Appendix B
Dauphin County Human Services Plan

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

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

1. Please identify, as appropriate, the critical stakeholder groups, including:
    a. Individuals and their families
    b. Consumer groups
    c. Providers of human services
    d. Partners from other systems involved in the county's human services system.
2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.
3. Please list the advisory boards that participated in the planning process.
4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.
5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

Dauphin County uses the Block Grant coordinator who leads all aspects of managing the Human Services Block Grant. Dauphin County continues to be supported by a Human Services Block Grant Planning and Advisory Committee that consists of the following: a member of the Dauphin County Mental Health/Autism/Developmental Programs Advisory Board; a member of the Dauphin County Children and Youth Advisory Board; a member of the Dauphin County Drug and Alcohol Services Advisory Board; a Mental Health provider; a Developmental Program service provider, a Dauphin County Drug and Alcohol Services provider, a Dauphin County Mental Health/Autism/ Developmental Programs consumer, past or present; a Dauphin County Drug and Alcohol consumer (currently vacant). We also have participation from the Executive Directors of Justice Works Youth Care, Christian Churches United, and our regions Weatherization Services. Members ex officio include the Dauphin County Human Services Director, the Dauphin County Children and Youth Administrator, the Dauphin County Mental Health/Autism/Developmental Programs Administrator, the Dauphin County Drug and Alcohol Services Administrator, the Area Agency on Aging Director, and the Director of Human Services Initiatives who is our Block Grant Coordinator.

Dauphin County Human Services Block Grant Advisory Committee held regular public meetings to ensure the full scope of community needs are being considered as we recommend programs and services to meet those needs. Since the pandemic, meetings have been and continue to be virtual. Regardless of funding through the HSBG, each human services department provides an update and summary at each meeting. Attendees have the opportunity to ask questions and make suggestions regarding services and gaps in services. Dauphin County utilizes HSDF to support individuals who do not meet the criteria under our human service categorical agencies, within the current service array. Based on the information gathered at these public meetings, outreach events and data being captured by each department as well as the Human Services Director's Office of unmet needs shared by individuals, families, and community members, we continue to select each service carefully, to assure the needs of our residents are met and ensure comprehensive, non-duplicative services. Dauphin County makes all attempts to serve individuals and families in their

own communities and when possible, the neighborhoods in which they reside, across all service systems, collaboratively.

Numerous cross-system planning processes exist to ensure the least restrictive and most appropriate services are provided, based on the individual and family's needs. Some examples include the Cross-Systems Team Meeting Protocol, Team MISA to address SMI concerns for individuals who are incarcerated, as well as specific Plans of Safe Care (Safe Plans of Care (SPOC)) to support families who are involved with Children and Youth, Drug and Alcohol Services, and Early Intervention services for the children who are born affected by and/or with substances in their system at birth, to name a few. These processes ensure families are supported in their home environment and that individuals reenter the community as quickly as possible with services in place as they depart DCP or inpatient care. Dauphin County has a human services structure that supports the communication and collaboration necessary to ensure quality administration of this block grant, as well as other grants, Dauphin County Human Services Block Grant Plans for initiatives, and integrated cross system services. The Dauphin County Human Services Director's Office oversees the Human Services Departments of Area Agency on Aging, Drug and Alcohol Services, Social Services for Children and Youth, and Mental Health/Autism/Developmental Programs which includes Early Intervention, as well as Quality Assurance and process improvement across each of the categorical agencies, and the Homeless Prevention grants. The Human Services Director's Office is a link between these departments and the Dauphin County Board of Commissioners. The Block Grant Coordinator, Block Grant Advisory Committee, and the Human Services Director's Office is responsible for human services planning and coordination, program development, and grant management. The Human Services Director's Office is also responsible for issues related to access to services. The Human Services Director's Office oversees the Human Services Development Fund, State Food Purchase Program, Family Center Grant, Fatherhood Initiative Grant, Emergency Solutions Grants, Emergency Rental Utility Assistance Programs (ERAP 1&2), as well as the human services coordinated and provided within the Northern Dauphin County Human Services Center. In accordance with this structure already in place, management of the block grant is conducted by the Block Grant Coordinator and the Human Services Director's Office with oversight by the Board of Commissioners. All reporting generated by Mental Health/Autism/Developmental Programs, Homeless Assistance Programs, Human Services Development Funds, and Drug and Alcohol Services go to that office for review, compilation, and submission to the PA Department of Human Services. Our fiscal officers and directors across all systems work collaboratively in the production of HSBG fiscal and outcomes reports.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is needed for non-block grant counties.

