	Characteristics	Capacity	Provider
Front Street	Full care staff intensive opened 12/2012 (converted from closed LTSR)	15 (single/double)	NHS Capital Region
New View	Full Care Therapeutic Community model; D&A education; 12-Steps; Double Trouble	8 (8 single bedrooms) Closed due to budget cuts April 2013	Gaudenzia
Gibson Blvd	Full care Therapeutic Community model; D&A education, 12-Step, MH forensic	16	Gaudenzia
Lakepoint Drive	Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system	10 (5, two-bedroom cluster apartments)	Keystone Community Mental Health Services
Taylor Park	Staff supportive Scattered apartments in urban area; private bedrooms; individual & transitional; continuous staffing and on-call system	14 (7, two-bedroom scattered apartments)	Keystone Community Mental Health Services
The Brook	Staff intensive Clustered apartments in suburban area: separate bedrooms	12 (6, two person apartments)	Keystone Community Mental Health Services
Third Street	Staff intensive apartment building in urban setting; private bedrooms	16 (8, two- bedrooms shared apartments)	Elwyn

There are additional types of community residential services available to adults in Dauphin County. Each offers a uniqueness that has grown and evolved from individualized needs. In previous fiscal years there has been two (2) Long-Term Structured Residences (LTSRs) in Dauphin County: one operated by NHS Human Services and the other operated by Keystone Community Mental Health Services. NHS Human Services closed the LTSR and converted it to a 15-bed full care CRR program in December 2012 due to budget cuts.

Specialized Care Residences (SCRs) are licensed as Personal Care Homes (PCHs) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental

health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. The combined SCRs licensed capacity is 37 individuals. Four (4) SCRs have an eight (8) bed capacity and one (1) SCR has a five (5) bed capacity.

Persons with serious mental illnesses, including older adults and adults with co-occurring disorders, also use larger PCHs to meet their residential needs and provide a supervised supportive environment for recovery. Overall residential service areas, Dauphin County anticipates serving approximately 400 adults in a variety of short, intermediate and long-term residential care. Fewer persons are projected to be served due to changes in level of care capacity in types of services brought about by budget cuts and individualizing assessments/planning and implementing transitions among persons in service.

Children's CRR Host Homes and Residential Treatment Facilities: CRR services for children, teens and young adults persons are licensed as CRR Host Home programs and are funded by Community behavioral Healthcare Network of Pennsylvania (CBHNP), the behavioral health Medicaid managed care organization. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. CRR Host Homes have undergone a re-examination among local counties, the BH-MCO, families, and other child-serving systems. Implementation of a new type of CRR Host Home called Intensive Treatment Program (ITP) is underway to improve outcomes for intensive out-of-home treatment needs.

Residential Treatment Facilities (RTFs) are a level of care only available under the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for children from 0-21 who meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County. Responsive to the negative aspects of out-of-home treatment and its lack of positive evidence, Philhaven designed a new type of RTF. The outcomes of a brief treatment intensive RTF operated by Philhaven are under review.

Residential Treatment Facilities (RTFs) will never be evidenced based in serving children and teens with a serious mental illness. Dauphin County's mental health system is a strong leader within the MH system and with other child serving agencies in reducing the use of RTFs and improving community based EBPs and locally based treatment services. Efforts are underway to establish a secure link between the CMU and two RTFs for the purpose of increasing family involvement in treatment, such as family, therapy among children being treated outside of Dauphin County.

Community Services: Information and referral self-help is offered via telephone through CONTACT Helpline, a 24-hour listening, information and referral service for residents of Dauphin County. CONTACT Helpline services aid all residents in their use of community health and human services. Listening actively and sensitively enables callers to talk through their concerns and identify their needs for listening, problem solving and/or referral. Providing the caller with the key information (agency name, address, telephone number, eligibility

requirements, fee schedules, program services, service delivery sites, handicapped accessibility and other pertinent information) on agencies that can respond to the caller's need.

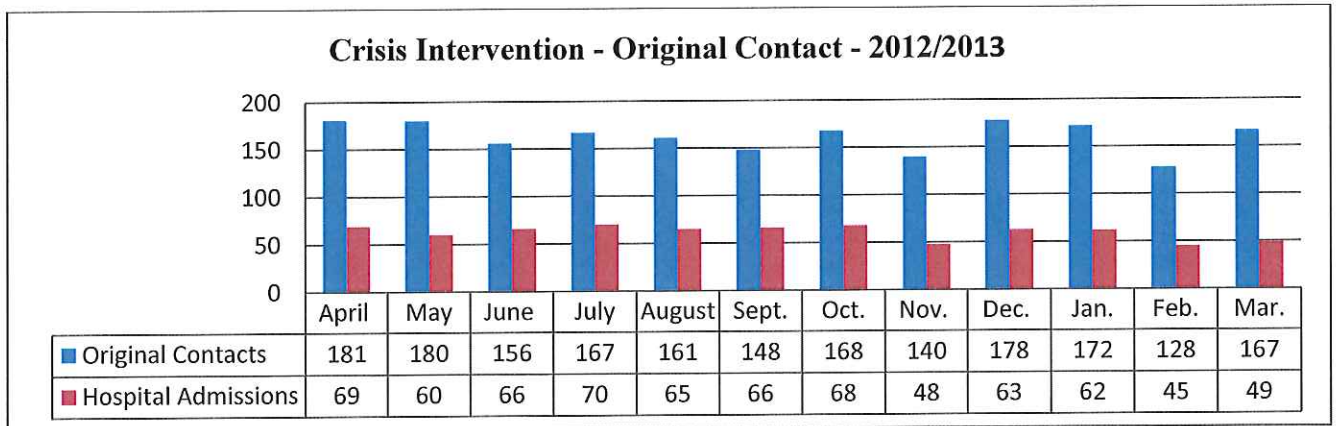
A Student Assistance Program (SAP) is designed to identify students experiencing behavior and/or academic which pose a barrier to their learning and success in school. The program is a vehicle for intervening and referring students to appropriate school and community resources when mental health issues impede school success. Student Assistance is an intervention, not a treatment program. It is also an avenue for promoting prevention activities and positive mental health. Mental Health Consultants serve as liaisons to Students Assistance teams in public middle, junior high, and high schools in Dauphin County. In addition to supporting these teams, Student Assistance staff provides consultation regarding mental health issues to school personnel, students, families, and community members.

Keystone Service Systems provides Student Assistance Program (SAP) services to each secondary school in Dauphin County. Dauphin County has over 40 SAP teams. SAP liaison services were cut to align with the State allocation for SAP mental health consultation. County mental health staff has assisted Keystone in locating other potential funding for SAP services to public school students.

Consumer Driven Services: The Dauphin County MH/ID Program does not use the cost center of consumer driven services.

Crisis Intervention: The Dauphin County Crisis Program (CI) is the only direct service offered at MH/ID. CI provides 24-hour, 7 days per week telephone, walk-in, and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities – CMU, Keystone Community MH Services Intensive Case Management, and NHS Human Services' ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system. Crisis services are funded by CBHNP, as the HealthChoices BH-MCO and County managed funds. An estimated 2,500 persons will use Crisis Intervention services in FY2013-2014. During 2012-13 Dauphin County tracked the number persons completely new to the mental health system whose point of entry was through Crisis Intervention and the disposition of their presenting problem. This is a significant number of individuals with no known involvement in the public MH system. Table 3 suggests a high number of new people are presenting to Crisis and that the disposition of an inpatient admission, rather than a non-hospital alternative, averages 37.56 % of all original contacts for the period July 2012-March 2013.

Table 3 - Crisis Intervention-Original Contact/Dispositions 2012-2013



Emergency Services: The Crisis Intervention Program has a lead system role to carry out emergency mental health services for children, adults, older adults, transition-age youth, as well as all other populations of persons with serious mental illnesses or serious emotional disturbance in Dauphin County. Coordination and cooperation with targeted case management agencies, the ACT and the Behavioral Health Managed Care Organization’s care management staff are essential. Service elements include bed searches based upon consumer/family choice and preferences, coordination, and court coordination. It is estimated that 1,000 persons will receive emergency services in Dauphin County this current fiscal year.

Facility-Based Vocational Rehabilitation Services: Facility-Based Employment provides work experience for those individuals who require intensive support to be successful in competitive employment. The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment. Persons in facility based vocational services are consistently assessed for transitioning to more independent work experiences. In FY 2013-2014 mental health anticipates 15 persons will receive services. These services will decrease by attrition as resources are prioritized to support persons seeking competitive employment.

Family-Based Mental Health Services: Family-Based Mental Health Services (FBMHS) are a combination of intensive family therapy with support coordination and family support services in a team-delivered service for children. Dauphin County has six (6) licensed FBMHS providers. Family Based is not a first-line service and therefore, we do not anticipate using Block Grant funds for the service. These services are funded through CBHNP as a Medicaid service or through MA Fee-for-Service funding in OMHSAS/DPW. As a result of a root cause analysis, FBMHS in Dauphin County are assessed in full partnership with CBHNP, and the five-county oversight agency, Capital Area Behavioral Health Collaborative (CABHC). Approvals and denials, authorizations for transition-age children, and consecutive authorization within the same family without demonstrated positive outcomes are concerns being closely monitored.

Family Support Services: NAMI PA's Dauphin County affiliate provides education, support, resources, and referral services to persons affected by mental illnesses, both individuals and families. Services include distribution of resource and educational materials, support for new residents seeking services or persons recently diagnosed, sponsored informational meetings, support groups, caller support, newsletter and an extensive on-site library at their staffed office. Extensive support has been provided to families who have family members with serious mental illnesses, including co-occurring disorders and involvement with the criminal justice system. NAMI's Family-to-Family Education Program was approved as an evidenced-based program that provides education and skill training with self-care, emotional support, empowerment and advocacy. The 12-week sessions are designed for parents, siblings, spouses, significant others and caregivers of individuals experiencing serious mental illnesses. NAMI's Peer-to-Peer Program has a group of trained peers ready to offer a support program in FY 13-14.

For the past four years, Dauphin County has received a state allocation for respite services for children and adolescents including transition-age youth. Respite services have been offered by the County for over 15 years. Number of children and teens and their families benefitting from County funded respite services is projected for FY 2012-2013 at 45 children and teens. The reinvestment funded Respite Management Agency operated by Youth Advocate Services assisted 142 children and their families and eleven (11) adults in Dauphin County for FY 2011-2012.

All Dauphin County case management entities and supportive living services have access to consumer support and emergency funds, which provide limited and one-time assistance for accessing housing through security deposits, housing applications, purchasing initial household items, minor repairs, as well as concrete goods or services on a discretionary basis using guidelines provided by the County MH/ID Program for families and individuals registered for County-funded services.

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

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

Some Supportive Living Housing services were discontinued in FY 12-13 specifically transitional apartments rented through Keystone Community Mental Health Services. For all Supportive Living services the types and lengths of services are very flexible, and 200 people are served by Keystone each year. Supportive living services may continue after independent housing is obtained.

The Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain their psychiatric rehabilitation goals. The goals, supports, and resources necessary to achieve their goals are determined by the consumer with the guidance and support of the supportive living case worker. Generally, the focus will be developing or relearning skills to be successful and satisfied in the areas of living, learning, working, and socializing in the environment of their choice with the least amount of practitioner intervention. The projected number of person served in this cost center with two service agencies is 285 adults with serious mental illness and/or co-occurring disorders.

Other Housing activities include Shelter Plus Care, a joint project with the Housing Authority of Dauphin County; PATH, a block Grant and federally funded project to assist persons to gain safe, affordable housing and a Housing proposal using reinvestment fund which is pending State approval. Three areas to be addressed include: bridge rental subsidy, contingency funds and improvements for community Lodge.

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

Outpatient: Dauphin County has nine (9) contracted and licensed outpatient psychiatric clinic providers and all offer medication management, outpatient therapies and psychiatric evaluations to children & teens, adults, older adults with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. We estimate 800 persons will receive outpatient services funded with County managed funds. The table below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics. A point-in-time review conducted by MH staff is also included to provide a reference on the needs for emergent and urgent psychiatric services.

Concern about the budget cuts led to increased community awareness and public education on the burdens of the public mental health system in Dauphin County. Several programs have had retention and recruitment issues in 2012-2013, particularly of psychiatrists. A large outpatient program suspended referrals for several months twice during the fiscal year due to psychiatrist vacancies and reported receiving 20 referrals per day during one month in the fall 2012. Table 4 is a chart which briefly illustrates the provider, satellites and some unique characteristics of outpatient clinics.

Table 4 – Contracted Outpatient Service Providers 2013-2014

Provider	Satellites	Unique characteristics
Catholic Charities of the Capital Region		Homeless Clinic and works with Mission of Mercy. No Medicare.
Community Services Group	Primary clinic in Lancaster; Dauphin County is satellite	Dauphin County site opened in Fall 2010. Groups for adolescents.
Commonwealth Clinical Group		Specialized offender and at-risk offender services to adults and teens. No Medicare.
NHS Human Services	Community-based sites & northern Dauphin County site	Primary clinic co-located with CMU, Physician assistant model; telepsychiatry (CBHNP only)
Pennsylvania Psychiatric Institute (PPI)	Community-based sites including Hershey location	Culture specific –Hispanic and geriatric clinics, Clozaril and dual diagnosis (MH/ID) clinics, adolescent intensive outpatient programs.
Pennsylvania Counseling Services	Community-based sites, including school-based sites	Also a D&A outpatient provider.
Pressley Ridge	School and community-based sites	Staff trained Play Therapists,
TW Ponessa and Associates	Primary clinic in Lancaster; Dauphin County is a satellite	Also a D&A outpatient provider.
Youth Advocate Programs	Community and school-based site	Certified Registered Nurse Practitioner/Art Therapist

The following tables depict information gained in April 2013 when a point-in-time survey among outpatient psychiatrist clinics was conducted to measure the current status of capacity and access issues in Dauphin County. CBHNP will be conducting a more detailed review of service access issues in outpatient services. Table 5 shows the reported number of psychiatric hours available by provider. Table 6 is the estimated breakout of psychiatric time by type of service as reported by clinic directors. Table 7 shows the days until the next open psychiatric appointment for an evaluation or medication check and therapy appointments by service provider. Further analysis is needed on this and additional data obtained from site visits conducted by County MH staff.

Table 5 – Psychiatric Hours per week by Child/adult in Dauphin County Outpatient Clinics

Provider	Adult	Child	Combined
PCS	14.5	5.5	20.0
CC	9.0	7.0	16.0
PR	12	21	33.0
CCG	2.0	0.0	2.0
AH	-	-	-
CSG	-	10.0	10.0
NHS	55	16	71.0
PPI Combined	236	170	406
TWP	24	30	54
YAP	16	10.5	26.5

The number of psychiatric hours may be below the State regulatory minimum or be substantially high; this is due to the number of satellite clinics, the number of therapists, the needs for the provider outside of Dauphin County, and the need for adult and/or specific child psychiatric expertise.

Table 6 – Estimated Percentage of Psychiatric Time by Type of Service

Provider	Administrative/Clinical Supervision %	Evaluation %	Medication Management%
PCS	37.0%	18.0%	45.0%
CC	-	100	-
PR	15	25.0	60.0
CCG	-	50.0	50.0
AH	-	-	-
CSG	20	-	80.0
NHS	9	28	63
PPI Combined	2	5	93
TWP	25	25	50
YAP	0	30	70

Medication Management is the largest of the three types of psychiatric service in terms of percentage for all but one provider.

Table 7 – Days to Next available Psychiatric and Therapy Appointment

Provider	Days to Next Available Psychiatric Appointment (Evaluation or Medcheck)	Days to Next Available Therapy Appointment
PCS	5	28
CC	22	10
PR Child	14	14
PR Adult	11	11
CCG	15 (Adult only)	2
PPI	28	4
CSG Adult	21	29
CSG Child	21	1
NHS	NA	NA
YAP	15	1
AH	-	3
Total	152	103

Note: PPI Spanish Speaking next appointment was available the same day as the interview.

The mean number of days until the next available psychiatric appointment was 16.9 days. The minimum wait was 5 days and the maximum was 28 days. The mean number of days until the next available therapy appointment was 10.3 days. The minimum wait was 1 day and the maximum was 28 days. This data does not take into consideration the volume of persons who are referred and needing the next available appointment. Reimbursement rates and payment source factors also impact availability of appointments. Services that are reimbursed at higher rates by some insurance sources are more readily available. County and Medicare are among the lowest rates paid to providers.

The Lesbian, Gay, Bi-sexual, Transgendered, Questioning and Intersex (LGBTQI) population has been an on-going subpopulation of concern. Strategies such as training continue with a training set in Dauphin County in June 2013 for PATH, homeless providers and mental health agencies. For several years, Northwestern Human Services operated a satellite clinic adjacent to Alder Health Care (formerly the AIDS Community Alliance), and the MH system has been working during the past several months with Alder on establishing their own mental health psychiatric clinic co-located and integrated with their health services. Our support will continue with the agency, their potential funding sources to establish quality outpatient services for this population as well as use their expertise to support other community programs.

Efforts to improve access to outpatient clinic have varied success and will continue to be prioritized. State-wide provider action to reduce psychiatrist's administrative burden in clinic has not been successful with OMHSAS. Provider-driven efforts to improve scheduling changes for medication clinic and evaluations are random, and efforts to create more flexible walk-in medication clinic models for established stable individuals are in pilot status. Strengthening the clinical skills of therapists has been and will continue to be a concern. Reinvestment funds were used for three agencies to have certification in Cognitive Behavioral Therapy and Dialectical Behavioral Therapy.

Partial Hospitalization: Partial hospitalization services are available for all target populations with some programs focusing on acute care, brief intensive treatment model and others on recovery models which can range from five (5) days per week to two (2) days per week depending upon individualized need of persons seeking care. NHS Human Services, Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. These include services to adults with serious mental illnesses, including persons with co-occurring disorders – substance use and intellectual disabilities, children and teens. The total number of persons expected to receive services in 2012-2013 are about 60 based upon previous expenditures. CBHNP also funds partial hospitalization services. As a point of clarification, programs may serve individuals with co-occurring (MH and D&A) disorders but they cannot treat D&A use disorders. In FY 2012-2013 a proposal to establish a dual disorders evidenced based partial program was denied by OMHSAS. Two proposals were then submitted one for an acute adult partial and one for a dual disorder outpatient clinic located in a D & A outpatient program. These requests are pending at this time.

Peer Support Services: OMHSAS defines peer support by as “a specialized therapeutic interaction conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community integration.” Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports. Peer support allows individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness.

There are three approved CPS providers in Dauphin County: CMU, Philhaven and Keystone Community Mental Health Services and about 125 persons receive CBHNP funded Peer support services annually. Aurora Social Rehabilitation and NHS Health Services ACT programs also have imbedded peer specialists in their services.

The Capital Area Behavioral Health Collaborative has provided extensive leadership, support and financial assistance through scholarships for training/certification for individuals interested in being a certified peer specialist in the five-county region. Dauphin County is interested in expanding peer support services, as they are a catalyst for moving the mental health system toward recovery and resiliency at a system and individual-level. An approved reinvestment service will start-up peer support service in psychiatric inpatient settings in FY 13-14.