1. Proof of publication; Attachments 1A and 1B
    a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
    b. When was the ad published? 1/12/2023
    c. When was the second ad published (if applicable)? Final approval at Board on 9/6/2023

2. Please submit a summary and/or sign-in sheet of each public hearing. Attachment 1C and 1D

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

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

Dauphin County has developed an Integration Plan across all human services and related departments. The human services departments who are part of the integration process include: Area Agency on Aging (AAA), Social Services for Children and Youth (C&Y), Drug and Alcohol Services (D&A), and Mental Health/ Autism/ Developmental Programs (MH/A/DP). The Human Services Director's Office provides cross-systems direction and oversight to each human service's categorical department. In addition, the human services departments work very closely with related systems such as Probation Services, The Judicial Center (Centralized Booking), Work Release, Prison, Victim/Witness and Pretrial Services. The plan for Human Services Integration is the top priority across all human services departments to improve services, processes, and programs enhancing the appeal as well as becoming increasingly cost effective, client-centered, and interconnected.

This purpose of integrating human services is based in the concept that human services access and deployment of resources must work in concert with all other service systems and programming areas. Lack of communication and conflicting policies or practices can prohibit short-term access and long-term success to those in need. Integration can combat a multitude of barriers and improve efficiency across all human service systems.

Integration is critical for moving human services forward for the following reasons:

- Providing holistic services to customers and increased efficiencies among staff
- Offering better education, outreach, and communication with the community members and among departments
- Increasing coordination of human services for individuals and families across systems and within the community
- Utilization of expertise within each department effectively
- Maximizing funding by analyzing cost effectiveness
- Shared data reduces duplication and increases efficiencies
- When operations are combined, we can provide comprehensive services to customers.

Integration among similarly purposed positions across human services departments has begun and is projected to incrementally continue through the next few years until full integration completion. Cross training among team members who provide the same role in various systems will be an important step in this process to maximize resources.

Human services departments work in a truly collaborative manner to assist the individuals and families they serve. Integration, however, is well beyond collaboration. It requires staff to work together in new spaces and workgroups toward common goals within and across all systems in a new intensive manner.

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Each department will be building new types of strong interdepartmental relationships over the next several years as we strive towards full integration.

Dauphin County will continue to move towards full integration over the next five years. As a result, we will continue to expand the process of integration within human services and related departments and services. To that end, we will develop processes that serve customers in a holistic manner and provide services to an individual in an efficient and effective manner treating all aspects of their diagnosis and assistance needs as permitted by law and regulations. Accessing grants to fund needs outside the available funding streams will be critical to ensure we are optimizing our operations throughout the integration process.

The following Vision, Mission and Common Goals will drive this process.

Dauphin County Human Services

VISION:

The vision of Dauphin County Human Services is to provide exceptional, comprehensive and integrated services across the community.

MISSION:

Dauphin County Human Services mission is to provide quality, integrated human services to positively impact the lives of our residents in need.

HUMAN SERVICES COMMON GOALS:

1. We will provide quality services and measure the effectiveness of programming.
2. We will be strength-based and solution focused within our customer service oriented approach.
3. We will strive to ensure services are easily accessible across the county.
4. We will provide all human services in a fiscally responsible manner.
5. We will use data to make informed decisions.

Human Services Areas of Integration (First concurrent steps):

- Integrated Data Platform, including client view
- Quality Assurance/ Continuous Process Improvement
- Public Outreach, Education and Communications
- Contract Monitoring, Grants Management and Program Monitoring
- Integration of Fiscal Operations (where possible)
- Integration of Front-Line Services (where possible)

1. Employment:

   Dauphin County collaborates with numerous entities and employers across our community to ensure our customers have access to training, specific employment skills such as resume writing, interviewing, assistance with applications and educational opportunities. We work closely with Career Link, OIC, Salvation Army, YMCA and YWCA, among others, who have successful employment programs in our community. We have also had the opportunity to participate in training funded through Career Link for our reentry population and how to engage employers in hiring practices which can make a positive difference in stability for those exiting incarceration.

Dauphin County, specifically as an employer, "Banned the Box" many years ago on our applications, so we do not ask about prior convictions at the time of application. We continue to engage in supportive employment programs across our Human Services systems so all our customers can access meaningful employment. We encourage a healthy inter-dependence versus the concept of self-sufficiency as we support individuals and families within our human services systems.