Psychiatric Inpatient Hospitalization: Psychiatric inpatient hospitalization is comprehensive care on a 24 hour/7 day basis either as a unit within a general medical facility or as a free-standing psychiatric center. There are two types of inpatient care available for Dauphin County residents. One type is acute inpatient care at the Pennsylvania Psychiatric Institute (PPI) in Harrisburg. PPI is a joint venture between PinnacleHealth Hospitals and the Milton S. Hershey Medical Center/PSU College of Medicine. Inpatient psychiatric services include 14-16 beds for children and adolescents, 20 adult geriatric beds, 20 general adult psychiatric beds and 20 adult high-acuity psychiatric beds.

Efforts among staff at PPI, Dauphin County's Crisis Intervention Program, and case management entities, particularly the CMU (as the Base Service Unit) established a Bridge Referral program. The goal of the Bridge Referral is two-fold: increase connections to treatment and other services post-discharge from PPI's inpatient unit and decrease the risks of readmission to any inpatient unit. Acute inpatient readmissions are a focus of study with CABHC and CBHNP. Among persons served in acute inpatient care during FY 2011-2012 35% were individuals with a mental illness and a substance use disorder, 11% were homeless and 12% were under the age of 12.

The second type of inpatient care available to Dauphin County residents and in close proximity to the County is extended care located at Philhaven's Extended Acute Care program in Mt. Gretna (Lebanon County). The 22-bed Extended Acute Care offers a beneficial diversion from State Hospital use at Danville State Hospital. The majority of the beds (13 of 22) are managed by Dauphin County. This program is primarily funded by CBHNP and some Medicare managed care programs. Five persons received County funded inpatient care in FY 2011-2012 and that is a reasonable projection for the current fiscal year. A similar number is projected to be served in 2013-14.

Psychiatric Rehabilitation: The Dauphin County MH Program does not fund psychiatric rehabilitation. Elements of psychiatric rehabilitation are found within many other services in Dauphin County's mental health array. State regulations supporting this service are pending approval, but psychiatric rehabilitation is neither an in-plan HealthChoices service. Nor is it an approved service in Pennsylvania's State Medicaid Plan. Mental health agencies do support staff training and document staff certification.

Social Rehabilitation Services: Social rehabilitation services are designed to increase social skills and networks in a positive 1:1 and group environment with individual and group learning experiences in making choices and building healthy relationships. Patch-n-Match and Aurora Social Rehabilitation Services' programs are providers of services to approximately 200 persons annually.

Patch-n-Match is a consumer-run organization with a full-time director and two full-time staff open 5-days/week. It is a reintegration program that assists people to recapture or gain skills necessary to function independently in the community. Patch-n-Match, Inc., provides a daily hot lunch, as well as, educational, social and recreational opportunities for participants, both at the center and in the community. The program is also open one Saturday every month.

Aurora Social Rehabilitation Services provides social rehabilitation services for adults with severe mental illness at a community-based center in Harrisburg. Aurora is open seven days per week and provides daily hot lunches as well as breakfast. The program employs a certified peer specialist as part of their staff complement, which has had a huge impact on how services are delivered in the program. Aurora provides the Transitional Life Skills (TLS) designed to help members maintain their independence and wellbeing through the development of life skills and social supports. Individualized goal planning and supports ease transitions to full community integration. Aurora's Hispanic Life Skills Program is designed for members who are Spanish

speaking with limited or no English language skills. Activities include daily activities at the drop-in center, weekly individual socialization, bi-weekly group support and team building activities.

Aurora also manages a Volunteer Program, providing volunteer opportunities for members. Participation in this program helps foster self-esteem, develops better community awareness, and helps develop marketable job skills. Aurora Social Rehabilitation Services provides individualized social rehabilitation one-on-one through staff visits to authorized and participating members who are homebound or who otherwise have special needs.

The Indochinese Support Services program, provided by the International Service Center (ISC), assists persons with serious mental illnesses in acquiring the skills needed to perform the necessary activities of daily living, including health maintenance and personal hygiene, consumer education and management of household finances, shopping and public transportation. The goal of overcoming the barriers of isolation and interest in developing specific social skills will support persons in establishing satisfying interpersonal relationships and community integration. Activities include friendly visiting for homebound persons and/or supportive telephone reassurance. Ethnic rehabilitative services, offered at the International Service Center (ISC), assist Vietnamese-speaking persons with serious mental illnesses, including older persons; develop appropriate social behavior and interpersonal communication skills to enhance daily living. Persons are supported in a learning environment intended to address different cultural experiences and minimize the adjustment to change. Services and activities reinforce an individual's primary culture while exposing the person to community events, resident benefits and opportunities for English and civic/social integration.

Targeted Case Management:

Intensive Case Management

The CMU (Case Management Unit) and Keystone Service System are the two intensive case management (ICM) providers in Dauphin County. The two agencies provide services to adults and older adults with serious mental illnesses and co-occurring disorders as well as other eligible persons according to State regulations. ICM services include a comprehensive needs assessment with 24-hour, seven days a week, on-call accessibility. Face-to-face contact with the case manager is individualized and occurs every other week or more frequently based upon the needs of the individual. ICM services assist persons in accessing needed resources, including medical, social, educational and other services. Service activities include assessment and service planning, informal support network building, use of community resources, linking with services, monitoring of service delivery, outreach, and problem resolution. Three ICMs work as Forensic ICMs coordinating service delivery with adults, families, law enforcement, and the criminal justice system. ICMs Intensive Case Managers have a caseload of no more than 30 individuals.

Blended Case Management

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

management needs of persons with serious mental illnesses and co-occurring substance abuse disorders. BCM includes a comprehensive needs assessment with 24-hour, seven days a week on-call accessibility. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family. Face-to-face contact between individuals and case managers are individualized but occur at a minimum of every other week. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services. The Blended case manager assists individuals regardless of whether their needs decrease or increase. Intensive case management and Blended case management are funded by the county and CBHNP. The county anticipates services for about 560 persons in either ICM or BCM during 2012-2013 and in FY 13-14.

Resource Coordination

Resources Coordination services at the CMU include a comprehensive needs assessment, service plan development and monitoring, coordination and authorization of services, and monitoring of ongoing service provision. Resource Coordinators also provide support services to individuals and their family and may offer limited adaptive skill training. Face-to-face contact between the person and the case manager should be individualized and at a minimum occur every other month for adults as a service requirement. Resource Coordination is funded by the County and CBHNP. Persons receiving Resource Coordination through County managed funds are projected at 520 this fiscal year.

Among adults and children last fiscal year, CBHNP funded some type of Intensive, Blended or Resource Coordination or targeted case management services for 2,300 persons (unduplicated) residing in Dauphin County with Medicaid funds.

Transitional and Community Integration Services: Dauphin County is not currently using this new cost center although many of the activities described in the definition are carried out at administrative, management and direct service levels within Dauphin County and in collaboration with other systems, including the Courts.

Collaboration: The Dauphin County mental health system for children their families and adults collaborates on a daily basis at administrative, management and direct service levels with multiple systems and agencies. We collaborate in all children's and adult services, first and foremost, with the persons using mental health services. They are our primary partner in a voluntary system. Our emphasis on resiliency and recovery has significantly improved our collaboration with individuals and their supports. Relationships with systems, providers and agencies are frequently informal and broadly inclusive with County departments and services, aging, Courts, law enforcement, healthcare, children & youth, drugs & alcohol, school districts, employers, landlords, State offices, welfare organizations, community funding institutions, private and public insurances, local and federal governments, community social service agencies, churches, recreation programs, higher education and public transportation.

Collaboration improves efforts to better service residents and contributes to efficiencies and improvements in management of the mental health system. Collaboration has also proven to

better identify needs and direct specific treatment or interventions in the mental health system. FY 2012-2013 we built upon efforts to improve services for adults with an intellectual disability and a co-occurring mental illness. The intellectual disabilities (ID) program and mental health program collaboration was evident between County staff and among provider organizations. Competitive employment is a shared priority and both systems need supports at an individualized level to change person-level outcomes.

Recovery and Resilience Transformation

Priorities for Transformation to a Recovery and Resilience-Oriented System

The system transformation priorities represent a description and timeline for moving toward and sustaining a system of care to support the priority populations in the mental health service system. This work is the product of Dauphin County's Annual Mental Health Plan FY 2013-2017 process and subsequent meeting with a planning group called the MH Collaboration Team. Those involved in this effort are: the County administration; CBHNP, the behavioral health managed care organization; CABHC, the Cap 5 county oversight agency; provider network; persons in services with serious mental illnesses and/or co-occurring disorders, advocates, families and other child and adult service systems.

- 1. Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.**
- 2. Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.**
- 3. Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services.**
- 4. Creation of housing supports and sustaining recovery-oriented services will transform system.**
- 5. Expansion of network beyond the traditional MH system will improve community integration and promote independence.**

Priority #1: Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.

Dauphin County has the responsibility to provide leadership with the BH-MCO, HealthChoices oversight administrative agency, and with the provider network by directing and facilitating the attainment and use of evidence-based programming and promising practices with the assistance and support of persons in recovery and their families/support system. This is necessary to provide a more recovery and resiliency-oriented context for the provision of services. Areas to be addressed under this priority include but are not limited to: Wellness activities integrating physical health and behavioral health; improving access to health resources; development of a consumer-run Warmline; increasing the number of individuals trained to assist persons in services with completing a Wellness Recovery Action Plan (WRAP); increasing the number of persons in services with a WRAP; increasing provider knowledge of how to work with persons

with a completed WRAP; continuing to evaluate the effectiveness of certified peer support services; expanding availability of CPS; improving access to CPS training; learning about CPS models for non-adults; continuing with co-occurring training of mental health providers; and continuing and funding a supported employment/competitive employment initiative. Dauphin County acknowledges that not all evidence-based programming can be implemented without funding resources and not all may be implemented in Dauphin County.

FY2012-13 Accomplishments

- Keystone Service Systems hosted three WRAP Groups and had in attendance 18 persons. WRAP education occurred in a Wellness Festival hosted by Keystone and 19 persons were in attendance and a program *Maximizing Wellness* had 6 persons participate.
- Aurora Social Rehabilitation's imbedded Peer specialist completed the WRAP Facilitator training. An 8-week WRAP Group was conducted.
- Philhaven hosted a WRAP Group and three (3) individuals completed the program. Two (2) Dauphin County staff will complete an Advanced WRAP Facilitator training. In June 2013.
- Pennsylvania Psychiatric Institute (PPI) sponsored a *Personal Medicine* program with an awareness group for 30 staff to be used on inpatient and outpatient programs. *Shared Decision-Making*, a component of Personal Medicine was conducted with adolescents on the inpatient unit.
- YWCA Supported Employment Program hosted WRAP classes in May.
- Illness Management Recovery (IMR) hosted by Keystone had nine (9) participants. And NAMI's IMR program had five (5) attendees.
- NAMI –Dauphin County conducted a Family-to-Family Program for fifteen (15) persons and has trained several volunteers to conduct a Peer-to-Peer program.
- Gaudenzia completed an IMR program with five (5) participants in the fall 2012.
- A community awareness session on Mental Health First Aid was hosted by PPI and 30 persons attended.
- The Mental Health Association of the Capital Region conducted a MH First Aid training with 30 attendees and staff from Elwyn, Paxton Street Ministries, and CMU participated.
- Gaudenzia had eleven (11) residents attend a CPR and Basic First Aid class.
- Youth Advocate Programs provided respite for 12 adults in Dauphin County. The peer respite program was not implemented in 12-13.

FY2013-14 Plans

- NAMI Dauphin County will host a Peer-to-Peer program.
- Mental Health Association of the Capital Region will continue to offer MH First Aid for Adults to first responders.
- HOPE Connections Support Group will begin at NHS Human Services in collaboration with NAMI.
- PPI will implement an imbedded CPS on an adult inpatient unit start-up funded through reinvestment.
- CMU will be training a group in Mental Health First Aid for Youth.

- PPI will work with industry, businesses and other employers to promote appropriate use of Mental Health First Aid curriculum as well as a refresher for persons working in the MH field.
- Children's MH providers are interested in grief and bereavement needs of children and youth and will be looking at promising practices.

Priority #2: Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.

All individuals possess a degree of resiliency, and all individuals have the capacity for recovery. The mental health system needs to develop and further our flexibility and creativity to promote resiliency in all individuals with serious mental illnesses and support their unique recovery plan. Staff, consumers, and family support for training on recovery and resiliency increases knowledge and skills for greater participation in their own lives, in career development, and in assisting the system in development and evaluating treatment and supports. Dauphin County acknowledges that not all training can be implemented without funding resources and not all may be implemented in Dauphin County.

FY2012-13 Accomplishments

- Dauphin County's Wellness Initiative featured CMU presentation on *Eating on a Budget* with 50 attendees.
- Dauphin County MH/ID Program joined the Tobacco Coalition.
- Keystone's *Solutions for Wellness* assists persons using MH services to be more self-directed in their recovery.
- *Forte*, the wellness initiative newsletter, was consistently published by the MH/ID Program.
- Using unusual incident reports and strategies to prevent incidents, pedestrian accidents were substantially decreased following an awareness effort among service providers.
- Aurora Social Rehabilitation hosted a Wellness Week in September 2012 and engaged 15-30 person in several wellness-oriented activities such as walks, a picnic, speakers and other daily events. Student nurses from Harrisburg Area Community College also conduct bi-weekly health education and exercise classes.
- Videotaped recovery and resilience stories were completed for about 15 persons and everyone also received an individual or family photo in 2012. A poster campaign on the value of community-based mental health system is pending.
- Resilience Training was done for Adult MH providers on two occasions by County MH staff during FY12-13.
- Dauphin County persons in service provided input for CBHNP's adult "Wellness Toolkit" completed during the year.
- The JEREMY Project worked with Salvation Army's Bridging the Gap program to address wellness, underage drinking, binge drinking and sexually transmitted diseases.
- Pennsylvania Psychiatric Institute (PPI) introduced smoking cessation classes to their programming.
- Paxton Street Ministries began using a remodeled area for team activities and weekly health classes.

FY2013-14 Plans

- New Story, a children's BHRS provider, will conduct a Child Safety presentation for agencies and families in August 2013.
- Tobacco Coalition will focus on issues of persons with serious mental illness and persons age 55 and older during FY 13-14.
- Community Services Group (CSG) will conduct in-service education for staff on child development, strengthening family strategies and comprehensive wellness.
- Dauphin County CSP will hold their Annual Conference in June 2013.
- The monthly Recovery Calendar will continue during 13-14; a joint effort of the Keystone Leadership Council and CSP Committee.
- CBHNP intends to look at curriculum for person in service and their provider network on medication issues and side effects and develop a Youth "Wellness Toolkit".
- A review of the County formulary was recommended; the last review occurred in 2011.

Priority #3: Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services.

Dauphin County has developed and improved opportunities for persons in services to serve in advisory and evaluation roles. The Dauphin County CSP Committee has also prioritized this need among persons in recovery. Comparable activities and resources need to be developed among teens in transition and for families in the children's mental health system. These steps in the right direction could be intensified and expanded to other parts of the mental health system. Existing funds are used for service agreements with our provider network. Providers may see a new role in helping consumers develop consumer-run services as a needed step in our system's transformation. Sharing resources and developing new ones that are consumer operated is an area of growth the mental health system can support through shared funding. The JEREMY Project could be a group in which leadership roles are developed as a path to independence. Dauphin County acknowledges that not all leadership development can be implemented without funding resources and not all may be implemented in Dauphin County.

FY2012-2013 Accomplishments

- Dauphin County Community Support Program (CSP) Committee hosted annual Leadership workshop.
- Keystone's Leadership Council sponsored Leadership activities for any persons using keystone services; many leadership Council activities are open to any Dauphin County person in services.
- Aurora Social Rehabilitation supports monthly individual member involvement in CSP Leadership (6), CSP Meetings (10), and quarterly CBHNP stakeholder groups (5). Aurora also has two (2) participants serving on the Board.
- Five (5) stipend volunteers were trained and conducted the Transition-age Satisfaction survey project; 2 youth and 3 adults.

- Community Services Group conducts a satisfaction survey among persons in service twice per year. Keystone and the CMU survey persons in programming annually. The JEREMY project conducts a twice annual satisfaction survey.
- Aurora uses the Recovery Self-Assessment survey to gauge satisfaction with their services.
- Consumer Satisfaction Services, Inc. conducts quarterly service area surveys with consumer surveyors.
- The following agencies have persons in services on their advisory/management boards: Dauphin County MH/ID Program, NAMI, Keystone, NHS Human Services, and Aurora. There are also persons in service/families on the MH/ID Advisory Board committees.

FY2013-14 Plans

- Use opportunities for Certified Peer Specialist trainings
- Increase youth and family involvement with Children's MH Committee of MH/ID Advisory Board Committee.
- Improve family engagement for children in RTF and out-of-home treatment.
- Increase number of persons serving on Advisory/Management Boards.
- Increase the number of peer-run groups beyond HOPE Connections and an incest survivors group.
- Implement a satisfaction survey for person 60+ using MH services using stipend volunteers organized by the County MH Program.
- NAMI Dauphin County hopes to increase their involvement with families of persons with a serious mental illness at Dauphin County Prison.

Priority #4: Creation of housing supports and sustaining recovery-oriented services such as competitive employment resources will transform system.

The voices of persons with serious mental illnesses and their families should be heard, and their expressed needs should continue to drive decisions in our system. Working in partnerships will yield improvements at a person and system level. Reinvestment plans pending and future planning will address system needs to improve individual and family outcomes. Dauphin County acknowledges that not all housing and competitive employment resources can be implemented without funding and not all may be implemented in Dauphin County.

FY2012-2013 Accomplishments

- Three (3) reinvestment proposals are under review in Housing: assistance for Paxton's second Lodge program; contingency funds for jail diversion, MH Court and re-entry participants; and a bridge rental housing subsidy program.
- Keystone has everyone in their services identify an employment goal.
- CMU has implemented a SOAR program to assist homeless person with obtaining eligible federal benefits under SSI/SSDI.
- Local Housing Options Team (LHOT) is hosting an information event with private landlords and the updated Landlord-Tenant Protocol will be reviewed.
- Paxton Ministries opened their second Community Lodge for three (3) persons.

- Residential providers, led by Elwyn, are discussing the need for a roommate service to assist with shared-expenses in independent housing opportunities.
- Dauphin County MH system has regular communication/collaboration with the Harrisburg City Housing Authority.
- CACH (Capital Area Coalition on Homelessness) became the Local lead Agency (LLA) for HUD issues on 811s and Low Income Tax Credit applications.
- Goodwill and YWCA have continued their Supported Employment programs and participate in the Transformation Committee on Employment.
- An employment guide for those in mental health recovery is near completion and printing.

FY2013-14 Plans

- Philhaven's Peer Specialist program will be invited to join the LHOT.
- Dauphin County and all stakeholders will implement approved Housing reinvestment services.
- Dauphin County MH/ID Program will meet with YWCA Supported Employment program to work on sustainability of the federally funded program in 2014.
- Dauphin County MH/ID Program has discontinued use of CPARC's facility-based vocational programming.

Priority #5: Expansion of network beyond the traditional MH system will improve community integration and promote independence.

Many services and supports exist through other community-based networks. Outreach to other service networks will expand the resources for individuals and families with serious mental illnesses or serious emotional disturbances and/or co-occurring disorders. These same networks may offer new methods of providing supports and new financial opportunities for the traditional mental health provider network.

FY2012-13 Accomplishments

- County/CMU hosted Transportation Committee will complete a Train-the-Trainer event on Mobility Training for all contracted agencies and any persons in service. We would like to encourage peer-run mobility group training.
- Respite services such as, *Parent's Day Off*; have continued to provide creative respite options for families.
- Scholarship to children in community camps meet the needs of some children who need summer structure without the need for a therapeutic summer activity.
- Persons in services were guest presenters in a college human development class.
- The Mental Health Association of the Capital Region's "It's Okay to Get Help" public service campaign yielded agency sponsorships and reach an estimated 92,000 Comcast customers.
- Networking in Northern Dauphin County continues between school districts and human services agencies, including meetings among Northern dauphin County-based MH providers.

- Mental health agencies participated in the annual Project Homeless Connect and Veterans Stand Down.
- Keystone's *Pathways to Wellness* initiative involved outreach to various groups not typically associated with mental health system.

FY2013-14 Plans

- Plans are to continue to improve the CSP Committee website.
- Keystone plans to conduct individual wellness surveys for better service planning with all persons in services.
- Keystone will use videoconferencing to improve participation in interagency team meetings and service planning among persons in treatment outside of Dauphin County.
- CMU plans to direct staff training toward increased use of community-based (non-mental health) services as a part of wellness and recovery.

C. Mental Health Initiatives and Outcomes

Initiatives that define our responsibilities during the fiscal year include overarching and mission-driven areas:

- Engage contracted providers and other human service systems to **use mental health resources in a fiscally responsible and person-centered ways.**
- Annually **conduct a survey** of persons using mental health services.
- **Provide technical assistance and expertise** to the Behavioral Health Managed Care Organization, Community Behavioral Healthcare Network of Pennsylvania (CBHNP), and oversight agency, Capital Area Behavioral Health Collaborative (CABHC) in quality, fiscal and clinical management areas.

Other initiatives for adults include:

- Reduce Length of stay in adult **residential services** and improve discharges related to recovery. A recovery-oriented discharge from residential services indicates the person met service goals and/or transitioned to a more independent living arrangement such as their own apartment, family home, or less intensive type of residential service.
- **Divert adults from long-term inpatient care** at Danville State Hospital fully using available capacity in residential services, the Assertive Community Treatment team, and the Extended Acute Care program.
- Monitor and investigate **unusual incidents and complaints** including deaths and explore system changes to improve quality of care and wellness.
- **Engage persons using mental health services** in planning and evaluation activities as system moves forward as a recovery-oriented system.

And for children and their families include:

- **Reduce the use of Residential Treatment services** for children, teens and families due to the lack of effectiveness and not being community-based.
- **Implement changes to the role of County staff** in relationship to cross-system interagency teams and Children’s Mental Health Case Management.
- **Support the design and implementation of evidenced based and promising practices** in the children’s mental health system by increasing clinical skills in the least restrictive, most cost effective settings.

Data/Indicator: Use of Funds in a fiscally responsible and person-centered manner:

Funds directly managed by Dauphin County mental health include state allocated, federal non-Medicaid and county matching funds. The data suggests that despite the increased costs in delivering services to Dauphin County residents over the years, we have managed with less funds and higher demand to provide the essential safety net of mental health treatment and supports to thousands of residents dealing daily with a serious mental illness or co-occurring disorder. Access to other funding such as Medicaid/CBHNP and Medicare impacts how our funds are used by residents registered in the system.

**Table A - Service Type by Numbers of Registered Persons in
FY 2009-2010, 2010-2011 and 2011-2012**

Service Type	2009-10	2010-11	2011-12
Administrative Management	3389	3500	3304
Resource Coordination	475	477	528
Intensive Case Management	595	575	563
Outpatient	993	970	800
Inpatient	6	7	5
Partial Hospitalization	70	74	67
Community Residential	403	436	413
Community Employment & Employment-Related Services	28	22	12
Facility-Based Vocational Rehabilitation	36	35	27
Social Rehabilitation	504	483	480
Family Support	9	8	8
Family-Based Mental Health Services	0	0	0
Crisis Intervention	2344	2394	2457
Emergency Services	1005	1026	1052

Table B - Mental Health Expenditures by Cost Center for Fiscal Year 2009-2010, 2010-2011, 2011-2012

MH Cost Center	Cost 2009-10	Cost 2010-11	Cost 2011-2012
Administrators Office	973,934	1,066,332	968,232
Community Services	1,305,314	1,165,016	570,026
Resource Coordination	291,437	250,136	353,002
Outpatient	919,555	917,731	887,213
Inpatient	65,231	59,819	102,050
Partial Hospitalization	241,948	326,107	261,596
Emergency Services	636,041	606,889	652,812
Crisis Intervention	1,047,713	1,110,364	1,172,868
Facility Based Voc. Rehab.	147,367	144,053	107,560
Community Residential	11,079,973	10,905,683	11,027,011
Social Rehab.	2,711,129	2,648,615	2,457,118
Family Support Services	39,948	54,268	52,430
Intensive Case Mngmt	658,995	566,579	574,412
Family Based Services	0	0	0
Administrative Mngmt	1,441,350	1,512,381	1,590,775
Community Employment	99,667	65,840	40,954
COUNTY MENTAL HEALTH TOTAL	21,659,602	21,399,813	\$20,818,059

The Pharmacy Treatment Review Committee is a regulatory requirement which has an approved medications formulary for persons without a prescription plan or medication insurance. The County MH program contracts with a pharmaceutical benefits management (PBM) company to provide low costs psychotropic medications to registered persons without other insurance. The prescription plan serves approximately 200-300 individuals per year. Formulary exceptions are part of the plan features and those are approved and monitored by County MH staff. A total of 146 formulary exceptions were approved. The prescription plan runs at a 96% use of generic medications which helps manage costs.

Medical assistance managed care is organized under a State program called HealthChoices. Behavioral Health services in five (5) counties are collectively managed through Capital Area Behavioral Health Collaborative and contracted with CBHNP, a behavioral health managed care program owned by AmeriHealth Mercy. Over 8,500 Dauphin County residents received mental health services through CBHNP in FY 2011-2012. Table 11 shows the type of service, number of persons served and expenditures.

Table C- Dauphin County HealthChoices FY 11-12 Mental Health Services by Number of Persons and Costs

Type of Mental Health Service	Persons Served	Dollars
Inpatient psychiatric, includes Extended Acute Care	926	\$ 10,875,476
Partial Hospitalization	411	1,472,643
Outpatient	6,483	5,308,339
Behavioral Health Rehabilitation Services (BHRS)	2,038	16,433,705
Residential Treatment	84	4,496,213
Laboratory – Diagnostic services	117	9,653
Clozapine/Clozapine Support	2	276
Crisis Intervention	1,057	420,415
Family Based MH Services	296	3,645,362
Targeted MH Case Management	2,309	4,724,851
Peer Support Services	121	282,710
Other MH , includes Assertive Community Treatment, CRR Host Home	1,118	1,604,842
MANAGED CARE MH TOTAL:	8,511	\$49,037,725

Services such as BHRS, Family Based MH Services and Residential Treatment are exclusively for children, teens and young adults up to 21 years of age. Clozapine and Peer support Services are exclusively for adults and all other types of services include both children and adults. The role of the County MH program with CBHNP is described in a following section.

Data/indicator: Persons served in State Hospital and Persons diverted:

Dauphin County has a fixed bed cap of 35 beds times 365 days per bed, or 12,775 bed days per year in the state hospital system since the closure of Harrisburg State Hospital in 2007. On a day by day basis, Dauphin MH/ID has operated at or below our bed cap at Danville State Hospital during most of the past four years because of the effectiveness of our community-based MH services and especially our residential system developed during the closure of the Harrisburg State Hospital along with previous efforts since 1992 to reduce the overall use of Sate hospitals for Dauphin County resident while developing and refining a community-based system of services. Admissions to state hospitals are only possible when a County effectively manages bed use and is also discharging individuals from the state hospital on a regular and consistent basis to quality service and supports that are effective in supporting the people discharged.

During FY 12-13 when programs were being eliminated, reduced or converted to less intensive programs, Dauphin County’s Danville State Hospital census was over the bed capacity and we had a period of four (4) months with no discharges. Since December 2012, the waiting list for Danville has decreased and discharges have resumed at a rate of 1-3 per month. However, Danville reports the waiting list for all Counties in the region is twice as large as in previous years and the length of stay for persons waiting in acute inpatient settings has increased.

Table D – DSH data FYS 08-09 through 9 Months 12-13

Fiscal Year	Census 7/1 of FY	Admissions	Discharges	Census 6/30 of FY
08/09	33	19	13	39
09/10	39	11	14	35
10/11	35	14	25	24
11/12	24	21	8	37
12/13	37	9	11	35 as of 3/31/13

All referrals for State hospital care are reviewed and monitored by County Mental Health staff. The disposition of the referrals is determined in close coordination with the referring psychiatric inpatient program, the individual’s interagency team and contracted agencies to best meet the person’s needs and fully use existing resources. County funding for Extended Acute Care is limited and CBHNP is the primary funding source. System changes alter the use of resources. The longer the waiting period to use Danville State Hospital or the Extended Acute Care, the longer the period of time in acute care setting designed for stays of 10-14 days; not months. Diversion works best when there is a consistent flow of persons being admitted and discharged at both more intensive as well as less intensive types of care.

Table E - Referrals to Danville State Hospital and/or Extended Acute Care and Diversions

Type of Service	2011-12	2012-2013 YTD
DSH Referrals	73	50
DSH Admissions	21	9
Diversions:		
Extended Acute	29	26
ACT	7	3
CRR*	6	2
LTSR*	0	1
PCH/SCR	1	0
Outpatient/Partial	6	4
Non-MH Disposition**	3	5

*Increase in CRR capacity; decrease in LTSR capacity 12-13

**Medical, legal, drug& alcohol, intellectual disabilities

Data/Indicator: Acute Inpatient Readmissions

Psychiatric Inpatient Care Recidivism (30 day readmission) refers to inpatient admissions that occur within 30 days of discharge from a previous Inpatient Treatment or Extended Acute Care stay. An excessive amount of readmissions in a county population may be an indication of quality of care issues. The PA Department of Public Welfare Office of Mental Health and Substance Abuse Services (OMHSAS) has set an expectation that a given counties readmission percentage would not exceed 10% of all discharges in a given year (although the 2010 state wide average was 10.3). There is special concern for counties that exceed 15%.

The Bridge Referral Program is a collaboration of Pennsylvania Psychiatric Institute (PPI); the Case Management Unit (CMU); and Dauphin County Crisis Intervention Program (CI) designed to enhance the continuity of care for residents of Dauphin County being discharged from Psychiatric In-Patient care. Individuals are offered follow-up contacts with CMU, CI or both. This is a review for those discharged during 2012 (calendar year) based on tracking summary data from each provider. Out of all of the discharges referred (n = 299) just over eighty-nine percent (89.3%) or 267 people accepted a Bridge Referral. Bridge intervention by Crisis and/or case management resulted in 119 new registrations to the Case Management Unit and 34 persons in Bridge were already enrolled. Current BSU enrollment would have results in a reassessment of case management and service needs. 252 individuals (91.6%) had only the one inpatient admission/discharge during the calendar year. Among persons with a Bridge referral 31 people went to the ER during the calendar year after the initial admission, 9 were not readmitted for inpatient psychiatric care and 23 were readmitted. Readmissions are counted when the person is readmitted within 30 days of their inpatient discharge. Readmissions may occur from an emergency room visit or directly from a provider referral. The rate of readmission among person in the Bridge referral program is about 10%.

CBHNP Inpatient Readmissions

During calendar year 2011, Dauphin County had 1164 discharges and 211 readmissions for a percentage of 18.1%. Based on this information, a review of the admission population was conducted in order to develop a root cause analysis. A report on select indicators was undertaken by the County MH program from a sample of the population of individuals (n = 116) with a readmission during 2011. To achieve the 15% benchmark Dauphin County would need to have 37 less readmissions.

Based on percentages it appears that most readmissions (64.0%) occurred within 15 or less days after IP discharge, people had been in the IP facility for more than 6 days of treatment (71.1%); were older than 21 years of age (74.4%); had a schizophrenia or mood disorder diagnosis (76.3%); and had TCM (52.6%) within 15 days of admission and within 15 days after discharge (61.2%). A majority of readmissions (85.3%) for adults known to case management with three or more readmissions were by individuals who had a substance abuse, personality disorder, or both, diagnosis on either Axis I or Axis II. For those with 1-2 readmissions, the majority of readmissions for those aged 26-44 (78.2%) had also had one or both, for those aged 45-54 (50%) had one or both, and for those aged 55+ a minority (41.7%) had one or both. When combining the 3 or more and the three adult age groups, a majority of the individuals (67.2%) had either a personality disorder, or substance abuse disorder, or both and they accounted for 73.5% of the readmissions within 30 days.

Based on a mean individual readmission rate greater than 1.5, the following demographic subgroups of the Dauphin 2011 Readmission Population known to case management: Ages 45-54; Ages 13-17; the ID/MH Dual Diagnosis Group; Ages 55+; and Ages 26-44 were reviewed to determine root cause factors for inpatient recidivism. In addition, select hospitals with more than 10 readmissions were also part of the review. Working with the County MH Program is

CBHNP, CABHC, Select providers of case management, inpatient and outpatient programs. Activities well underway and not finalized but include:

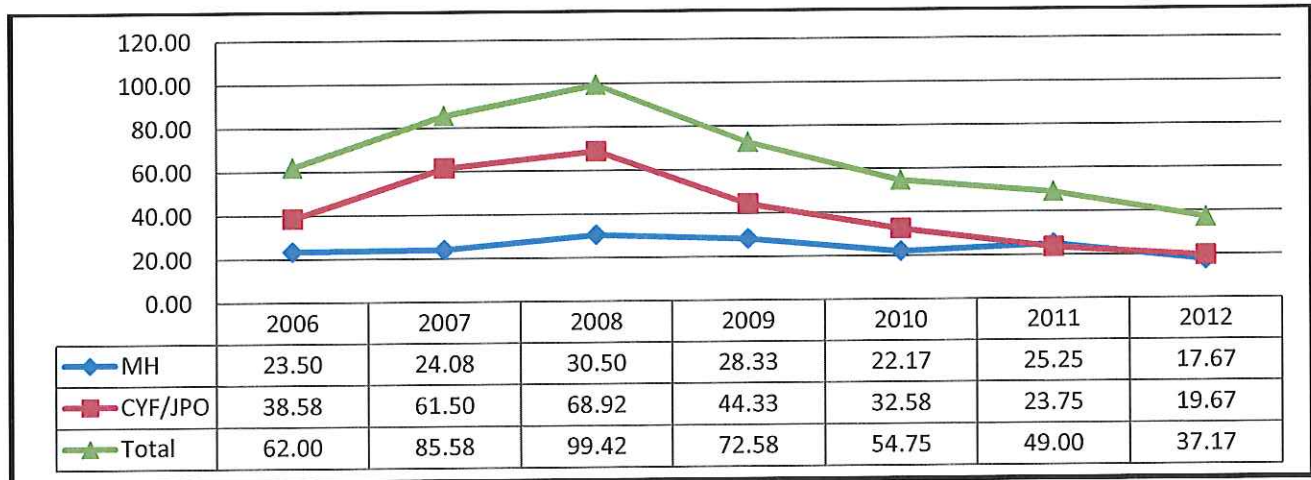
1. Dauphin County Mental Health review readmission related data and provide to CBHNP as much information as possible about readmitted individuals who were never members of the Dauphin County Base Service Unit population prior to readmission for the purpose of developing a root cause analysis.
2. Dauphin County Mental Health gather descriptive information for the groups identified above to look for indicators for readmission including types of county and CBHNP funded services prior and after inpatient service dates.
3. Dauphin County Mental Health and case management provider agencies conduct focus group reviews of individuals in sub-groups within the readmission population who contributed a higher than average number of readmissions including: Ages 45-54; Ages 13-17; the ID/Dual Diagnosis Group; Ages 55+; and Ages 26-44 who remain open.
4. Dauphin County Mental Health will provide information to CBHNP about the Not Registered group to review root cause.
5. Dauphin County Mental Health and Case Management providers will review Hospital Readmission Data to determine root cause. Root cause analysis conducted and outputs include modified "grand rounds" to examine factors such as medications, discharge processes and interagency communication.

Data/indicator: Children in Residential Treatment

Dauphin County experienced an unprecedented increase of residential treatment following the Integrated Children's Services Initiative, also referred to as Medical Assistance Realignment of Fiscal Year 2005-2006. By Fiscal Year 2008-2009, the Commonwealth proposed reducing the number of residential beds (including RTFs) by 50 percent over three years. In December 2008, Dauphin County adopted an RTF reduction by 50 percent with a target date of two years. This was an opportunity for the County mental health system to develop a comprehensive plan in collaboration with CBHNP. The plan is focused on reducing RTF census as well as reducing the length of stay, improving family engagement, improving team coordination and collaboration, and examining the intensity and effectiveness of in-home mental health services. The Dauphin County MH Program has two full-time Children's Program Specialists working in a collaborative manner with all stakeholders, particularly Juvenile Probation, Children & Youth, and Intellectual Disabilities systems.

Dauphin County's census has been maintained at approximately 40 children and teens. During some months in FY 2011-2012 it was actually less than 40. Efforts continue around reducing length of stay and family engagement. Access to all behavioral health services for children, teens and transition-age youth with a serious mental illness and dependency or delinquency issues is demonstrated by increased costs in all levels of care which are community-based and family-focused.

Table F- RTF Monthly Mean CY from 2006 through 2nd Quarter of 2012



This current year and next year we continue to improve family engagement and reducing length of stays in RTFs as well as focus on children and families that have multiple RTF treatment stays. It is anticipated the mental health system in Dauphin County will also continue its leadership among other child-serving systems, including the Courts, and agencies and its collaborative partnership with Medicaid managed care components of the system.

Data/indicator: Adult Residential Type of Discharges and Length of Stay

All adult residential services are considered transitional housing, and the goal of the service is to increase psychiatric stabilization and daily living skills toward independent community living. A Long-Term Structured Residence (LTSR) is a highly structured therapeutic treatment program for adults. Community Residential Rehabilitation (CRR) refers to transitional residential programming in the community in one setting or in scattered apartments. A Personal Care Home (PCH or Specialized Care Residence (SCR) provides 24/7 services and daily assistance with activities including basic care and supervision. The number of person being discharge from all types of residential care is consistent with the capacity in three types of residential services LTSR, CRR and PCH. The length of stay information suggests that persons can achieve their goals in a reasonable period of years, and recovery is individualized and not dependent upon the number of years in service.

Table G - Length of Stay in Years by Type of Residential Discharge FY 11-12

Type of Residential Service & Capacity	Number of Persons Discharged	Mean Length of Stay (LOS)	Minimum LOS	Maximum LOS
LTSR (23)	8	5.2	.7	10.1
CRR (66)	69	1.6	.01	12.8
PCH/SCR (74)	27	4.2	.1	20.3
Total	104	2.5	.01	20.3

Note: .01 refers to LOS of 1 or 2 days at that level of care.

There were a total of 348 person served in residential services, excluding crisis residential services, during the 11-12 fiscal year. Among those persons, 104 were discharged. The following table reflects the number/percentage of discharges by types of discharge and the length of stay among persons discharged.