2. Housing:

Dauphin County has been committed to increasing housing options and opportunities for individuals, families, and our most vulnerable populations, including chronically homeless. Although Dauphin County has always been working collaboratively with the Capital Area Coalition on Homelessness (CACH), over the past three years we have taken an active leadership role including membership on the CACH Board of Directors and Executive Team, a Quality Assurance Process Improvement Initiative which resulted in a new CACH Coordinated Entry System (CES) and building ongoing relationships with providers and grassroots networking. This was necessary to reduce the challenges and confusion for individuals in need of shelter, homeless prevention services, and related supports. Within this action we have built strong working relationships among all shelter services, bridge housing services, supportive housing services, Christian Churches United's HELP Office leaders and case managers among various housing and homeless related stakeholders. Although CACH is servicing needs across Dauphin County, the actual service locations are almost entirely focused within the City of Harrisburg. Dauphin County has been expanding on their Housing Initiative as it is important to ensure services are available throughout the county.

Across County human service and criminal justice systems we have significant needs as it relates to housing options. The needs are great and diverse and specific to the individual and family. In order to ensure effective treatment and supervision for individuals and their families, we should assure basic needs are being met. When the basics of food, clothing and shelter/ housing are not available, participation and compliance with other services and the success for the individual drastically decreases. We have modified positions and created new roles with previously approved but vacant positions in order to have a team dedicated to this critical housing initiative work across the County.

Although we began this Housing Initiative prior to the Covid-19 Pandemic, we were well positioned to quickly get the Emergency Rental Utility Assistance Program (ERAP) up and running. We have worked closely with our Dauphin County Housing Authority to ensure our families with Children and Youth involvement can be placed in transitional housing quickly to reduce the amount of time homeless families spend in hotels. In addition, we will manage the grant from DDAP for the SOR Housing Program to ensure all options to support Housing First are considered for our individuals and families.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 22-23.

The FY22-23 Dauphin County Mental Health program highlights are primarily based upon FY21-22 information, as it is the last available full year of mental health program operations data. During FY 22-23, Mental Health providers and the MHADP Administrative Offices continued to manage with the consequences of the pandemic, experiencing staff shortages. Vacancies within Dauphin County MHADP program specialists and Crisis Intervention case workers neared 50% of total staff complement for most of 2022 and into 2023. MHADP providers continued to struggle with capacity due to these significant staffing challenges. The lack of prescribers has been a long-standing concern; however, the lack of treatment providers, specifically therapists, limited outpatient and IBHS scheduling creating extensive waits. Residential services closed the 22-23 fiscal year with vacancies which slowed the filling of residential beds, which included one program never operating beyond 40% capacity all fiscal year. The continued lack of COLA or any increase in base MH funds will continue to exacerbate these challenges. Additionally, Dauphin County's plan to implement AOT was stalled, as the AOT Coordinator position at the County level was vacated and not filled until August 2023 after almost seven months vacant. During FY 21-22 mental health funds were 95.1% expended for services to County residents. Less than five percent of the State-allocated MH funds were spent on administrative costs. Dauphin County MHADP collaborated with all providers to keep services operating while staffing shortages remained at the forefront of all challenges. Service provision became dependent upon telehealth services due to the shortage of prescribers throughout the County.

Table 1 – Comparison of Persons Served FY17-18 through FY20-21

PROGRAM AREA	PERSONS SERVED FY17-18	PERSONS SERVED FY18-19	PERSONS SERVED FY19-20	PERSONS SERVED FY20-21	PERSONS SERVED FY21-22
Mental Health	3,041	2,779	2,237	1,317	2,934
Crisis Intervention	3,291	4,136	4,043	4,055	4,270

FY 21-22 date shows a significant change in the number of people receiving County-funded services; the total served was closer to FY 17-18 levels. Prior decreases may be attributed to several factors, including the Public Health Emergency declaration which expanded eligibility for Medicaid and Health Choices funded behavioral health services and the continued impact of the pandemic and changes it created in service delivery and design making engagement of some individuals more challenging. Locating some who previously served in the public mental health system who resided in the community became difficult. It is believed that this was largely due to COVID-19, as people regrouped during the pandemic perhaps relying on family and other support, relocation, or were very fearful to engage and/or reengage in MH services.

Dauphin County Mental Health directly manages State allocated, CHIPP, Federal non-Medicaid, Forensic funds, CMHSBG, and County matching funds. Table 2 compares MH base funding expenditures across all MH cost centers over a four-year period.

Table 2 – County Mental Health Expenditures by Cost Centers in Dollars

MH Cost Center	2018-2019	2019-2020	2020-2021	2021-2022
Administrators Office	$1,292,539	$1,256,734	$1,086,754	$1,115,808
Assertive Community Treatment	$83,402	$89,838	$17,973	$34,589
Administrative Case Management	$1,514,851	$1,161,033	$1,153,789	$1,428,147
Community Employment	$243,740	$257,718	$249,791	$249,439
Community Residential	$10,912,594	$12,251,717	$13,591,144	$12,618,087
Community Services	$352,397	$360,633	$483,447	$978,189
Consumer-Driven Services	$149,856	$154,386	$157,751	$157,825
Emergency Services	$692,099	$692,481	$539,999	$504,579
Family-Based Services	$5,925	$0	$0	$0
Family Support Services	$54,590	$35,369	$32,653	$71,171
Housing Support	$1,150,350	$1,072,810	$1,581,317	$1,174,990
Crisis Intervention	$1,181,578	$1,380,249	$1,293,508	$1,511,085
Outpatient	$337, 491	$570,144	$564,987	$573,440
Partial Hospitalization	$210,077	$182,034	$33,579	$87,777
Peer Support Services	$32,162	$54,842	$9,594	$13,027
Psychiatric Inpatient Hospitalization	$253,367	$130,480	$126,309	$87,582
Psychiatric Rehabilitation	$0	$59,978	$7,727	$6,594
Social Rehabilitation	$606,740	$613,891	$536,234	$581,339
Targeted Case Management	$1,065,001	$1,078,452	$630,100	$738,411
COUNTY MENTAL HEALTH TOTAL	$20,142,674	$21,402,780	$22,096,656	$21,932,079

Noted are increases in expenditures for Assertive Community Treatment teams, family support services (respite and summer programming), crisis intervention, partial hospitalization, peer support, and administrative and targeted case management.

Table 3 provides a comparison between four (4) fiscal years on the number of County funded persons served by service type or cost centers. Administrative Case Management is fully County funded. The total number served with Administrative Case Management declined as well as the number County funded for targeted case management services. This decline is attributed to the pandemic and the reduction in in person interventions. The decline in the use of residential services beds is also attributed to the impact of the pandemic on maintaining staffing capacity in 24/7 operations.

Table 3 – Service Types by Numbers of County-Funded Persons

Service Type	2018-19	2019-20	2020-2021	2021-22
Assertive Community Treatment	13	11	12	11
Administrative Case Management	1,603	1,198	1,243	1,130
Community Employment	138	140	102	85
Community Residential Services	393	364	356	332
Community Services	1,169	799	573	634

Consumer-Driven Services	101	80	49	63
Emergency Services	1,753	1,717	1,381	1,196
Family-Based Mental Health Services	1	0	0	0
Family Support	32	9	23	5
Housing Support	168	137	135	139
Crisis Intervention	2,371	2,326	2,674	3,074
Outpatient	114	69	25	23
Partial Hospitalization	28	30	19	22
Peer Support Services	24	14	17	14
Psychiatric Inpatient Hospitalization	5	3	1	2
Psychiatric Rehabilitation	0	12	4	3
Social Rehabilitation	129	141	101	85
Targeted Case Management	852	633	457	386

Table 4 shows Fiscal Years 19-20 through 21-22 by type of service, number of persons served and Health Choices expenditures. Total expenditure for Targeted Case management services declined.

Table 4- HealthChoices FY19-20 and 20-21 Mental Health Services by Number of Persons / Costs