Table H- Persons/Percent of Discharges by Type FY 11-12

Type	#	%	Examples
Recovery	53	50.9	Independent housing, appropriate use of treatment/support resources
Higher Level of Care - Psychiatric	14	13.5	Referred to acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher Level of Care – Medical	11	10.6	Referred to inpatient medical care and/or skilled nursing care
Incarceration/Arrest	11	10.6	Arrested and/or sentenced in pending court matter to incarceration
AWOL	8	7.7	Left with notice or plan
Rule Violation	3	2.9	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	3	2.9	Choice
Deceased	1	.9	
Total	104	100.0	

The information reflects that the majority of discharges from residential services are positive and recovery-oriented as individuals make choices and experience gains in their daily living and use of mental health treatment and supports. The FY 12-13 data will be analyzed in preparation for the end of year annual report.

Data/Indicator: Forensic –Mental Health

SAMHSA (Substance Abuse and Mental Health Services Administration) originally funded a planning grant in 2006. A Jail Diversion Strategic Plan was approved by SAMHSA in 2007, and jail diversion activities were implemented in June 2007. Basics about jail diversion in Dauphin County include:

- Diversion is defined as avoiding or radically reducing jail time by using community-based treatment as an alternative.
- Dauphin County focuses on Post-Booking strategies and Pre-Sentencing diversion for non-violent offenders. Diversion occurs at key “intercepts” in the legal system.

- Jail diversion is a “process change” in how we assist the consumer and community agencies in engaging the legal system and changing consumer outcomes in the criminal justice system and enhancing community tenure.

The Jail Diversion (JD) Program does not eliminate criminal charges and has no effect on persons serving a sentence in Dauphin County Prison or a State Correctional Institution. The Jail Diversion Program has no specific services attached to it.

Funding for the SAMHSA Jail Diversion Program ended in February 2010. The Jail Diversion Program continues in collaboration with Pretrial Services, MH providers, criminal justice, and law enforcements partners. The MH Jail Diversion Program data is as follows:

Person Level Data	#	Timeliness Data	Days
# of referrals	569	# of days referral to screen	3.1
# of assessments	405	# of days referral to assessment	4.7
# of Court decisions	207	# of days eligible to Court decision	13.6
# individuals enrolled	159	# of days Referral to enrollment	26

The number of Jail days of enrollees: 7,983 or an average of 50 days

The number of Jail days saved due to diversion: 39,600 or an average of 249 days.

A three-part training for mental health professionals and for police officers began in 2008 through February 2011. The police trainings were on mental health issues based on the Critical Incident Team Model. Sixty-four (64) police officers completed Part I, 24 officers completed Part II, 19 officers completed Part III, and three officers completed Part IV. Mental health professionals received training on the criminal justice system.

A Forensic Intensive Case Management (FICM) Unit was implemented at the CMU in May 2009. Currently, there are three FICM case manager positions. These case managers carry a smaller caseload (17-22 individuals) and have more frequent contact with the individuals.

Mental Health Court: The Dauphin County MH/ID Program was awarded the 30-month Bureau of Justice Assistance grant in the amount of \$250,000 on October 1, 2009. The grant was for development of an MH Court and Re-entry Program and enhancement of the MH Jail Diversion Program. After six months of planning, the MH Court and Re-entry Program began on June 11, 2010.

MH Court requires the defendant to plead guilty. It leads to either the charges being withdrawn or dismissed with no further penalty or to a straight plea with probation. Enforcement hearings are held weekly for 8-12 weeks, then every other week for 16-22 weeks and monthly for 16-22 weeks. Probation will be terminated on completion and graduation from the MH Court Program.

Individuals in the program receive either a FICM or the Assertive Community Treatment (ACT) Team. If sentenced to probation, a Probation Officer will be assigned. If on Pretrial, individuals receive the MH Specific Bail Supervisor.

Re-entry Program: The Re-entry Program is used when an individual is sentenced to a period of county incarceration. A FICM is assigned two to three months prior to the earliest date of re-entry into the community to assist with a home plan and refer individuals for needed MH or co-occurring treatment/support services. Individuals continue to have a FICM until no longer required. In Fiscal Year 2010-2011, police and mental health professional training continued. Training for prison personnel was completed in May-June 2011.

From June 2010 to 5/28/2013 data for the Bureau of Justice Assistance grant is as follows:

MH Court

Total enrolled	119	
Currently active	39	
Graduated	30	
Closed/unsuccessful	18	
Closed/terminated	32	
Total arrest of graduates prior to entering MH Court		114
Total arrest of MH Court graduates two year prior		64
Total Number of arrest while in MH Court		0
Number graduates arrested after graduation		3
Total # arrests by MH Court graduates		4
Recidivism rate		10%
Graduation rate		37.5%
Projected Graduation rate for 7/12/2013		46%

MH Jail Diversion

Total enrolled	56
Currently active	2
Successfully completed	36 or 67%
Closed /unsuccessful	9
Closed/terminated	9

Re-entry

Total enrolled	32
Currently active	4
Successfully completed	17 or 60%
Closed/unsuccessful	9
Closed/terminated	2

Benefits of MH Forensic Collaboration and MH Court

- Achieves the goal to successfully move people with mental illness out of the criminal justice system in exchange for compliance and improved behavior management.
- ARD track allows defendants successful in the program to have charges dropped.
- Increased collaboration among partners.
- Reviews help hold defendants accountable.
- Use of rewards and sanctions are more meaningful when delivered by a Judge.
- Decreased fines and costs allow defendants with serious mental illness to better manage finances and achieve independent living.
- Defendants experience a sense of accomplishment when they progress from phases 1 and 2 and at Graduation.
- Improved clinical outcomes for defendants as MH professionals increase their collaboration with the Court.

Data/Indicator: BHRS Provider Self- Assessment

Dauphin County Children's MH Committee selected BHRS as the service area for their Service Area Self-Assessment for 2011-2012. The purpose of the Service Area Self-Assessment Survey is to provide the Children's MH Committee with an evaluation tool from which to assess the quality of a program area on an annual basis. All nine Dauphin County BHRS providers returned a completed survey. The survey tool contains 60 items that are subdivided into seven categories (see table below). Individual questions were rated as either 'in place', or 'not-in-place.' In addition, providers were asked to list their goals for each item reported as 'not in place'.

Table I – BHRS Self-Assessment Areas and Rating of In Place by Percentage

<i>Area</i>	In Place (%)
Family Engagement (16 items)	71%
Cross System Communication & Collaboration (10 items)	93%
Service Delivery (10 items)	92%
Staff Development (6 items)	91%
Quality Assurance (6 items)	98%
Cultural Competency (6 items)	85%
Administration (7 items)	100%

The Administration category had the largest percentage (100.0%) of 'in place' ratings reported by providers for specific practices, 7 items are assigned to this section. The Family Engagement category had the lowest percentage (71%) 'in place' ratings reported by providers. BHRS providers responses contain more items that are 'in place' than the Service Area Self Assessments completed in the past for other service areas. It was noted, however, that this is the first time the survey tool does not include the 'partially in place' option. Each year the survey is conducted there tends to be an increase in the number of features that are reported as 'in place'. All of the BHRS provider agencies have completed the Service Area Self-Assessment at least

once before for other service areas within their agency. It appears that features are put into place across service areas positively impacting multiple programs.

One area for continued improvement is family engagement. A few items on the survey were reported as 'not in place' for BHRS, but reported to be 'in place' for other programs within the agency. Providers should continue to think broadly when implementing any of the features listed above which all aim at improving the quality of treatment provided to children and families. Each time the Self-Assessment Survey tool has been administered over the last 5 years, items related to family engagement have consistently had the lowest 'in place' rating.

Data/Indicator: Unusual Incident Reporting/Complaints and Investigations

Mental health providers use at least two unusual incident reporting systems. There were 203 Adult Unusual Incident Reports (UIRs) reviewed and entered into the Dauphin County database in FY 2011-2012. Serious Illness was the largest category with 108 (53.2%). Our Wellness efforts are tied to the poor physical health and preventable conditions among adults with serious mental illness and co-occurring disorders.

Table J - FY 11-12 Mental Health Unusual Incident Reporting by Type of Incident, Number of Persons and Percentage

Types of Incidents	Number of Persons	%
Abuse by Staff	7	3.4
Criminal Event Involving Police	27	13.3
Death	32	15.8
Fire or Other Disaster	6	3.0
Homicide/Actor	0	0.0
Homicide/Victim	0	0.0
Impingement	0	0.0
Misuse of Funds	0	0.0
Serious Illness	108	53.2
Serious Acts of Violence	16	8.0
Unexplained Absence	6	3.0
Unsafe Residential Facilities	1	.1
Significant Property Damage	0	0.0
Outbreak of Disease	0	0.0
Total	203	100.0

There were 149 Unusual Incident Reports (UIR) entered into the State's Home and Community Services Information System (HCSIS) database by CRR and LTSR programs serving Dauphin County or by the county for individuals identified as Diverted from a State Mental Hospital (SMH) or previously in a SMH. Illness was the single largest category with 67 (45.0%)

Table K – FY 11-12 HCSIS by Type of Incident, Number of Persons and Percentage

Category	#	%
Abuse Individual to Individual	5	3.4
Abuse Staff to Individual	2	1.3
Death	4	2.7
Fire	8	5.3
Illness	67	45.0
Injury	10	6.7
Law Enforcement Activity	32	21.5
Missing Person	14	9.4
Neglect	0	0.0
Restraint Procedure	0	0.0
Significant Medication Error	0	0.0
Suicide Attempt	7	4.7
Total	149	100.0

There were 32 persons registered with MH services that died in FY2011-2012. Among the reported deaths, five (5) death investigations and fourteen (14) death reviews were completed by the MH Quality Assurance Specialist. There were also three (3) HIPPA Violations reviewed and categorized as Fax errors which warranted staff follow-up and a policy review. There were 11 complaints reviewed of which were 3 Formal and 8 Informal. The types of formal and informal complaints are listed in order of frequency by type.

Table L- FY 2011-2012 Complaints by Number of Persons, Source and Type

Complaints		
Number	Source	Type
3	Individual	MH Services and Housing
1	OMHSAS	Services Coordination
1	Individual	Partial/OP Readmission
1	Individual	Peer Support Transfer
1	Individual	Rep Payee – Not for Workshop
1	Individual	Residential – TV Remote
1	Family Member	MH Services for Mother
1	Family Friend	MH Services for son of a friend
1	Residential Provider	Guardianship Concerns for Resident

Data/Indicator: Annual Person in Service Satisfaction Survey

The purpose of the Satisfaction Project 2012 was to ask persons 16 to 24 years of age, who are involved with community-based mental health services, their satisfaction with mental health services and supports provided during the past year. The respondent population for this consumer satisfaction survey consisted of Transition Age Group (ages 16-24) participants (n = 580) served by Dauphin County Mental Health. The Dauphin County Adult Consumer Satisfaction Survey tool was expanded and modified to meet the needs of the transition age

group including modification for a visually impaired interviewer. Interviews were conducted by 2 transition age youth and 3 adult interviewers from past survey projects. All interviewers were trained using the modified survey tool. A random sample of 200 respondents was drawn from the population and of this amount 61 were able to be contacted and 37 (60.6%) agreed initially to be surveyed. Out of the 37 who consented there were 20 (54.1%) who actually completed the survey, 4 (10.8%) who subsequently refused and 13 (35.1%) who could not be contacted.

The recommendations are applicable to Dauphin County Mental Health and all stakeholders in the mental health system interested in improving services for the transition age group and include the following:

- ✓ reinforce options for individuals to change/select providers,
- ✓ educate providers that transition age persons are equal partners in the treatment process,
- ✓ review the advantages/disadvantages of treatment at every opportunity
- ✓ provide agencies with continuous training on confidentiality issues
- ✓ and make establishing trust with transition-age persons a valued skill.

The recommendations will be incorporated into provider meetings; work with the BH-MCO and on an interagency team level as well as through collaboration with cross-system and internal work groups. Beginning with FY13-14 a satisfaction survey will be undertaken with persons age 60+ using mental health services.

D. Mental Health Service System Sustainability Initiative

Statement of need: The National, State, and Dauphin County community-based mental health (MH) system is complex and fragmented (*President's New Freedom Commission on Mental Health Executive Summary*). Nationally, one in four adults, approximately 57.7 million Americans, experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder (*President's New Freedom Commission on Mental Health Executive Summary*) and about one in 10 children live with a serious mental or emotional disorder (*NIMH: The numbers count-Mental disorders in America, National Institute of Health. (www.nimh.nih.gov/publicat/numbers.cfm)*). Less than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year (*U.S Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp 408409,411*).

The Mental Health system is asked to respond cohesively to an array of individuals and their circumstances that range from technical distinctions between mental illness, serious mental illness, co-occurring disorders that include people with a MH and an ID diagnosis, and / or MH and D & A diagnoses, and multiple variations of primary and secondary diagnoses. We also have an array of services, some of which are unique to children and adolescents, some of which are unique to adults, and some that are available to both adults and to children and adolescents. We know that people diagnosed with a mental illness can expect to recover from mental illness,

and that their recovery is highly individualized. Likewise, each person's experience in how they access and receive benefits from the MH system is also highly individualized.

In addition to the person level complexity, we overlay payment complexity. People may have private insurance, no insurance, Medicaid FFS, Medicaid HealthChoices, Medicare, Medicare managed care plans, County funding, or again, an array of dual eligible funding eligibility, including, but not limited to, Medicare and Medicaid, Medicaid and County, Private and Medicaid, private and Medicare. Each funding source has its own unique set of eligibility criteria, covered services, payment requirements, fee schedules and reimbursement methodologies.

Mental Health funding and payment delivery systems are inadequate to sustain and develop robust provider networks that can support people. No public (government based) funding stream provides adequate capital to fund both the current provider network and the development of new or evidenced-based services in addition to the current system. In order to fund new services or practices, our only choice is essentially to stop funding a current service that is already overburdened and usually has a waiting list, because demand for services generally exceeds existing service capacity. Medicaid re-investment is limited in available funds, targeted uses, is highly regulated, and is confined to specific service types and eligible populations.

An overall vision for the future of the MH System must include strategies to enhance, develop, and support these essential features of an effective mental health system. Planning for the future must also include an analysis of the financial scope of supporting the necessary existing service system as well as and capital investments required to advance the objectives of new or expanded services, and methods to sustain their funding at increased capacity.

A specific target of the future MH system must include developing significantly more provider and staffing capacity. This includes education, training, and hiring more mental health professionals and persons licensed and within their scope of practice to perform medication monitoring and treatment related functions, and improved relationships and coordination with primary care physicians, specialists and physical health plans. Psychiatry is likely to evolve to providing both direct care service, as well as consultation to other prescribing practitioners to maximize the effectiveness of limited psychiatric resources.

Services must be developed with an inclusive vision of the landscape of changing healthcare delivery systems pursuant to the Affordable Care Act and must incorporate features such as accountable care organizations, health homes and behavioral homes, integrated delivery of behavioral health and physical health, and improved outcomes for treatment, such as reducing inpatient recidivism and readmissions.

A future MH system must be adapted to evolving payment methodologies such as sub-capitation, case rates, and value based versus volume based reimbursement methodologies. Future behavioral health systems will include opportunities for blended payor sources including dual eligible Medicare and Medicaid populations, as well as potential opportunities for private pay and Medicaid/Medicare fund blending.

Evidenced-based and integrated treatment methods are now, and will increasingly become prioritized for funding. Providers and their staff must be supported, including financially supported, in efforts to train and develop staff expertise to provide evidence-based treatment to achieve improved clinical outcomes and maximize the efficient use of available funding.

Consumers, family members, providers and other partners must be included in the input gathering process for the design and evaluation of a future MH system.

Short-Term Mental Health Priorities

A review of data trends in our community mental health system led us to identify two short-term priorities for the community MH system.

1) Improved and more timely access to psychiatric services including evaluation and medication monitoring at mental health outpatient clinics.

As noted in the MH Plan section, Dauphin County conducted a survey regarding appointment availability, and CBHNP, in collaboration with Counties, is also developing a survey instrument that should help us better assess the availability of appointments, wait times, and capacity to serve the volume of new referrals in a more comprehensive manner. Nonetheless, the general consensus is there is a national, statewide, and local shortage of psychiatric resources. So hiring more psychiatrists is not generally a viable plan. Options to improve access under discussion and consideration include:

- A) Utilizing the service of MTM Services, and agency selected by the National Council for Community Behavioral Health to improve access to outpatient care. MTM's final report issued May 24, 2011 is available at:
http://www.paproviders.org/Pages/PCPA_News_Archive/Access_Redesign_Report_082411.pdf

It includes a full description of their process and outcomes. OMHSAS, CABHC, and Dauphin County are exploring options to fund this approach with selected outpatient providers in Dauphin County.

- B) Piloting "open clinics" or walk-in clinics modeled after physical health "Urgent Care" centers at mental health outpatient clinics. Design issues include appropriate level of screening, prioritizing those in need of such services, and re-imbursement models that can support such an approach to services.
- C) Maximizing the use of psychiatric time as direct service versus administrative time, utilizing psychiatry for consultation and supervision of professionals such as nurse practitioners and Physician's Assistants Certified (PAC) working within the scope of their practice in outpatient settings.

- D) Increased collaboration with Federally Qualified Health Clinics and incorporating behavioral health services within their scope of practice.
- E) Collaboration and consultation with Primary Care Physicians, including the use of doctor-to-doctor video conferencing or telephone conferencing for support of PCPs prescribing psychotropic medications.

2) Real time accessible alternatives to inpatient mental health care available to Crisis Intervention and Emergency Room staff.

- A) Develop or implement a rapid access partial hospitalization program with HealthChoices re-investment funds, and develop a method for Crisis Intervention and/or ED staff to connect with partial program scheduling staff on a 24/7 basis so that next day or same day appointments can be secured while the person is still in the Emergency Room.
- B) If an open outpatient clinic can be established, per priority 1. B) above, provide necessary supports to assure that people can access the open clinic in a timely fashion.
- C) Coordinate and develop additional supportive services to maximize the use of the current Crisis beds at our two diversion facilities in Dauphin County.

V. INTELLECTUAL DISABILITY SERVICES

The Administrative Entity of the Dauphin County Mental Health/Intellectual Disabilities Program is located at 100 Chestnut Street, Harrisburg, PA 17101. This is the administrative office, from which, the county program administers services available for citizens with intellectual disabilities. These services have been designed to meet the needs of local citizens with intellectual disabilities, and to support their families and caregivers. Over the past 40 years, our community system has operated with the belief that individuals with intellectual disabilities should receive the services and supports they need in their home communities and the opportunities to enjoy the same quality of life as any other citizen. Through our commitment to Self Determination and Everyday Lives, and our expertise in Person Centered Planning for services and supports, our services have become increasingly more inclusive, effective and targeted to meet each individual's unique needs.

CMU is the Supports Coordination Organization for Dauphin County residents with intellectual disabilities. CMU is dedicated to helping people become connected and remain connected to their community. The Case Management Unit (CMU) of Dauphin County is a private, 501(3) (c) non-profit agency which was incorporated in 1990 to provide comprehensive case management services for residents of Dauphin County who need mental health, intellectual disability or early intervention services. CMU provides conflict-free case management services under contract with the Dauphin County Mental Health/Intellectual Disabilities Program.

Dauphin County has a rich array of providers. Many of our providers have been in business from the birth of our community service system. They have a rich history of knowing this community and the folks who live here. We also have a number of new providers that have brought new ideas and ways of doing business to our community. Through this network of providers and the partnership that exists among the county, CMU and the provider system, we work together to meet challenges and solve problems.