Type of Mental Health Service	Served FY 19-20	Served FY 20-21	Served FY 21-22	Spent FY 19-20	Spent FY 20-21	Spent FY 21-22
Inpatient psychiatric, includes EAC	1,010	**997**	890	$18,715,624	**$18,573,629**	**$18,687,531.57**
Partial Hospitalization	323	**297**	364	$1,711,071	**$1,910,259**	**$1,788,650.14**
Outpatient	9,988	**9,771**	10,074	$8,026,711	**$8,877,657**	**$9,827,335.71**
Behavioral Health Rehabilitation Services	1,443	**1,197**	1026	$11,392,819	**$11,476,853**	**$11,454,018.24**
Residential Treatment	28	**44**	34	$2,324,737	**$3,488,321**	**$2,426,656.22**
Crisis Intervention	1,351	**1,396**	1,162	$603,356	**$607,656**	**$723,604.00**
Family Based MH Services	312	**260**	198	$4,174,766	**$4,109,252**	**$3,503,759.08**
Targeted MH Case Management	1,784	**1,744**	1,541	$4,335,690	**$4,356,637**	**$4,107,944.72**
Peer Support Services	74	**100**	91	$123,069	**$159,020**	**$195,697.78**
Other MH: Assertive Community Treatment, Specialized Treatment, Telepsychiatry	1,168	**866**	1,314	$2,284,832	**$1,697,237**	**$3,076,414.15**
Managed Care MH Total:	11,753	**16,672**	16,694	$53,692,676	**$55,256,521**	**$55,791,611.61**

The use of inpatient services dropped in FY 21-22; however, the use of partial and outpatient increased. All other services other than the use of ACT decreased.

Efforts to Improve Care for Children with Complex and Multi System Needs: Services to children and their families are almost entirely funded by PerformCare, the Behavioral Health Managed Care Organization (BH-MCO) contracted by the County of Dauphin. Dauphin County MH continues to focus on reducing the use of Residential Treatment, as out-of-home treatment is not evidence-based or community-based care. Concerns that children are at risk due to the high number of critical incidents including allegations of abuse by staff are valid, traumatic, and need greater attention. In FY 21-22 there were a total of 36 RTF recommendations for 35 unduplicated youth.

Table 5: Fiscal Years 19/20 through 21/22 Use of RTF level of Care

Dauphin County's Use of RTF	FY 19-20	FY 20-21	FY 21-22
# RTF Recommendations	45	35	36
# Unduplicated Youth	37	34	35
# Approvals	33	31	28
# Denials	10	2	5
# RTF Recommendations not pursued (i.e., Parent not interested)	2	2	2
Unduplicated youth served in RTF	29	38	35
Discharges	9	20	24
Average Length of Stay at Discharge in days		405	368
Longest Length of Stay at Discharge in days		1,910	1672

In FY 2021-2022 there were 24 youth discharged from RTF. In FY 21-22 there were 35 youth served in RTF. The five-county managed care group has selected a provider to develop a small community-based RTF for eight (8) youth. Reinvestment funds will be used for start-up costs associated with this RTF service development. A site in Lancaster County was identified in FY 20-21. Renovations on the site are completed. Opening has been delayed due to challenges hiring staff and finalizing their service description and policies and procedure to meet the regulations of OMHSAS and OCYF. Target program opening date is August 2023.

Forensic Initiatives

Dauphin County continues to collaborate with county forensic partners including CJAB participants, the public defender's office, and the DA's Office and its Behavioral Health Unit with implementing recommendations from the Stepping Up Technical Assistance initiative. Past key initiatives have included a short term CRR for persons with serious mental illness (SMI) released from Dauphin County Prison or state correctional facilities and development of a specialized treatment program for persons with SMI, who are co-occurring and involved with the criminal justice system. CRR services began in January 2021. Maintaining staffing capacity has impacted on the use of all beds. A forensic case management supervisor participates in Mental Health and Drug and Alcohol specialty courts as well as Team MISA for those incarcerated at Dauphin County Jail. An administrative case manager participates in the reentry planning team and receives referrals from the Judicial Center. Crisis Intervention Team (CIT) training continues to be facilitated by the DA's Behavioral Health Unit for police/security officers and first responders. Since August of 2019, LiveUp! Recovery has been serving individuals with co-occurring disorders (SMI and SUD) with an Intensive COD Outpatient program coupled with a recovery center. Capacity in FY21-22 reached 20 persons per day; however, due to staffing capacity challenges ran at an average of 8 in early CY 2022. Program census is carefully monitored on a continuous basis.

Quality Assurance Activities

There were 323 Adult Unusual Incident Reports (UIRs) reviewed and entered in the Dauphin County database in FY 20-21. There was a reduction in UIRs of 10% from the previous year. The highest category was Serious Illness (118 or 36.5%). Criminal Event Involving the Police was the second highest category with (108 or 33.4 %). The onset of the COVID-19 pandemic may have impacted incident reporting in areas other than health concerns. In FY 20-21 throughout the pandemic, there were forty-four (44) persons reported to have the COVID virus and there were five (5) COVID-related deaths among MH consumers. The third largest category was deaths with (23) reports or (7.1%). A lower number of deaths were reported in 20-21 as compared to thirty-nine (39) the previous year. There was one (1) allegation of abuse by staff of consumers. Staff were immediately suspended during the investigation, and then terminated. There were three (3) reports of misuse of funds by a Dauphin County provider. There were six (6) unexplained absences from residential programs.

Persons from the closure population and those residing in residential programs are subject to HCSIS (EIM) reporting which is a State mandated reporting system. In FY20-21 241 reports were entered. Illness was the single largest category with one hundred seventy-four (174) or 72.2% of the total reports. The next highest category was Missing Persons nineteen (19) or 7.9%. The annual count in EIM in FY 20-21 was 241 as compared to 85 in FY 19-20 which is a 184% increase. The pandemic created many stressors for consumers due to restrictions and among residential program staff since persons were isolated to the residence most of the day. New and additional activities were planned to keep people engaged and safe. Residential programs remained open throughout FY20-21; admission and discharges slowed; some telehealth was used when staffing was impacted by the pandemic. However, adult direct care residential staff were recognized by MHADP in provider-level staff recognition events.

In FY 21-22 a total of 168 Unusual Incident reports (UIRs) were received involving children with report sources being CMU and Perform Care. Due to a policy change reports involving seclusion/restraint decreased, only restraints associated with injury are reportable. Two youths each had one instance of restraint and injury.

In FY 21-22 a total of 571 UIRs were received totaling an increase of 56.6% increase over FY 20-21. The highest category was Serious Illness for 338 or 59.19%. Criminal events involving police were second with 73 or 12.78%. These two categories have been the highest for two consecutive years. 69 individuals reportedly had COVID; and 30 deaths were reported.

The CMU tracks outcomes for those discharged from case management services. 53.6% were discharged to a higher level of independent living.

b) **Strengths and Needs by Populations:** *(Limit of 8 pages #1-11 below)*

Please identify the strengths and needs of the county/joinder service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at https://www.samhsa.gov/health-disparities.

1. **Older Adults (ages 60 and above)**

Strengths	Needs

Person-centered planning with AAA Geriatric Psychiatric IP resources Older Adult OPT Clinic Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources. Coordination of psychiatric and medical concerns Use of Older Adult Protective Services Act process, when needed. Use of Nursing home referral guidelines established with AAA. Experience with CHC and modified OBRA process MHADP coordinated task force to inventory resources and needs of older adults with neuro cognitive decline.	Alternatives to emergency room services for crisis response include mobile response by mental health clinicians and older adult peer specialists and crisis walk in center with access to mental health clinicians and older adult peer specialists. Peer-run older adult support groups. Peer run older adult self-help. Housing resources for older adults who are dependent on SSI income. Collaboration with Skilled Nursing facilities Limited access to skilled nursing homes/services for forensic/older adults Expand LOA with Danville State Hospital for readmission from Nursing homes when County resident transferred to another County's facility. Training on appropriate use of guardianship services in partnership with AAA Resources for persons with a diagnosis of neurological disorders with and w/o forensic identifier.

2. Adults (ages 18 to 59)

Strengths	Needs
Limited but still open- Open Access Clinic Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-Occurring MH & D/A Integrated MH D&A and EMDR) Two (2) new free-standing Certified Peer Specialist programs for adults and teens Certified Peer Specialists embedded in IP units. Consumer Operated Drop-in Center Team MISA collaborative service planning with Courts/County Prison and Pre-Trial services CIT available for police departments Re-Entry planning from Dauphin County Prison Forensic Short-term CRR Sex Offender Outpatient Services NAMI Dauphin County Family-to-Family and Peer-to-Peer Program Transitional Forensic CRR SAMHSA-model Supported Employment Services	Alternatives to emergency room services for crisis response include mobile response by mental health clinicians and peer specialists and crisis walk in center with access to mental health clinicians and peer specialists. Peer run support groups. Peer run self-help. Continued Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County with 19-20 reinvestment funding Local MH & Forensic access to South Mountain equal to DOC access for hard-to-place individuals in nursing home settings under age 60 CSP committee continues to build-back Continue identification of persons for PRA 811, HCV, and Mainstream vouchers with CACH, HACD, & MH providers Address staff shortages in MH system with living wage for direct care staff with new/carryover funding