A. Community Data and Indicators

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Supported Employment	43	50
Sheltered Workshop	0	0
Adult Training Facility	6	6
Base Funded Supports Coordination	210	225
Residential (6400)	15	15
Lifesharing (6500)	1	1
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	72	72

The Dauphin County ID program proposes to utilize the goals, outcomes and targeted objectives in our draft 2013 QM plan as County level measures. Our QM plan includes the following target objectives. Data is tracked and reported on as required by ODP, and reports on the QM plan status will be monitored by the ID Committee and the MH/ID Advisory Board.

Goal	Outcome	Target Objective
People are safe and secure in their homes and communities, taking into account their informed and expressed choices.	People are free from abuse from their peers.	To decrease the occurrences of individual to individual abuse by 20% by December 31, 2013
There are sufficient providers and they possess and demonstrate the capability to effectively serve individuals with intellectual disabilities.	There are sufficient qualified agency and individual providers to meet the needs of participants in their communities.	Increase the number of new people in Life Sharing by 5.
Services and supports are planned and effectively implemented in accordance with each individual's unique needs, expressed preferences and decisions concerning his/her life in the community.	Regular, systematic and objective methods – including obtaining the individual's feedback – are used to monitor the individual's well-being, health status, and the effectiveness of services enabling the individual to achieve his or her personal goals.	Establish Baseline to determine the average length of time that for an incident to be finalized in HCSIS.
People are safe and secure in their homes and communities, taking into account their informed and expressed choices.	Restrictive interventions – including chemical and physical restraints – are only used as a last resort and subject to rigorous oversight	Reduce the number of authorized and unauthorized restraints to 0.
Each individual's plan comprehensively addresses his or her identified need for community services, health care, and other services in accordance with his or her expressed personal preferences and goals.	Individuals will obtain employment in the community.	Increase the number of individuals receiving supported employment services by 20%.
Participants receive support to exercise their rights and in accepting personal responsibilities.	Individuals are informed and supported to freely exercise their right to vote.	Increase the number of individuals that vote.

B. Services to be provided/Rationale for Allocation

Employment/Supported Employment

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

As an Employment 1st county, available funding is used to support employment services such as: Job Finding, Job Support and Transportation. The county prioritizes dollars for individuals requesting support in order to work in the community. While many strategies are being implemented, cross system collaboration includes:

- Collaboration with area school districts:
 - a. Information is shared about Employment 1st outcomes with students and families. School districts share information with students at an earlier age regarding futures planning and the important role that families and the community have in successful transition to employment.
 - b. Seven projects are gearing up to support working age students in obtaining job experiences and exploring careers during the summer months. These projects are building on partnerships with our local school districts and the array of employment providers that we have in our county.
 - c. The county continues to offer job finding and job support to students, during the school year, for those students interested in working after school and/or on weekends.

The goal of the b. and c. is to get students thinking that the adult life includes a job and meaningful participation in their community. In addition, these opportunities build their skills and work related experiences.

- Children and Youth: Students of transition age have been identified and collaboration is occurring to provide job finding and job coaching services during non-school hours.
- Collaboration with OVR and other employment systems to support folks with ID in obtaining and maintaining employment. County plans to assure follow along services to individuals receiving OVR services.
- Collaboration with families, students and higher education programs: During this past year, Shippensburg University's Social Work Department designed and conducted a community assessment. Students, ages 14-21 and their families, were asked about their interest in continuing their educational experiences at a post-

secondary institution. County staff has been instrumental in outreach to local colleges and universities and in assisting families to explore college options during the last years of special education and after graduation. The D.R.E.A.M. partnership (a separate 501 c. 3 organization) was formed and funding received through the Stabler Foundation to support local universities in this endeavor. Plans are underway to offer a coordinated college option to students with ID by January of 2014.

Based Funded Supports Coordination

Funding will be provided to the CMU, Dauphin County's Supports Coordination Organization for supports coordination services. Base funded SCO services are provided to all individuals who qualify for ID services but who are not enrolled in an ID waiver. CMU SCO staff participates in service planning and discharge planning for all persons with an ID who are in institutional settings including State ID Centers, ICF/ID, or children's mental health RTF.

Life Sharing

Planning is underway to address the needs of individuals listed on the emergency PUNS for life sharing. The challenge in serving this group of individuals is in locating individuals/families willing to offer life sharing service in their home. We are exploring other options such as "reverse" life sharing, in which the person's own home is used. In addition, the county office collaborates with each life sharing provider to support active and ongoing recruitment efforts. The county program is well represented on the statewide group which seeks to overcome barriers and enhance outreach to local communities.

Cross Systems Communication and Training (how collaboration incorporates risk management and avoidance of state center/state hospital admissions)

During this past year, the county office and other cross system agencies, have formalized and are implementing our mandate for cross system collaboration. Communication and collaboration with our MH partners continues to be enhanced. Cross system team meetings occur when individuals have ID, as well as mental health challenges. Just as important, planning for systemic change is occurring at the management level. Two diversion beds, specifically for individuals with intellectual disabilities, have been established with Community Services Group and Northwestern Human Services. These opportunities are used to divert a person's stay at a psychiatric hospital or as a step down when they leave the hospital. In addition, these opportunities can be used to learn more about a person and their abilities when a person is new to the ID system and requesting residential support services.

Emergency Supports –

Additional planning for Fiscal Year 2013-2014 is based on the folks currently listed on both the emergency and critical PUNS. While folks move on and off the PUNS list because their needs change or services are received, the overall number of folks in both of these categories at any one time, remains relatively the same.

A. Special Education Graduates:

Anticipated June 2013 Graduates	Total
27	27
Graduates Currently in PFDS/ Consolidated Waiver	10
Anticipated waiver or base funding needed for June 2013 Graduates	17

B. EPSDT “Aging-out”: 3

C. State Center: 2 (Current Dauphin County State Center Census: 10)

- a. One individual is in the process of moving out of Selinsgrove Center. A provider has been identified. This move will occur during this fiscal year.
- b. We are attempting to locate a provider and design supports for an individual who recently moved to Hamburg Center.

D. PUNS (May 15, 2013)

- a. We anticipate serving an additional folks on the emergency PUNS with base/block grant funding to avoid higher level placement costs.

Service Area	Emergency	Critical
Adult Day Supports	14	11
Agency Group Home or Apartment less than 24 hours	15	15
Agency Group Home of Apartment – 24 hour staff	33	16
Assistive Technology	5	11
Community Employment (Supported Employment)	16	30
Environmental Accessibility	3	11
Family Living/Life Sharing	9	10
Habilitation	61	69
Individual Home Owned/Leased by the person with under 24 hours staff support	7	10
Individual Home owned/leased by the person with 24 hour staff support	2	5
Occupational Therapy	2	5
Other Day Supports – Volunteering	1	8
Physical Therapy	1	5
Post-Secondary/Adult Education	2	4
Pre Vocational Supports	20	22
Respite Supports – less than 24 hours	22	24
Respite Supports – 24 hours	17	20
Senior Supports	2	0
Speech Therapy	2	7
Transportation	40	39
Total	90	116

In preparation for this year's Block Grant Submission, the county ID program held a variety of "Listening Sessions" with stakeholder groups and six times (3 in the late afternoon and 3 during the evening hours (Elizabethville, Hershey, Harrisburg) specifically for families and individuals receiving services. During this coming year, the county program intends to explore the following ideas that were generated during these listening sessions:

- Explore options for older adults with ID to "age in place".
- Provide training for cross system professionals in understanding young persons with autism.
- Identify funding options for purchase and use of technology (community devices, smart homes, etc.)
- Increase opportunities for families to learn techniques they can use in the home when their family member has challenging behaviors.
- Identify the meaningful day possibilities for folks who are not able to work full time.

Administrative funding – functions of the Administrative Entity Operating Agreement (AE OA): The Dauphin County Mental Health/Intellectual Disabilities Program intends to sign and maintain compliance with the AE OA. The AEOA designates the list of delegated and purchased services as required by the agreement.

VI. HOMELESS ASSISTANCE PROGRAM

Homeless Assistance Program (HAP) funds have helped Dauphin County ensure that:

- Homelessness can be avoided through a variety of prevention services assisting clients to maintain affordable housing.
- People who are homeless can find refuge and care.
- Homeless and near homeless people are assisted in moving toward self-sufficiency.
- Providers are accountable for delivering measurable and appropriate outcomes.

By utilizing HAP funds, Dauphin County has had the ability to enhance collaboration with the Capital Area Coalition on Homelessness (CACH), the lead agency for the HUD Continuum of Care, (PA 501) for the County of Dauphin and the City of Harrisburg. Through CACH and its 40+ participating agencies, resources are leveraged and coordinated to maximize the efficient and effective use of HAP funds, HUD Emergency Solution Grant funds managed by both the County of Dauphin and the City of Harrisburg, HUD Continuum of Care funds and local and private funds such as The Foundation for Enhancing Communities and United Way.

By direct participation in, and leadership on the CACH Coordinating Committee, Dauphin County MH/ID staff partners with CACH members to design, coordinate, and deliver a comprehensive homeless services system that addresses homeless prevention, housing stability, and permanent housing outcomes for homeless service recipients, and that provider members assist recipients in reaching and maintaining self-sufficiency. Leveraging and coordinating these

resources has assisted us in mitigating the effects of homelessness on families and individuals through the provision of housing, prevention activities, and case management services. Our primary goal with HAP and all homelessness and related funding has been to assist homeless families and individuals to and maintain permanent housing and in becoming self-sufficient. Equally important are the HAP funds provided for prevention activities which allow the people who are facing imminent eviction to retain their housing or to move to more affordable housing, if necessary. Prevention of homelessness with HAP rental assistance funds requires a plan for ongoing self-sufficiency as a condition of financial assistance and is an effective and cost efficient tool to combat homelessness in Dauphin County.

A. Community Data and Indicators – As a means of measuring overall program success and outcomes, Dauphin County MH/ID assesses outcomes of the six local HAP providers utilizing the following measures:

- Determination of either the client's destination upon program completion or verification of the client's establishment in permanent housing.
- Determination of what mainstream system client benefits homeless individuals received as a result of program participation such as health care, child care, SNAP, employment training, and social services.
- HAP reporting template below: (Exhibits 1, 2 and 3)

Dauphin County MH-ID Homeless Assistance Program Reporting Form

DPW HAP Defined Annual Reporting Section I				
	Bridge Housing	Case Management	Rental Assistance	Emergency Shelter
A.1. Total number of unduplicated families with children served year-to-date.				
A.2. Of the total in A.1.how many were adults? (Total Adults Can NOT be less than the total families served in A.1.				
A.3. Of the total in A.1.how many were children?				
B.1. Total number of unduplicated adult-only households (with one or more adults) served.				
B.2. Of the total in B.1.how many adults resided in these households?				
C.1. Total number of unduplicated adults served year-to-date (A.2.+ B.2.).				
C.2. Of the total in C.1.how many were veterans?				
C.3. Of the total in C.1.how many unduplicated adults were referred to or from your agency, or are currently receiving MH services?				
C.4. Of the total in C.1.how many unduplicated adults were referred to or from your agency, or are currently receiving D&A services?				
C.5. Of the total in C.1. how many unduplicated adults were referred to or from your agency, or are currently receiving Domestic Violence services?				
C.6. Of the total in C.1. how many were employed at the point of intake?				
C.7. Of the total in C.1.how many clients received Rental Asst. for more than one housing crisis during their 24-month period?				
C.8. Of the total in C.1.how many clients received a combined Rental Assistance/ESA payment?				
D. Total number of unduplicated adults & children served year-to-date (A.2.+A.3.+B.2.).				
E. Total number of adults and children denied services due to lack of funding.				
F. Total number of adults & children for which eviction was resolved (near-homeless served).				
G. Total number of adults and children served who were homeless (homeless served).				
H. Total units of service provided in Mass and Individual Shelters.				

Exhibit 1

Dauphin County Block Grant Data Indicators Section II Exit Destination				
	Bridge Housing	Case Management	Rental Assistance	Emergency Shelter
Total Number Who Exited Program				
1. Total Number Exited Whose Destination Was Known				
2. Public Housing				
3. Section 8				
4. HUD/VASH				
5. Supportive Housing Program				
6. Private Landlord				
7. Safe Haven				
8. Family/friends until permanent housing comes available				
9. Shelter				
10. Institution				
11. Unknown Location/Did not provide address and unable to reach				
Verified Connection to Permanent Housing (if reported under 8,9,10,11)				
12. Public Housing				
13. Section 8				
14. HUD/VASH				
15. Supportive Housing Program				
16. Private Landlord				
17. Did not engage in services/No intake				

Exhibit 2

Dauphin County Block Grant Data Indicators Section III Income, Benefits, Employment at Entry / Exit								
	Bridge Housing		Case Management		Rental Assistance		Emergency Shelter	
	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit
Average Annual Income								
Number with no income								
Number with benefits								
Number employed								

Dauphin County Block Grant Data Indicators Section IV Use Of Mainstream Resources								
	Bridge Housing		Case Management		Rental Assistance		Emergency Shelter	
	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit

	Bridge Housing		Case Management		Rental Assistance		Emergency Shelter	
	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit
Total Number who Exited Program								
Rental Assistance only - Number for which eviction was resolved								
TANF/Cash Assistance								
Supplemental Nutrition Assistance Program								
Medical Assistance								
LIHEAP								
SSI/SSDI/SOAR								
CHIP								
WIC								
Employment and Related Services								
Child Care Network								
Private Child Care								
Head Start								
School Enrollment								
GED classes								
Health Care Provider								
Mental Health Services								
Drug and Alcohol Services								
Children & Youth Services								
Area Agency on Aging								
Veteran Administration								
Public Transportation								
Domestic Relations								
Legal Aid								
Other Social Services								
Rapid Rehousing Program								
Non HAP Rental Assistance Program								
Supportive Housing Programs								
Private Housing								
Section 8								
Public Housing								

Exhibit 3

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	79	79
Case Management	731	731
Rental Assistance	1,401	1,401
Emergency Shelter	1,933	1,933
Other Housing Supports	N/A	N/A

B. Services to be Provided/Rationale for Allocation

To be eligible for services in any one of the HAP components listed below, generally clients must be low-income, homeless or near homeless in addition to meeting specific service component(s) eligibility requirements.

Bridge Housing- Bridge Housing is a transitional housing program that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Clients must receive case management, supportive services and have a service plan that describes how the program will assist them for up to 18 months with the goal of returning clients to the most independent life situation possible. This component is designed to “bridge” the gap between Emergency Shelter and stable long-term housing. Client eligibility generally allows for 12 months of program participation. With county permission, a service provider can extend a client’s stay from 12 to 18 months. The YWCA and Brethren Housing Associates provide bridge Housing.

Case Management- Case Management services assist clients in overcoming barriers in order to move from homelessness (out of shelter, off the street or out of danger of eviction) to a more stable situation and obtaining self-sufficiency by working together on the client’s behalf to establish realistic goals in the area of basic life skills, financial management, parenting, home maintenance, job preparation and/or employment skills. Clients benefit greatly from the advocacy role case managers provide in navigating the social service and educational systems and obtaining funds for other services, finding health care, meeting other basic needs, and obtaining assistance with their search for permanent housing. Case Management services are available to any client receiving HAP services. Gaudenzia and Christian Churches United are funded to provide case management services.

Rental Assistance-Rental Assistance provides payment for delinquent rent, both apartment and mobile home lot, or security deposit and/or first month’s rent for families and/or single individuals who are either homeless or near homeless. Clients have the opportunity to participate in budgeting, money management and landlord tenant information workshops to

further assist clients in overcoming barriers and obtain assistance in gaining stability and becoming self-sufficient. Christian Churches United provides the Rental Assistance service.

Emergency Shelter-Emergency Shelter provides an immediate refuge and care alternative to homelessness for persons who have no permanent legal residence of their own. Dauphin County funds four providers for Emergency Shelter Services: 1). Christian Churches United – Provides coordination of the shelter process for Dauphin County through provision of intake and assessment services as well as payment to the shelters for limited client emergency shelter stays; The following three emergency shelter providers in Dauphin County receive referral from Christian Churches United and provide food, shelter, case management and programs that promote self-sufficiency through the building of life skills. 2). Catholic Charities of the Diocese of Harrisburg, PA – Interfaith Shelter for Homeless Families – The only emergency shelter in the capital region that serves intact families through the provision of flexible bed space allows the shelter to serve up to forty-five (45) residents as needed. 3). YWCA of Greater Harrisburg - An emergency shelter that serves homeless women and women with children through the utilization of twenty (20) beds, 4). Shalom House – An emergency shelter that serves homeless women and their children through the utilization of twenty-one (21) beds.

Other Housing Supports- Other Housing Supports are not funded by Dauphin County because the limited HAP funds are prioritized for the other components of the HAP Program.

HMIS implementation. Dauphin County is actively working together with the Capital Area Coalition on Homelessness (CACH), the lead agency for the PA 501 Continuum of Care to incorporate HAP providers and reporting into the CACH Client Information Management System or CCIMS (HMIS) and to incorporate Block Grant reporting elements into the design of the CCIMS so that housing status at exit and use of mainstream resources are collected and reported from CCIMS. Our goal is to fully incorporate HAP providers, services, and reporting elements, and HUD Continuum of Care providers, services, and reporting elements, and Emergency Solutions Grant providers' services and reporting elements into CCIMS by the end of FY 13-14. Having all homeless funding streams and client data in a single data system will enhance our use of data and information for service planning in Dauphin County.

VII. CHILD WELFARE

A. Community Data and Indicators:

The services included in the Block Grant compliment the county's chosen benchmarks within the Needs-Based Plan and Budget as well as the goals of the Child Welfare Demonstration Project in which Dauphin County will be participating. These goals include a continued reduction of youth in out-of-home placement, specifically in congregate care, and enhancing placement stability, decreasing lengths of stay in placement, and reducing the rates of re-entry. The above mentioned strategies act as enhancements to the child welfare system, assuring that a network of safety surrounds families, and that they are connected to the most appropriate, least restrictive evidenced-based practices that meet their individualized needs.

Tracking has been identified as a priority through our County Improvement Plan, based upon the outcomes from C&Y's Quality Services Review. The county is monitoring, on a 30-day basis, placement stability, placement re-entry, and length of stay information to make informed decisions. These ratings are reviewed by the senior management team in the child welfare agency and trends are discussed with supervisory staff to drill down to contributing factors. The number of youth in out-of-home placement is a data point that is reviewed on a weekly basis. The county has proposed a number of strategies to assess these outcome measures and the variables contributing to them and is dedicated to using data to inform decisions surrounding practice. Teaming and engagement have been identified as the remaining priorities and the allocations that follow are reflective of these priorities as well.

B. Services to be Provided/ Rationale for Allocation

The Dauphin County Children and Youth Services agency provides an array of services that enhance and support the safety, permanence, and well-being of children and families within the county. There are five primary areas of service included in the block grant and each of these areas focuses on continued efforts to safely reduce the number of children and families engaged in the formal child welfare system. Such outcomes are accomplished through strengthening community based programs and partnerships and ensuring youth and families are empowered, have a voice and are considered partners in decision making. Through these efforts, in the last two years, Children and Youth Services has reduced the number of youth in out of home placement by 43%. The number of youth in congregate has been reduced by 60% during the same time period. This has been accomplished while the number of referrals received by the Agency has increased by 54%. The increased workload of the Agency's Intake Division is currently Children and Youth Services greatest challenge and a priority to address

Dauphin County is one of the five counties participating in the Child Welfare Demonstration Project. This initiative will focus on three areas – expanded family engagement, the implementation of the Family Advocacy and Support Tool (FAST) and Child Needs and Strengths Assessment (CANS) assessment tools and the implementation of additional evidence based programs to address needs identified through improved assessments. Our belief is that expanded family engagement + better assessments + appropriate evidence based programs =

success. In participating in the Demonstration Project, we are committing to an additional 30% reduction in congregate care over the next five years.