Two short-term CRR Programs for Crisis and Diversion CAPSTONE (FEP) with embedded CPS services funded by BH-MCO Three (3) Permanent Supportive Housing programs and Prepared Renters Program classes Shelter Plus Care Behavioral Health RED Program at PPI in collaboration with PerformCare Mobile Psychiatric Rehabilitation services also MA funded. EAC diversion from Danville State Hospital (20 beds at Mt. Gretna and Ephrata) Long-Term Structured residence (14 beds) Use of Adult Protective Services reporting and processes to improve services to victims. Improved Coordinated Entry process linked to Shelter Plus Care Improved timeframes of IST dispositions from evaluation completion to legal action. Social Rehabilitation services	Suspension of Medicaid benefits while in SMH rather than terminated from benefits comparable to DOC arrangement with DHS. FEP Outreach Plan to increase Referrals. Resume residential monitoring. Implement AOT with strong team functioning. Monitor MH court implementation by District Attorney's Office Support case management entities involvement in MISA and Re-entry Teams for eligible person with SMI in County prison Implement resources for social determinants of health. Continue to develop MH deliverables for MH contracted providers and establish mechanisms to monitor use of deliverables and outcome reporting by contracted providers. Implement QPR and CPI Implement AOT. New provider for Double Trouble Groups New provider for Psych Rehab Programming

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

Strengths	Needs
Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-Occurring MH D&A Outpatient and EMDR) Transition Planning to Adult Services by TCM The JEREMY Project Transitional Adult Program (TAP)–CRR CAPSTONE (FEP) Prepared Renter Program (PREP) Classes and Three (3) Permanent Supported Housing programs The JEREMY Project – transition to high-risk population model for children with only MH diagnoses Continue management/administrative cross-system meetings for complex, multi-system persons in RTFs. Access to PATH supports for TAY population.	More locally located residential options for children with complex needs. Expanded capacity for IBHS not just the number of agencies. Continue to explore small 3800 CYS -type group homes with Intensive IBHS supports since CRR-HH and CRR-ITP are not working as alternatives to RTFs. Identify funding source for JEREMY –like project for transitioning teens with autism with A/DP Continue to identify eligible persons for PRA 811, 811 HCV and mainstream vouchers with Local Lead Agency – CACH and MH providers. Continued increase in trauma informed approaches and decrease in use/elimination of

Provided QPR training. .	mechanical and supine restraints for all children. Address access to mental health outpatient services. Address length of stay for persons in RTF, especially persons with ID/ASD with longer stays. Re-start QPR training for all interested. Implement resources for social determinants of health.

4. **Children (under age 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

Strengths	Needs
Open Access Clinic- limited but still open School-based Mental Health Outpatient programs in all public-school districts Two Multi-systemic Therapy Providers Functional Family Therapy Parent Child Interaction Therapy (PCIT) Specialized programs for youth with problem sexual behavior (SPIN) and fire setting behaviors (YFACTS) Coaching and support to CMU Children's Supervisors and treatment teams Human Services' Supervisors Group VALLEY STRONG initiative in Northern Dauphin County Dauphin County and Public-School District meetings on MH system improvements Children's MH System overview to school staff Transition Planning to Adult Services by TCM CAPSTONE (FEP) MH consultation to Student Assistance Program (SAP) and SAP Networking meetings. Continued development of Elementary SAP to 21 elementary schools that did not have an ESAP team.	Alternatives to emergency department during crisis to include mobile crisis response and walk in center supports featuring peer supports. Residential options for children with complex needs. Continued development of trauma informed approaches and the reduction/elimination of mechanical and supine restraint use. Monitor CAP5 new RTF implementation. Continued focus on reducing length of stay in RTFs. Continued exploration of small 3800 CYS-like group home with Intensive IBHS supports. Expanded capacity of child/teen partial hospitalization Revisit capacity for PCIT and DBT-A Monitor FBMHS Team staffing and use of FBMHS for primary MH population. Promote models of in-home services for children/teens with autism. Offer Resiliency in Action training to Children MH provider network. Explore implementing Circles of Security Re-start Annual School District training on applying for MA/HC Restart Guiding Good Choices with parents as facilitators.

MH services at Schaffner Youth Center for on-going treatment and evaluations for discharge planning purposes. Continue MH/A/DP management/administrative cross-system meetings for complex, multi-system persons in RTFs. The JEREMY Project Established Free-standing Adolescent Certified Peer Specialist – two (2) new CPS providers.	