Dauphin County Children and Youth Services is also a pilot county in the Permanency Practices Initiative which, like the Demonstration Project, focuses on the safe reduction of children in out of home placement. We have implemented all of the components of this initiative – Family Group Conferencing, Family Finding, Family Development Credentialing and three month permanency reviews. We don't look at these as separate initiatives but “the way we do business.” We also closely link the benchmarks chosen through the Needs Based Budget to the work of these initiatives so that each supports the other and together define our practice. Funds from the Needs Based Budget are used in conjunction with block grant dollars to support all of these best practices.

Family Group Conferencing- The child welfare portion of the block grant has allocated \$600,000 for Family Group Conferencing with the expectation of serving 465 families (1395 individuals). Family Group Conferencing is the primary planning mechanism used with families engaged in the child welfare system. Family Group Conferencing is offered to every family at every decision making point from initial involvement with the Agency on. This process places the family in the role of informer and decision maker, thereby increasing their engagement in the plan. Outcomes associated with the practice include not only fewer children entering out of home placement, but also the enhancement of stability for youth in placement, effective safety planning, and stronger plans for youth exiting placement. In 2012, there were 624 referrals that resulted in 465 family group conferences. Family Group Conferencing has contributed to a 43% decrease in C&Y placements and a 45% decrease in JPO placements. Family Group Conferencing is a key component in both the Administrative Office of Pennsylvania Court's (AOPC) Permanency Practices Initiative and the Title IV-E Child Welfare Demonstration Project in both of which Dauphin County participates.

Family Development Credentialing-The amount of \$22,500 has been allocated for Family Development Credentialing (FDC) to train 20 community stakeholders. FDC is a professional development course and credentialing program for front line workers to learn the skills associated with strengths-based practice in working with families. This curriculum is supported by the Administrative Office of Pennsylvania Courts as a component of the Permanency Practices Initiative, and Dauphin County has chosen to utilize this curriculum to create a community wide approach to work with children and families. The use of this credentialing program for staff development is expected to enhance the options for families within their own communities, provide fundamental tools to community providers, and to enhance the strength and duration of relationships within the community. Each of these outcomes supports a continuum of care for sustainable change.

Housing-An allocation of \$275,000 has been directed to housing. Dauphin County is dedicated to safely maintaining children in their own homes and communities and doing so in a manner that is sustainable and prevents re-entry into the system. Through this allocation, we expect to support 106 families (318 individuals). The county is experiencing an increased number of

families at risk for homelessness and those who have children often encounter the child welfare system.

The Transitions Program is a new initiative being implemented to provide transitional housing options for families. This transitional housing program will assist families in building informal support networks while they build competencies in the areas contributing to their housing struggles. This includes debt recovery, budgeting, employment coaching, social services for any identified mental health or substance abuse issues, and parenting supports.

The allocation will continue to provide funds for first month's rent, security deposits, or back due rent for families who are able to document a maintenance of effort for their properties. In addition, Getting Ahead, a curriculum designed to study the impact of poverty of individuals, families, and communities will be supported through this allocation for Dauphin County residents. It is expected that this allocation will directly impact placement prevention and enhance the timeliness of reunification efforts for families and children.

Multi-Systemic Therapy- An amount of \$300,000 has been allocated for Multi-Systemic Therapy (MST) with the expectation of serving 90 families (270 individuals) engaged with either C&Y or JPO. This evidenced-based intervention targets high risk juveniles exhibiting criminal and/or anti-social behaviors that often co-occur with mental health issues, substance use as well as family, school, and peer struggles. Anticipated outcomes include an increased number of youth remaining in their own homes and communities, the continued safe reduction in the number of youth in out of home placement and a reduction in placement re-entries.

Alternatives to Truancy-An allocation in the amount of \$243,000 has been directed to Alternatives to Truancy. Dauphin County is dedicated to maintaining child welfare staff in the local school districts to help address high truancy rates and student disengagement. By utilizing family and student centered planning options and providing supportive, voluntary services, the agency has begun to combat truancy through the building of community connections. This has resulted in a decreased number of families referred to the agency for formal assessment and services by the school districts. The allocation supports diversion programs for students and parents seen by Magisterial District Judges, training for staff in Student Assistance and other assessment methods, the utilization of evidenced-based programs in working with students and their families, summer programming for students and the holding of awareness raising events such as truancy summits and school assemblies. Three school districts and approximately 860 students receive support from this allocation.

High Fidelity Wraparound- An allocation of \$79,826 has been directed to High Fidelity Wraparound. The wraparound process is designed to improve the lives of children and their families struggling with complex behavioral health needs. It is not a program or type of service. High Fidelity Wraparound is a process used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on strengths and culture of the child and family and is driven by strengths and needs. Natural supports are a central aspect of the plan. Sixty consumers will be served by the process.

Promising Practice - KEEP Program (Keeping Foster and Kinship Families Supported and Trained)- An amount of \$150,000 has been allocated to the KEEP Program. This program was recently discussed in detail by federal Health and Human Services Commissioner Samuels at the national meeting of states participating in the Child Welfare Demonstration Project. The objective of this program is to equip foster and kinship parents with effective tools to address their child(ren)'s behavioral and emotional challenges and to train them on the implementation of those tools and strategies. The KEEP Program utilizes a curriculum that defines the foster or kinship parent's role as a key agent of change that can alter the life course of the children in their care. Parents are taught methods for encouraging child cooperation using behavioral contingencies, effective limit setting and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviors, promoting school success, encouraging positive peer relationships and dealing with the stress associated with providing foster care. We anticipate serving 90 people through this program. The KEEP Program will be a key strategy in Dauphin County's continued reduction of youth in congregate care and continued reduction in youth re-entering care, the primary goals of the Demonstration Project.

VII. DRUG AND ALCOHOL SERVICES

Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the County of Dauphin. The SCA Administrative Option is Public Executive. Access to assessments for outpatient treatment services occurs at contracted outpatient treatment providers, however outpatient providers will screen and assess for all levels of care. The Department's Case Management Unit also conducts screenings and assessments for Inpatient level services by appointment and/or on a walk-in basis. The SCA also conducts screening and assessment for institutionalized individuals and those in local emergency rooms. Additionally, the SCA conducts screenings and assessments for clients ordered into the county's Drug Court Program. The Unit also conducts case coordination which includes working with clients on their non-treatment needs. Additionally, the SCA contracts with Hamilton Health Center for a specialty case management program for pregnant women and women with children up to 2 years of age. The SCA contracts with a network of Treatment providers for all levels of care.

A. Community Data and Indicators

Youth Trends- According to Student Assistance Program (SAP) Use Report for 2010-2011, marijuana, alcohol, prescriptions drugs and over the counter medication is the most self-reported substances among youth attending school. Mazzitti & Sullivan Inc. which operates an Intensive Outpatient program for youth indicates a rise in prescription drug use and opiates among the 17-21 age range. Additionally, the 2011 Juvenile Probation Annual Report indicates possession of drug paraphernalia and possession marijuana and other controlled substance as one of the highest reported crimes between 1992 and 2011. SAP data also shows that drugs including Benzodiazepines, synthetic drugs (K-2, Bath Salts) etc. has remained relatively flat in terms of

experimentation among youth even with the media coverage versus experimentation with prescription drugs.

Overall, from the data, the drugs of choice in the lower part of the county (urban and suburban areas) included alcohol, marijuana, and nicotine. In the upper part of the county, Northern Dauphin, a larger experimentation with an array of drugs was evident. Marijuana use among youth for the first time topped alcohol in FY 2009-2010 and that trend continued in FY 10-11. An increase of 73 SAP assessments from 09-10 to 10-11 is notable. It is also notable to see a decrease in nicotine and alcohol use since 2008-2009. However, National Outcome Measures (NOMS) data shows that there are still favorable attitudes towards alcohol use including alcohol not ranked as dangerous as other drugs. NOMS and pre/post test results show that about 40% of students know someone who has smoked marijuana. Pre/post test results also show that youth almost 100% of the time can articulate the health risks to using drugs, alcohol and tobacco.

Adult Trends and Data-According to SCA Client Information Systems (CIS) and Client Suite data, alcohol, tobacco, and other drugs (ATOD) use in Dauphin County has traditionally involved alcohol, crack, and heroin abuse in that order. The SCA saw in FY 2010-2011, a slight shift whereby marijuana and alcohol use were closely matched in terms of drug of choice, followed by cocaine and heroin. The typical adult SCA client is involved with the criminal justice system; either incarcerated, on probation, or with pending charges. The client is also male and has a prior use history. In FY 2010-2011, the SCA served white males at 33% followed by black males at 31%, then white females at 14% and black females 10%; Hispanic males at 7% and Hispanic females at 1%. The majority of clients served were between the ages of 18-35 at 52% followed by those 36-64 at 37% and then 15-17 year olds at 10%.

According to the Administrative Office of Pennsylvania Courts (AOPC) data, there were 1,939 arrests for drug related offenses; 2144 arrests for alcohol related offenses, and 582 underage drinking citations. This currently reflects alcohol as being the primary substance of choice. Further, the County Coroner office reports that 18% of all accidental deaths were drug related and 3% of all suicides were drug related for FY 2010-2011. Further, the County Crisis Unit reports that 1,502 out of the 4,589 calls for 2011 were drug and alcohol related.

The SCA identified the following as Risk and Protective Factors based off Key Representative and Convenience Surveys; anecdotal information from stakeholders and other County agencies:

Risk: Low Neighborhood Attachment, Community Disorganization, Availability of ATOD, Perceived Availability, Lack of Clear, Enforced Policy on the Use of ATOD; Perceived Rise/Harm of Substance Abuse; Favorable Parental Attitudes Toward ATOD Abuse.

Protective: Community Bonding ; Community Supported Substance Abuse prevention efforts and Programs; Availability of Constructive Recreation; Pro-Social Opportunities; Social Bonding; Reinforcement for Pro-Social Involvement; Extended Family Networks

Overall, prevalence data estimates that 12.7% of Dauphin County residents have or may have a substance abuse problem. This far exceeds the National averages of 3-4% of the overall population. Substance abuse is a pervasive and on-going issue in Dauphin County.

Legislative Trends-Legislation that includes the Affordable Care Act may have implications on the core purpose of SCA's, what services are offered, and changes to eligibility and demographics of clients. Locally, the SCA along with its Managed Care Organization (MCO) is looking at best practices in Recovery-Oriented Methadone services. This could have a tremendous impact on providers and hopefully better outcomes for clients. Further, the SCA in discussions with the Substance Abuse Mental Health Services Administration (SAMHSA) along with current changes to treatment episode data including the new STAR system, will impact the ways in which SCA's can obtain information.

Additionally, proposed changes to Medical Assistance and General Assistance benefits and eligibility could put more pressure on the SCA's capacity to fund treatment. Pennsylvania is also moving in a direction that embraces re-entry into the community by ex-offenders. Proposals like the Justice Initiative would place paroled inmates back into counties. The SCA would naturally see an increase in consumes as a result.

Collaboration-The SCA is a part of the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization, Community Behavioral Healthcare Network of PA (CBHNP). This serves as an on-going resource for treatment services. Moreover, the SCA sits on the CABHC Board of Directors and Drug and Alcohol Reinvestment Committee. The SCA explored the creation of drug and alcohol school-based services and played a pivotal role in securing funding for scholarships for recovery housing services for Dauphin County residents through reinvestment dollars. The SCA is also a part of the County's Integrated Human Services Plan Committee, Cross Systems Children's Meeting, RTF Reform Group, Family Group Conference and Family Engagement committees, the Steelton-Highspire Initiative, Hamilton Health's Healthy Start Consortium, United Way Focused Care Council, PCCD Disproportionate Minority Confinement Committee, Northern Dauphin Human Services Advisory Panel and Superintendent's meeting, Systems of Care Planning Committee and Faith Based Initiative, Communities That Care Board Meetings—both Middletown and Harrisburg School Districts. The SCA also attends stakeholder meetings for Veterans Court. Additionally, the SCA participates in the annual Homeless Connect Program, sponsored by the YWCA and also continues to meet with the County's MH/ID agency on collaboration and coordination for individuals with co-occurring disorders.

Older Adults-Research on substance abuse of older adults indicates that alcohol and prescription drug use among adults 60 and older is one of the fastest growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under identified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse, which affects up to 17 percent of older adults, was not discussed in either the substance abuse or the gerontological literature (D'Archangelo, 1993; Bucholz et al., 1995; National Institute on Alcohol Abuse and Alcoholism, 1988; Minnis, 1988; Atkinson, 1987, 1990).

Further, it is indicated that there is a clear relationship between early alcohol problems and the development of alcohol problems in later life, thereby making drinking among older adults likely to become an even greater problem in the near future (Rosin and Glatt, 1971; Gomberg, 1992; Zimberg, 1974; Helzer et al., 1991a; Beresford, 1995a). Liberto and colleagues concluded that

the overall increase in alcohol problems throughout the population, coupled with the aging of the Baby Boomers, suggests that the number of older adults with alcohol-related problems will rise alarmingly (Liberto et al., 1992). Taken together, these factors raise the prospect of tomorrow's health services facing a "potentially preventable 'tide' of alcohol-induced morbidity" (Saunders, 1994, p. 801). Although the vast majority of older adults (87 percent) see physicians regularly, service providers estimate that 40 percent of those who are at risk do not self-identify or seek services for substance abuse problems on their own (Raschko, 1990). Moreover, they are unlikely to be identified by their physicians despite the frequency of contact. Because older adults live in the community and fewer than 5 percent older than 65 live in nursing or personal care homes, training supervisors in such residences does not offer a reasonable strategy for increasing problem identification. To ensure that older adults receive needed screening, assessment, and intervention services, stepped-up identification efforts by health care providers and multi-tiered, nontraditional case-finding methods within the community are essential (Raschko, 1990; DeHart and Hoffmann, 1995).

The following are statistical information from the Center for Substance Abuse Treatment:

- By 2010, the baby boomers will swell the ranks of older adults to 40 million and begin to depend on Medicare.
- By 2030, the 65 and over population will grow to 70 million- DOUBLE the current number- or 1 out of every 5 Americans.
- Potentially inappropriate use of prescription drugs affects up to 23.5% of older adults who live in the community.
- Mental health disorders, especially depression, often co-occur with alcohol and drug use in older adults.
- This "hidden epidemic" increases the need for prevention and early detection.

SCA data indicates what the above research reflects which is that older adults are underrepresented in treatment. Therefore, the SCA estimates are that only 1% of its client population would meet the criteria of older adult. The current services for this population include the already imbedded services in the SCA plan which includes the clinical services of assessments, inpatient treatment services (detox and rehab), and case management. To address the low numbers of older adults in treatment, the SCA intends to expand its Injection Drug Use Outreach Protocol program (IDU Outreach Protocol). The IDU Outreach Protocol is a direct contact, information, and referral program designed for individuals that inject drugs. The SCA through a contract with Alder Healthcare through a contract with the SCA hires direct service workers that canvas locations throughout Dauphin County known for IDU activity. The service workers offer information and referral to treatment and provide when necessary cotton and bleach kits to individuals as a means to reduce the transmission of diseases and incidences of overdose. This program is highly effective in that service workers develop relationships with communities and reach individuals where they are located. The SCA hopes to expand this model with BHSI funds for not only those injecting drugs but other drugs as well including alcohol and reach out specifically to the older adult community as meeting individuals where they are most comfortable has served as a successful model for client engagement. Further, direct service

workers will also engage physicians and hospitals as research suggests to identify within this population, individuals that may need a referral to treatment services.

Adults-The current services for this population include all levels of treatment to include assessments, outpatient, intensive outpatient, inpatient (hospital and non-hospital rehab, detox), and Medication assisted treatment i.e. Methadone and Buprenorphine. Additionally, adults are eligible for recovery support services and if they meet criteria, participation in the County's Drug Court. Adults are also the target of the IDU Outreach Program and have access to CONTACT Helpline services. BHSI and Act 152 funding will be utilized to support The following services for adults: assessments, case management services, detox, rehab, participation in Drug Court (see description), access to CONTACT Helpline (see description)referral services, and the recovery support programs Bridges and Recovery Community Project (see description). Lastly, funds will be utilized for the Buprenorphine Coordination Project (see description)

Transition Age Youth- Prevalence data from the National Survey on Drug Use and Health (NSDUH) shows that potentially 32,991 residents in Dauphin County may at some point in their lives have an issue with substance abuse. This can run the gamut of use and abuse to addiction. The age group most at risk according to the prevalence rate is 18-25 years of age. This may be because of adolescents transitioning into adulthood, leaving their families, maybe continuing their education and in many instances away from home. Further, primary prevention has targeted school age children more so than adults. This can create a vulnerable time with decreased family and community supports which are risk factors for abuse and addiction.

In the SCA system, transition age youth are regarded as adults thus they have access to all the services mentioned above with special emphasis on recovery support services and for individuals abusing opiates, the Buprenorphine Coordination Project which has shown to be effective among this age group.

Adolescents-The SCA plan for use of its allocated amount in BHSI and Act 152 funding streams for adolescents rests in several strategies informed by the preceding information on youth use trends: The SCA contracts with an agency to provide intervention services. The program is called the Community Intervention Project (CIP) and serves approximately 250 youth per year. This program reflects SAMHSA's prevention/intervention strategy of Problem Identification and Referral which is programming designed for youth that have experimented with ATOD or at risk for use. Additionally, the SCA will also provide assessment, case management, inpatient, and detox services to this population.

Co-Occurring-The SCA worked in conjunction with county Mental Health and the Case Management Unit to provide services to individuals identified as having co-occurring disorders. This included revisions in the referral process and better tracking of these clients. The SCA served 269 clients identified as having a co-occurring disorder. In FY 2010-2011, individuals within the SCA system identified as co-occurring have access to all services for adults. The SCA makes available rehab that designed for individuals with co-occurring disorders within its provider network to meet the needs of this population.

Recovery-Oriented Services-Recovery has been an important aspect of the SCA, but it has lacked a formal framework. In Fiscal Year 2010-2011 the Dauphin SCA reviewed its Treatment Needs Assessment and how the SCA could further incorporate recovery and recovery principles into our current systems. An average of 70% of the SCA's treatment clients has had experience with the criminal justice system and many of them have had prior experience with treatment services. Research indicates that supporting clients' recovery helps cut down on recidivism and makes better use of the limited funding available.

The SCA contracts with the two Recovery Support Providers (RSP) for recovery support services. In the last Fiscal Year both organizations served over 1,080 Dauphin County residents with recovery services. The two programs are called Recovery Community Project and Bridges. The programs provide the following services and BHSI and Act 152 funds will be utilized for the following services:

- One-on-one Recovery Coordination Services (RCS) for individuals with a history of chronic relapse, significant family of origin deficiencies, extensive periods of incarceration, or pressing personal needs. The primary purpose of RCS is to help individuals in early recovery navigate through cross-systems successfully while assisting them to gain access to resources, services, or supports needed in order to achieve sustained recovery.
- Life Skills classes which provide educational skills that individuals need in everyday life. Topics covered included prioritizing, budgeting, appropriate workplace behavior, appropriate attire, anger management, self-respect, personal hygiene, responsible citizenry, coping skills, personal development, health, and positive attitudes.
- Recovery 101 support groups- Classes are interactive and provide the fundamental tools to begin and maintain recovery. The curriculum covers perspective, pathways to recovery, spirituality, 12-step meetings, meeting etiquette, sponsorship, boundaries, relationships, maintaining focus, behaviors, feelings, triggers, and any other needs that may arise among the individuals in attendance. Weekly co-occurring disorders support group for individuals both currently involved in formal treatment and after. This group provides health promoting behaviors such as medication adherence, assistance in seeking healthcare, and engaging in self-care activities.
- Delivery of telephone recovery support to individuals and families seeking information and support as it pertains to addiction, treatment and recovery. This service includes a helpline in operation Monday through Friday, morning to evening.
- Recovery check-up services identified through the telephone helpline and local outpatient providers.
- Administering surveys in order to assess the need for improvement with Provider programs.
- Outreach services and distribution of recovery materials. These services are accomplished through media campaigns, literature and brochures, referral information, community events, website, and a quarterly newsletter.
- Community awareness events to include recovery breakfasts and an annual conference on recovery.

The SCA established in February of 2011 the Recovery Oriented Systems of Care (ROSC) Committee. The committee is comprised of representatives from all aspects of Human Services as well as Treatment, Prevention, Support, and Intervention Providers, the Courts, client's, and members of the community. The group initially focused on the definition of recovery, where

recovery was happening successfully, and how we could expand it to a systems-wide perspective understanding the paradigm shift from an acute care to a chronic care model which is client centered and directed. The work of this committee is to support the on-going development of the framework required for successful implementation of a ROSC.

B. Services to be Provided/Rationale for Allocation

Injection Drug Use Outreach Protocol- A program that delivers HIV prevention outreach to a minimum of 1,500 Dauphin County residents who use injection drugs. Outreach is offered to the partners of any Dauphin County resident who receives services. HIV prevention outreach consists of community mobilization and distribution of small-media materials and risk reduction supplies. Further, the program identifies Dauphin County residents who are in need of drug and alcohol treatment services and refers individuals to SCA funded treatment providers. The program is to expand to older adults and adult populations using other drugs and other means of transmission of drugs.

CONTACT Helpline - provides a 24-hour hotline that provides Dauphin County residents drug and alcohol specific referrals and language interpretation services as needed.

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

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

Inpatient Services

Halfway House: A community based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment.

Medically Monitored Inpatient Detox: A residential facility that provides 24-hour professionally directed evaluation and detoxification of addicted individuals.

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

Pharmacotherapy: FDA-approved medications, to be used in conjunction with substance abuse treatment, designed to assist in recovery.

Partial Hospitalization: The provision of psychiatric, psychological, and other therapies on a planned and regularly scheduled basis. Partial hospitalization is designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, but who do not require 24-hour inpatient care. This environment provides multi-modal and multi-disciplinary programming. Services consist of regularly scheduled treatment sessions a minimum of 3 days per week with a minimum of 10 or more hours per week.

Case Management- DDAP requires the SCA to provide screening, assessment, and case coordination. These functions encompass various activities. Screening includes evaluating the individual's need for a referral to emergent care including, detoxification, prenatal, perinatal, and psychiatric services. Assessment includes LOC assessment and placement determination. Through Case Coordination, the SCA ensures that the individual's treatment and non-treatment needs are addressed.

Drug Court Treatment Expansion - The Dauphin County Drug Court Program assists in the reduction of the prison population each year. The program generally lasts 18 months which consists of 3 phases plus a graduation component.

Attachment

Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse) ¹ Pennsylvania, Single County Authorities and State Based on 2009 National Survey on Drug Use and Health (NSDUH) ²									
SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Allegheny	1,218,494	1,056,102	81,320	96,210	6,831	138,863	28,328	821,029	46,799
Armstrong / Indiana / Clarion	194,780	169,075	13,019	15,548	1,104	28,849	5885	124,678	7,107
Beaver	171,673	149,425	11,506	13,196	937	16,516	3,369	119,713	6,824
Bedford	49,579	42,538	3,275	3,893	276	3,972	810	34,673	1,976
Berks	407,125	340,836	26,244	34,635	2,459	45,561	9,294	260,640	14,856
Blair	126,122	108,639	8,365	9,615	683	13,182	2,689	85,842	4,893
Bradford / Sullivan	67,271	57,660	4,440	5,800	412	5,728	1,169	46,132	2,630
Bucks	626,015	534,091	41,125	50,892	3,613	55,477	11,317	427,722	24,380
Butler	184,694	157,576	12,133	15,615	1,109	19,535	3,985	122,426	6,978
Cambria	143,998	126,079	9,708	10,581	751	15,517	3,165	99,981	5,699
Cameron / Elk / McKean	80,370	69,956	5,387	6,691	475	7,302	1,490	55,963	3,190
Carbon / Monroe / Pike	290,749	251,929	19,399	25,487	1,810	32,850	6,701	193,592	11,035
Centre	146,212	131,607	10,134	10,562	750	47,366	9,663	73,679	4,200
Chester	498,894	417,709	32,164	44,572	3,165	52,889	10,789	320,248	18,254
Clearfield / Jefferson	126,958	110,700	8,524	9,222	655	11,699	2,387	89,779	5,117
Columbia / Montour / Snyder /	164,905	144,692	11,141	13,011	924	27,097	5,528	104,584	5,961
Crawford	88,521	75,681	5,827	7,559	537	9,781	1,995	58,341	3,325
Cumberland / Perry	277,985	240,735	18,537	22,274	1,581	38,036	7,759	180,425	10,284
Dauphin	258,934	218,333	16,812	20,557	1,460	24,124	4,921	173,652	9,898
Delaware	558,028	474,502	36,537	46,980	3,336	67,139	13,696	360,383	20,542
Erie	280,291	239,642	18,452	23,736	1,685	36,270	7,399	179,636	10,239
Fayette	142,605	123,708	9,526	11,184	794	12,638	2,578	99,886	5,693
Forest / Warren	47,413	41,632	3,206	3,686	262	4,600	938	33,346	1,901
Franklin / Fulton	159,846	134,315	10,342	12,336	876	16,370	3,340	105,609	6,020
Greene	39,245	34,528	2,659	2,851	202	4,527	923	27,150	1,548

VIII. Human Services Development Fund (HSDF) / Human Services and Supports

Dauphin County utilizes HSDF to support individuals who do not meet the criteria under our human service categorical agencies, in the current service array. Each service is carefully selected to meet the needs of our residents and ensure comprehensive, non-duplicative needed services.

The Human Services Director's Office oversees the Human Services Development Fund, State Food Purchase Program, Family Center, Child Care Network, Homeless Management Information System, and the human services provided by the Northern Dauphin County Human Services Center.

Dauphin County has not yet received the HSDF allocation letter, therefore assumptions for purposes of this plan are that funding remains the same in the 2013-2014 fiscal year as was awarded in the 2012-2013 fiscal year for a total of \$ 248,531.

A. Adult Services-Funding is allocated for the below listed Programs and services for adults ages 18 through 59 years. The providers will utilize all financial support from other sources in combination with or before HSDF.

Home Delivered Meals: Dauphin County's Area Agency on Aging (AAA) delivers hot luncheon meals made in their kitchen to qualified individuals every Monday through Friday. This program is commonly known as "Meals on Wheels". During the 2013-2014 Fiscal Year, it is estimated that fifteen individuals will benefit from these daily meals.

B. Aging Services Dauphin County provides services for our aging consumers through various providers who also service individuals under the age of 60 years. Those providers and services include CACH, Central PA Food Bank, Contact Helpline and The International Services Center. The summaries are covered in other service categories of the HSDF plan.

C. Generic Services-Funding is allocated for the below listed programs and services which meet the needs of two or more client populations.

Service Planning/ Case Management:

Christian Churches United offers intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency services include: coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions and utilities assistance. During the 2013-2014 Fiscal Year, approximately 1,800 persons will benefit from this organization.

The Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg in order to qualify for U.S. Housing and Urban Development Continuum of Care funds. In 2007, the county and the city formally selected CACH as the lead entity for the implementation of "HOME RUN: The Capital Area's 10-Year Plan to End

Homelessness". CACH educates and mobilizes the community and coordinates services to prevent and reduce homelessness throughout the capital region. During the 2013/2014 Fiscal Year, the approximately 793 homeless persons in the region will potentially benefit from the work performed by CACH.

D. Specialized Services- Funding is allocated for services designed to meet the unique needs of our clients outside the current categorical agency limitations.

Central Pennsylvania Food Bank:

This provider is our meets a unique need, which our other categorical programs are unable to satisfy. The Central Pennsylvania Food Bank has established a food pantry in the Northern Dauphin Human Services Center in rural Elizabethville, PA. Since opening in January 2009, the food pantry has serviced an increasing number of households/individuals. During the 2013/2014 Fiscal Year, it is estimated that the food pantry will serve more than 975 households and more than 900 different individuals.

The Shalom House Emergency Shelter:

Provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization's model is built upon the premise of self-empowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future. During the 2013-2014 Fiscal Year, approximately fifteen persons will be served by this provider

E. Interagency Coordination-The amount of \$91,355 has been allocated to Interagency Coordination. This item includes partial salary funding for several staff members associated with the Human Services Development Fund/Human Services and Supports. Also included is support funding for our Systems of Care program, dues for the Pennsylvania Association of County Human Services Administrators along with small amounts of monies for the following: Northern Dauphin Human Services Center, Cultural Diversity Celebration, Outreach Materials, Training, Strategic Planning Initiatives and Contingency..

F. Other Service Areas

Information and Referral:

The following services are critical to ensure residents get connected quickly to services and information related to human services, as they are needed, in a customer service oriented and culturally competent manner.

CONTACT Helpline provides web-based information to consumers, supportive listening, health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. It is the only 24 hour non-emergency service in Dauphin County with volunteers answering the phones and immediately assisting callers. During the 2013-2014 Fiscal Year, it is anticipated that 6,500 Dauphin County residents will be served.

The International Service Center consists of a bilingual team of part-time staff and volunteers to provide vital information including language support and information and referral (I&R) services to refugees, immigrants and citizens in Dauphin County. Examples of I&R services include adult and child protective services, consumer education, economic development, crime protection/prevention, domestic violence, employment and education. During the 2013-2014 Fiscal Year, it is estimated that 400 clients will be served.

IX. BLOCK GRANT ADMINISTRATION

Dauphin County has a Human Services model or structure that supports the communication and collaboration necessary to support the administration of the block grant. The Human Services Director's Office oversees the Area Agency on Aging, Drugs and Alcohol, Social Services for Children and Youth, Mental Health/Intellectual Disabilities, and the Human Services Development Fund. The Human Services Director's Office is a link between these departments and the Dauphin County Board of Commissioners.

The Dauphin County Commissioners by way of Resolution # 4-2013 created a Block Grant Planning and Advisory Committee to provide advice and input on the needs of the Community. The Planning and Advisory Committee will meet no less than quarterly to review programming and provide valuable feedback. In the spirit of transparency, the agenda, meeting minutes, and handout materials will be archived on the Dauphin County website for those unable to attend the meetings.

Dauphin County has also assigned a Block Grant Coordinator to specifically oversee the planning, coordination, program development, and overall Block Grant Plan management. The Block Grant Coordinator will facilitate the Planning and Advisory Committee meetings and will work closely with the Human Services Director, but reports directly to the Dauphin County Commissioners. The Coordinator has the authority to prioritize resources to meet the needs of the community based on effectiveness. The Block Grant Coordinator will be the formal link between the community and the Dauphin County Commissioners.

The Human Services Director's Office will provide ongoing staff support to the process. All reporting generated by Children and Youth Services, Mental Health/Intellectual Disabilities, Area Agency on Aging and Drug and Alcohol Services will be processed through the Human Services Office for review, compilation and submission to the Department of Public Welfare. Our agency fiscal officers and directors work collaboratively in the production of fiscal and outcomes reports.

The Human Services Block Grant introductory year of 2012-2013 was very successful in that it provided the opportunity for each Human Services Agency to share resources in the common interest of the community. As of the date of this date, Dauphin County has moved 16.7% of its 20% allowable to better meet the local needs. Dauphin County also reserves the right to continue reinvesting and transferring funds as contemplated in the approved FY 2012/13. Human Services Block Grant Plan. Dauphin County looks forward to greater flexibility in upcoming years during the life cycle of the Human Services Block Grant.

Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN


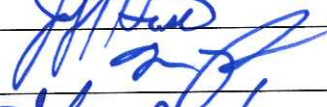
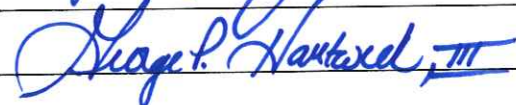
ASSURANCE OF COMPLIANCE

COUNTY OF: Dauphin

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure 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 Public Welfare.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Jeff Haste	Date: 6/12/13
	Mike Pries	Date: 6/12/13
	George Hartwick	Date: 6/12/13

The Patriot-News Co.
2020 Technology Pkwy
Suite 300
Mechanicsburg, PA 17050
Inquiries - 717-255-8213

The Patriot-News
Now you know

DAUPHIN COUNTY COMMISSIONERS
2 SOUTH SECOND STREET
DAUPHIN COUNTY ADMINISTRATIVE BLDG.
ATTN: R. MARTZ
HARRISBURG PA 17101

Appendix
B

THE PATRIOT NEWS
THE SUNDAY PATRIOT NEWS

Proof of Publication

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

Marianne Miller, being duly sworn according to law, deposes and says:

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

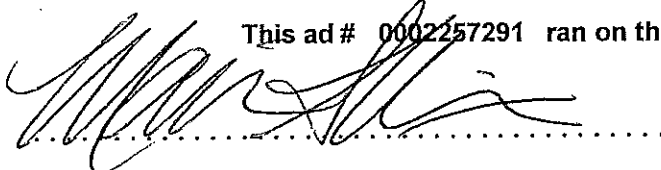
That the printed notice or publication which is securely attached hereto is exactly as printed and published in their regular daily and/or Sunday/ Community Weekly editions which appeared on the date(s) indicated below. That neither she nor said Company is interested in the subject matter of said printed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

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

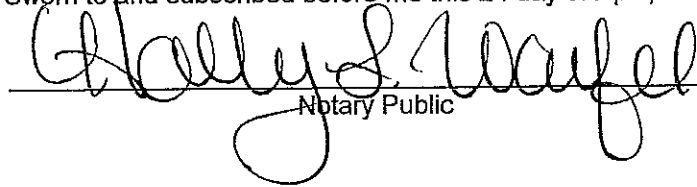
PUBLICATION COPY

This ad # 0002257291 ran on the dates shown below:

April 23, 2013



Sworn to and subscribed before me this 24 day of April, 2013 A.D.


Notary Public

PUBLIC NOTICE
Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled two public meetings for the purpose of developing and receiving public input regarding Dauphin County's Human Services Block Grant Plan. The meetings will take place on May 3, 2013 at 10:00 a.m. and June 7, 2013 at 10:00 a.m. on the 7th Floor of the Dauphin County Juvenile Justice Center, 25 S. Front Street, Harrisburg, PA 17101.
BY ORDER OF THE DAUPHIN COUNTY BOARD OF COMMISSIONERS
Laura E. Evans, Esq.
Chief Clerk/Chief of Staff

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Holly Lynn Warfel, Notary Public
Washington Twp., Dauphin County
My Commission Expires Dec. 12, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

May 3, 2012

In attendance: Commissioner Hartwick, Scott Burford, Randle Yeager, Peter Vriens, David Mattern, Kacey Crown, Mavis Nimoh, Robert Burns, Fred Lighty, Charlie Udit, Richard Comiskey, Kathy Possinger, Donna Dimitrovic, Matthew O'Reilly, Truong Phuong, Kimberly Pry, Beth McAlister, Judy Vercher, Amber Borereli, Lori Leitxel, Denise Holden, Angelica Fiore, Joyce Zandieh, Todd Singer, Daniel Eisenhauer, Sara Steckbeck, Mark Sarneso, Rocco Cambria, Ron Sharp.

Commissioner Hartwick welcomed everyone and defined the goals and expectations of the Planning and Advisory Committee.

An Introductory of the Planning and Advisory Committee members followed: (Peter Vriens; Dan Eisenhauer; Robert Burns; Mavis Nimoh; Eleanor (Judy) Vercher; Lori Leitxel; Joyce Zandieh; Beth McAlister; Rocco Cambria; Ron Sharpe; Mark Sarneso; and, Kimberly Pry)

Mr. Burford reviewed the Human Services Block Grant process and his role as the Block Grant Coordinator. The meeting format and guidelines were reviewed. The Block Grant Planning and Advisory Committee process will be transparent and information such as meeting summary minutes and handouts will be posted to the County website.

The 2013/14 Human Services Block Grant Plan submission deadline is June 14, 2013. The Planning and Advisory Committee is scheduled to meet again on June 7, 2013, in the 2nd floor conference room of the Dauphin County Administration Building at 10:00 a.m. The County staff will present the plan to the Commissioners at their meeting regularly scheduled meeting on June 12, 2013.

Meeting handouts will be distributed via email and uploaded to the County website. You can email directly to the Coordinator at hsblockgrant@dauphinc.org with any questions or comments.

An overview of the Human Service programs were presented to the Planning and Advisory Committee from Children and Youth (Peter Vriens), MH/ID (Dan Eisenhauer), Drug and Alcohol (Mavis Nimoh) and HSDF (Randle Yeager).

Comments and questions were received by the Planning and Advisory .Comments and questions were received by the Auxiliary Committee members and the general public.

Below is a summary of the public comments:

- Very educational
- In regards to D&A, after people are in treatment, are they released back to their county? They are released back their county of residence.
- Question on HSDF and Meals on Wheels. It is for people ages 18-59? People may be eligible if disabled and not of senior age.
- Slides /presentations were very eye opening.
- We have a tough job ahead regarding the funding allocations, we must respect each other's services.
- Discussion on recidivism and no viable employment for ex-offenders.
- PARTNERSHIPS

The Meeting was adjourned at 11:45a.m.

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

June 7, 2013

In attendance: Scott Burford, Randie Yeager, Peter Vriens, David Mattern, Kacey Crown, Mavis Nimoh, Robert Burns, Fred Lighty, Charlie Udit, Daniel Eisenhauer, Beth McAlister, Joyce Zandieh, Kimberly Pry, Barry Newell, Marg Chapman, Anthony Watson, Gina Bello, Bill Stauffer, Leah Hannah, Michele Pritnup, Denise Holden, Angelica Fiore, Paul O'Connor, Matthew O'Reilly, Joe Mlylen, Rose Shultz, Holly Cavaus, Crystal Baxter, Laura Evans, Esq., Ruth Moore, Jennifer Wintermeyer, Mike Beck, Joel Rimby, Paul Geffert, Richard Comiskey, Lynn Pascoa, Deb Louie, Amy Harinath, Greg McCutchen, Denise Britton, Debra Jackson, Rocco Cambria

Mr. Burford opened the hearing at 10:05 a.m.

Mr. Burford announced that Commissioner Hartwick could not attend because he has been appointed to a National Human Services Executive Committee as a part of the County Commissioners Association. That work has taken him to Washington this week, otherwise, he would not have missed this hearing. This topic is extremely important to the Commissioner and it is obvious through his knowledge and passion of the subject.

Self- introductions were given by the Block Grant Planning and Advisory Committee members.

Mr. Burford reviewed the three primary issues that were voiced from the previous hearing:

1. Employment is a high need –he stated that we have attempted to address this in our plan under the Human Services Narrative and the Mental Health Narrative. We plan to explore the possibility of building on the PA Career link and create a program for those that otherwise would have limited or zero options.
2. Can't afford to pit one categorical against another- Mr. Burford explained that this is not our intention. He went on to say that the fact is, that this occurs today at the state level with limited or no local input. The County is developing a funding mechanism to compare cross system programming to assist in the decision making process.
3. Opportunity for Partnership-Mr. Burford discussed his experiences in health care management and the importance of formal and informal networking. The Block Grant is designed to strengthen the relationship by allowing flexibility in spending to meet the local need.

In recognition that the "draft" plan was released on June 6, Mr. Burford has extended the time for public comment until close of business on Monday, June 10, 2013.

Mr. Burford stated that there are not a lot of budget changes when comparing the 2012/13 plan to the 2013/14 plan. The budget for 2013-2014 was based on flat funding and historical expenses. It is subject to change.

Mr. Burford stated that the Dauphin County Board of Commissioners take the Human Services Block Grant opportunity very seriously and they want to ensure sound decisions. They believe that the creation of a funding formula, bringing science and data forward, will assist in making cross systems decisions.

Today we do not plan on getting into the program specifics, but to present the process in which we developed this plan.

Peter Vriens, C&Y Administrator

The services included in the Block Grant compliment the county's chosen benchmarks within the Needs-Based Plan and Budget as well as the goals of the Child Welfare Demonstration Project in which Dauphin County will be participating. These goals include a continued reduction of youth in out-of-home placement, specifically in congregate care, and enhancing placement stability, decreasing lengths of stay in placement, and reducing the rates of re-entry.

Tracking has been identified as a priority through our County Improvement Plan, based upon the outcomes from C&Y's Quality Services Review. The county is monitoring, on a 30-day basis, placement stability, placement re-entry, and length of stay information to make informed decisions. These ratings are reviewed by the senior management team in the child welfare agency and trends are discussed with supervisory staff to drill down to contributing factors. The number of youth in out-of-home placement is a data point that is reviewed on a weekly basis. The county has proposed a number of strategies to assess these outcome measures and the variables contributing to them and is dedicated to using data to inform decisions surrounding practice. Teaming and engagement have been identified as the remaining priorities and the allocations that follow are reflective of these priorities as well.

The Dauphin County Children and Youth Services agency provides an array of services that enhance and support the safety, permanence, and well-being of children and families within the county. There are five primary areas of service included in the block grant and each of these areas focuses on continued efforts to safely reduce the number of children and families engaged in the formal child welfare system. Such outcomes are accomplished through strengthening community based programs and partnerships and ensuring youth and families are empowered, have a voice and are considered partners in decision making. Through these efforts, in the last two years, Children and Youth Services has reduced the number of youth in out of home placement by 43%. The number of youth in congregate has been reduced by 60% during the same time period. This has been accomplished while the number of referrals received by the Agency has increased by 54%. The increased workload of the Agency's Intake Division is currently Children and Youth Services greatest challenge and a priority to address

Dauphin County is one of the five counties participating in the Child Welfare Demonstration Project. This initiative will focus on three areas – expanded family engagement, the implementation of the Family Advocacy and Support Tool (FAST) and Child Needs and Strengths Assessment (CANS) assessment tools and the implementation of additional evidence based programs to address needs identified through improved assessments. Our belief is that expanded family engagement + better assessments + appropriate evidence based programs =

success. In participating in the Demonstration Project, we are committing to an additional 30% reduction in congregate care over the next five years.

Dauphin County Children and Youth Services is also a pilot county in the Permanency Practices Initiative which, like the Demonstration Project, focuses on the safe reduction of children in out of home placement. We have implemented all of the components of this initiative – Family Group Conferencing, Family Finding, Family Development Credentialing and three month permanency reviews. We don't look at these as separate initiatives but “the way we do business.”

Family Group Conferencing is the primary planning mechanism used with families engaged in the child welfare system. Family Group Conferencing is offered to every family at every decision making point from initial involvement with the Agency on. This process places the family in the role of informer and decision maker, thereby increasing their engagement in the plan. Outcomes associated with the practice include not only fewer children entering out of home placement, but also the enhancement of stability for youth in placement, effective safety planning, and stronger plans for youth exiting placement. In 2012, there were 624 referrals that resulted in 465 family group conferences. Family Group Conferencing has contributed to a 43% decrease in C&Y placements and a 45% decrease in JPO placements

Family Development Credentialing- FDC is a professional development course and credentialing program for front line workers to learn the skills associated with strengths-based practice in working with families. The use of this credentialing program for staff development is expected to enhance the options for families within their own communities, provide fundamental tools to community providers, and to enhance the strength and duration of relationships within the community. Each of these outcomes supports a continuum of care for sustainable change.

Housing- Dauphin County is dedicated to safely maintaining children in their own homes and communities and doing so in a manner that is sustainable and prevents re-entry into the system. We expect to support 106 families (318 individuals). The county is experiencing an increased number of families at risk for homelessness and those who have children often encounter the child welfare system.

The Transitions Program is a new initiative being implemented to provide transitional housing options for families. This transitional housing program will assist families in building informal support networks while they build competencies in the areas contributing to their housing struggles. This includes debt recovery, budgeting, employment coaching, social services for any identified mental health or substance abuse issues, and parenting supports.

Multi-Systemic Therapy- This evidenced-based intervention targets high risk juveniles exhibiting criminal and/or anti-social behaviors that often co-occur with mental health issues, substance use as well as family, school, and peer struggles. Anticipated outcomes include an increased number of youth remaining in their own homes and communities, the continued safe reduction in the number of youth in out of home placement and a reduction in placement re-entries.

Alternatives to Truancy- Dauphin County is dedicated to maintaining child welfare staff in the local school districts to help address high truancy rates and student disengagement. By utilizing family and student centered planning options and providing supportive, voluntary services, the agency has begun to combat truancy through the building of community connections. This has resulted in a decreased number of families referred to the agency for formal assessment and services by the school districts. Three school districts and approximately 860 students receive support from this allocation.

High Fidelity Wraparound- The wraparound process is designed to improve the lives of children and their families struggling with complex behavioral health needs. It is not a program or type of service. High Fidelity Wraparound is a process used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on strengths and culture of the child and family and is driven by strengths and needs. Natural supports are a central aspect of the plan. Sixty consumers will be served by the process.

Promising Practice - KEEP Program (Keeping Foster and Kinship Families Supported and Trained. The objective of this program is to equip foster and kinship parents with effective tools to address their child(ren)'s behavioral and emotional challenges and to train them on the implementation of those tools and strategies. The KEEP Program utilizes a curriculum that defines the foster or kinship parent's role as a key agent of change that can alter the life course of the children in their care. Parents are taught methods for encouraging child cooperation using behavioral contingencies, effective limit setting and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviors, promoting school success, encouraging positive peer relationships and dealing with the stress associated with providing foster care. We anticipate serving 90 people through this program. The KEEP Program will be a key strategy in Dauphin County's continued reduction of youth in congregate care and continued reduction in youth re-entering care, the primary goals of the Demonstration Project.

Mavis Nimoh, D&A Administrator

We used baseline measures and data to formulate our plan.

We have modeled The Recovery Oriented Systems of Care.

The trend of seeking help of addiction is moving from Adults to older adult.

There are numerous connections and partnerships being made with treatment providers and variety of recovery services including recovery specialists.

Randie Yeager

Human Services Development Fund is the smallest portion of the block grant plan. HSDF mainly serves 18-59 year olds, and we chose to focus our efforts on basic needs (food, and shelter care and information and referral services.) There are a few providers that we did not recommend to

fund and were previously funded in the amount of \$4000 or less in previous fiscal years. We have contacted those providers and they will continue to provide programming regardless of our funding.

Dan Eisenhauer

MH/ID programs are Recovery and Resiliency oriented programs in MH and focus on everyday lives for persons with ID.

Homelessness Assistance Program (HAP) promotes self-sufficiency and permanent housing.

MH- We had a series of public comment from consumers and providers. Input continues through the year. Priorities were developed based on input and data

ID-We had a series of public comment from consumers and providers, but the ID plan is focused on our base funds- much smaller allocation than ID waivers.

Employment is a priority and a new focus on employment called Employment 1st, promoting paid employment for all people with an ID.

New conjoint priority is collaboration for people with both MH and ID, and evaluating the impact of 2012-2013 funding reductions.

HAP

Input from providers and staff and Capital Area Coalition on Homelessness were used to develop plan. The use of mainstream resources, self-sufficiency and permanent housing will be a part of the measurement outcomes.

Public Comment:

Lorrie Leitzel: With the increase in referrals, what % was given the opportunity for Family Group Conference?

Peter Vriens: For every decision making point, a FGC was offered. We had 454 FGC in 2013, and we shifted 2 positions to our Family Engagement Unit.

Scott Burford: In 2012-2013, we had 28,513 clients served, in 2013-2014, with the assumption of flat funding budget, we anticipate, that increasing to 31, 538. Bottom line, we are increasing the client number with the same amount of funding.

Lorrie Leitzel: Does HSDF include Meals on Wheels?

Randie Yeager: Yes, for ages 18-59 years old.

Rocco Cambria: We discussed the need for employment. Is there an educational part on loss of benefits (SSI)?

Dan Eisenhauer: Yes, we are an Employment 1st, County, in which priority is given in our plan to the implementation of benefits counseling, and benefits counseling is also part of our statewide Employment plan.

Also, included in our plan is a rough concept of a Dauphin County Career Link approach which we are exploring. There are many services to go along with this.

Rocco Cambria comment: The feds claim the funding for benefits counseling will be back in August 2013.

Public Question - what does flat funding mean?

Mr. Burford-flat funding is the same budget allocation from 2012/13 to 2013/14 plan. In other words- no increase or decrease.

Anthony Watson: We are glad to hear that programs that are important to the public are still available and money is there and many programs are not leaving, I am glad there is adequate funding. We are grateful for that.

Scott Burford: The official notice of funding is forthcoming by the State, so nothing is official.

Michelle Printup: I am peer certified specialist. I had a stroke in 2002; I lost my job and insurance. Through all of this, I became depressed and angry. Dauphin County helped me through MH/ID. I met a lady who was having issues and encouraged her to come to support meetings that I attend. CMU staff makes it great. Thank you Dauphin County.

Deb Jackson: I am a consumer advocate. I am concerned with outreach and cultural competency in this plan. How can we improve services to better serve African clientele and dealing with cultural issues?

Dan. Eisenhauer: We have an outreach program through campaign website, community and stakeholder events. We collaborate with United Way on Mental Health forums. There are numerous events we participate in to improve mental health education. We have an on-going project called "MH Matters" on television, they are ads on cable TV and through OMHSAS there is an anti-stigma mental health campaign. Cultural competency is an ongoing effort. It has a lot to do with anti-stigma. We have bilingual staff. We have more work to do.

Deb Jackson: I am aware and involved, it's questionable to me. Do you track outcomes of outreach?

Dan Eisenhauer: No we do not. CMU intakes have increased 250 a month and crisis intervention 180 a month.

Mavis Nimoh: We have a data source in Drug & Alcohol looking at consumers and programs. We have over 47% treated are African Americans. We have a growing Latino population. Through BDAP, we have outreach groups to target addiction. Heroin and opium usage has increased. One areas we have outreach groups in is in the Allison Hill area. We tried to expand outreach in Block Grant plan.

Deb Jackson: How are MH/ID and D&A collaborating?

Mavis Nimoh: It is a challenge due to money and regulation and rules for funding and sharing information. We have an integrated Human Services plan which we try to improve collaboration. We have a contract with “co-occurring” beds for substance abuse and MH/ID issues. We try to integrate and collaborate as best we can.

Dan Eisenhauer: We submitted an integrated dual treatment plan to the state and it was rejected due to they can't license it. We resubmitted for D&A/MH/ID clinic, it is an ongoing process.

Debra Jackson: How will Obama Care effect?

Dan Eisenhauer: The Affordable Care Act is coming, although Medicaid expansion as part of ACA is an option states must decide.

Bill Stauffer from ProA: Thank you. I am encouraged with this plan. Please, “no pitting” Human Service needs against another. Your task is huge. Drug and Alcohol has a huge impact on all Human Service areas and funding. I discourage taking away from Drugs and Alcohol. I whole heartedly feel that addiction has genetic components. The stigma can limit people to make decisions. I have been 27 years clean. I started drinking at age 11. I had family genetics. I am a firm believer that addiction is genetic. Please “DO NOT NOT FUND” drug and alcohol services. Look beyond the Human Service cuts in other areas.

Scott Burford: Internally we had a good debate on services. We are spending money in most cost effective way possible. We have a draft released. We will present to the Board of Commissioners on June 12, 2013. Upon their approval, we will submit the plan to DPW on June 14, 2013. Collaboration will always continue. The Planning and Advisory Committee will continue to meet quarterly and test our decisions. The website will continuously be updated through the process (www.dauphincounty.org.)

The Planning and Advisory Committee unanimously approved the “draft” plan.

Mr. Burford reminded everyone to please submit any questions or comments to hsblockgrant@dauphinc.org by close of business on June 10, 2013.

The Meeting was adjourned at 11:10 a.m.

**APPENDIX C
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION STATE AND FEDERAL	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	23		153,830		4,046	
Administrator's Office	N/A		913,305		24,020	5,000
Administrative Management	3,095		1,434,890		37,738	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	11		51,850		1,364	
Community Residential Services	430		8,973,144		235,994	439,699
Community Services	N/A		609,902		16,040	5,000
Consumer Driven Services						
Crisis Intervention	2,493		520,000	67,729	13,676	515,000
Emergency Services	1,068		765,000	50,060	20,120	
Facility Based Vocational Rehab	21		96,750		2,545	
Family Based Services	1		1,000		26	
Family Support Services	6		51,238		1,348	
Housing Support	289		1,361,938		35,819	
Other						
Outpatient	786		704,729		18,534	
Partial Hospitalization	60		200,164		5,264	
Peer Support	N/A		143,672		3,779	
Psychiatric Inpatient Hospitalization	4		39,749		1,045	
Psychiatric Rehabilitation						
Social Rehab Services	177		784,862		20,642	
Targeted Case Management	1,070		930,000		24,459	
Transitional and Community Integration	0		0			
TOTAL MH SERVICES	9,534	0	17,736,023	117,789	466,459	964,699

**APPENDIX C
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION STATE AND FEDERAL	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office	N/A		1,416,695		37,259	23,145
Case Management	250		178,395		4,692	
Community Residential Services	20		1,177,493		30,968	
Community Based Services	259		894,523		23,526	
Other						
TOTAL ID SERVICES	529	0	3,667,106	0	96,445	23,145

HOMELESS ASSISTANCE SERVICES

Bridge Housing	79		167,219		4,398	
Case Management	1,933		100,887		2,653	
Rental Assistance	731		296,327		7,793	
Emergency Shelter	1,401		106,635		2,805	
Other Housing Supports						
TOTAL HAP SERVICES	4,144	0	671,068	0	17,649	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	1,745		1,002,326		50,116	
Promising Practice	90		150,000		7,500	
Alternatives to Truancy	285		243,000		12,150	
Housing	318		275,000		13,750	
TOTAL C & Y SERVICES	2,438	0	1,670,326	0	83,516	0

**APPENDIX C
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION STATE AND FEDERAL	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	697		247,850			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	1,419		207,650			
Medication Assisted Therapy	708		97,750			
Recovery Support Services	738		273,750			
Prevention						
TOTAL DRUG AND ALCOHOL SERVICE	3,562	0	827,000	0	0	0

HUMAN SERVICES AND SUPPORTS						
Adult Services	10,161		42,393			
Aging Services						
Generic Services	1,170		90,000			
Specialized Services						
Interagency Coordination			91,285			
TOTAL HUMAN SERVICES AND SUPPO	11,331	0	223,678	0	0	0

COUNTY BLOCK GRANT ADMINISTRATION			57059		0	
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GRAND TOTAL	31,538	0	24,852,260	117,789	664,069	987,844
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Appendix D

Eligible Human Service Definitions

Mental Health

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

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).

Administrator's Office

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

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.

Adult Development Training

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

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 (i.e., 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 Department-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.

Crisis Intervention

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.

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 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.

Other

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 01, 2006.

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

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

Case Management

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

Community Residential Services

Transitional 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 allows clients 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 the client, 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 near homelessness 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; i.e., have no permanent legal residence of their own.

Other Housing Supports

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

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

Housing

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

Alternatives to Truancy

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

Evidence Based Programs

Program or activity provided by the county or through a contracted private provider that includes: Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA).

Multi-Systemic Therapy (MST)

Intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juveniles. This approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

Functional Family Therapy (FFT)

An empirically grounded, well-documented and highly successful family intervention program applied to a wide range of at-risk youth aged 11-18 and their families, including youth with conduct disorder, violent acting-out, and substance abuse with interventions that range from 8 to 12 one-hour sessions, up to 30 sessions of direct service. These interventions are conducted in both clinic settings as outpatient therapy and as a home-based model.

Multidimensional Treatment Foster Care (MTFC)

Originated as an alternative to institutional, residential and group care placements for boys with severe and chronic criminal behavior, this has been adapted and tested with children with severe emotional and behavioral disorders, girls with severe delinquency, and youth in foster care.

Family Group Decision Making (FGDM)

FGDM is a family-centered practice that maximizes family input and decision making with professional agency support. The family defines its membership, which often extends beyond blood or legal ties. This practice is inclusive because the family is viewed both vertically (including multiple generations) and horizontally (both mother's and father's side even if one

parent is not available). FGDM conferences are culturally relevant, responsive and include an opening ritual selected by the family to emphasize their cultural link and to help participants to focus on the meeting's purpose. The community, as evidenced by agency and other professionals, is also supportive. Safety is the paramount concern. It is important for the family conference to take place in a manner that is conducive to family interactions, safety and privacy. Preparation is critical to address issues that may compromise the creation and support for a family's plan and family alone time is provided when all agency representatives and other professionals leave the room and allow the family to make decisions and craft their plan.

Family Development Credentialing (FDC)

A professional development course and credentialing program for caseworkers (public and private) to learn and practice skills of strength-based family support with families. FDC trainees work with families across the life span including families with young children, teen parents, people with disabilities, and many other groups. Staff must complete 90 hours of interactive classroom instruction and portfolio advisement; prepare a Skills Portfolio with support of a portfolio advisor; and pass a state credentialing exam.

High-Fidelity Wrap Around (HFWA)

The wraparound process is a way to improve the lives of children with complex behavioral health needs and their families. It is not a program or a type of service. Instead, the process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by strengths and needs, rather than services. Natural supports are a central aspect of the plan for the child and family.

Drug and Alcohol

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/ Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Other

Case / Care 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.

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.

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

Services for older adults (a person who is 60 years of age or older) 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 the Department.

Generic Services

Services for individuals that meet the needs of two or more client 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 client population that are difficult to meet with the current categorical programs.