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

5. Individuals transitioning from state hospitals

Strengths	Needs
Long-Term working relationships with SMH staff members Extensive MHADP staff experience working with the PA SMH system.	Expanded step down opportunities to support adults transitioning from longer term SMH stays to community living particularly those who lack the capacity to sustain voluntary participation in active treatment and have reduced internal impulse control around substances and have had diminished opportunity to exercise independent judgment during their hospital stay. Peer support during SMH stay to promote community based social connections that are recovery oriented. Recovery Specialist support during the SMH stay to promote community based social connections that are recovery oriented. SMH's are not geographically located near the county which creates barriers to developing relationships and connections with those being service in the SMH. Those served in the SMH would benefit from access to stronger video conferencing connections. The Treatment Team meeting schedules of the SMH tend to conflict. County and provider staff are outnumbered by the number of treatment team meetings that occurring on the same day and the same time. It would seem such meetings could be better scheduled to be staggered throughout the week.

	Recommendations for the SMH active treatment curriculum: 1. opportunities for community activities on a continuous basis;2.connections with work opportunities or work preparation;3. Education regarding recovery including peer specialists and recovery specialists; 4. physical health and behavioral health education including dental hygiene 5. crisis de-escalation strategies 6. financial literacy; 6. a review of the CSP process and requirements.

6. **Individuals with co-occurring mental health/substance use disorder**

Strengths	Needs
Live Up Recovery/ Recovery Center which combines Mental Health and SUD recovery practices. CRR and Domiciliary Care programs Long Term Structured Residence (14 beds) Specialized Care Residences (PCH-Licensed) WRAP and IMR Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-occurring MH & D/A and EMDR) Assertive Community Treatment Team (ACT) Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family and Peer-to-Peer Programs SAMHSA-model Supported Employment services. Transitional CRR programs for Crisis and Diversion Three (3) Permanent Supportive Housing programs Shelter Plus Care	Staffing stability and boosted staffing capacity for Live Up Recovery to serve at its planned capacity. Step Down residential programs geared for those who lack the capacity to demonstrate voluntary participation in services; consider ways to engage in treatment up to and including use of AOT. Need to identify another provider for Double Trouble program after last provider stopped the service. Strengthen relationship with AAA and OLTL regarding nursing home access and use of home-based aging waivers.

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

Strengths	Needs

County-level State Hospital Diversion /Coordination and EAC Team MISA and Re-Entry Team CRR and Domiciliary Care programs Long-Term Structured Residence Specialized Care Residences (PCH-Licensed) WRAP and IMR Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-Occurring MH & D/A and EMDR) Short-term Forensic CRR SAMHSA-model Supported Employment Sex Offender Outpatient Services CJAB Member – MH/A/DP Administrator Coordination with DOC Live Up! Recovery and IOP Center School-based Mental Health Outpatient IBHS licensing and expansion Multi-Systemic Therapy & FBMHS Functional Family Therapy CRR –Host Home and Intensive Treatment Program Human Services' Supervisors Group County cross-system protocol for collaboration VALLEY STRONG initiative in Northern Dauphin County Triage Group at Schaffner Shelter to access needed services. MH services at Schaffer Youth Center TCM Transition strengths and needs assessment conducted annually beginning at age 16. Continue management/administrative cross-system meetings for complex, multi-system persons.	Continue to develop collaborative relationships with those in other systems regarding the role/responsibilities of the MH system. Continued representation of MHADP in Team MISA, Re-Entry planning, MH Court, and DCP planning for those with SMI and complex disorders. Access to walk in psychiatric supports as needed 24x7- implement the crisis walk in center. Access to in continuous in field mobile crisis supports to deescalate crisis as they occur and decrease reliance on emergency department use. Step down residential supports for those maxing out of DCP sentences. Expanded LTSR opportunities are needed. Implement AOT for those with SMI who complete criminal justice requirements are unable to maintain voluntary participation in critical active treatment Limited access to skilled nursing homes/services Lack of neurological assessors for CST evaluations Service access for HealthChoices members in DOC-Community Correctional Centers while in DOC custody Continued to implement Bridge Rental Housing with Housing Authority of Dauphin County Monitor Forensic CRR use to assure maximum use. Continued MH consultation with BH-MCO on transition issues/service needs

8. **Veterans**-counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the following list):
https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Documents/MA-VA%20400%20County%20Directors.pdf

Strengths	Needs
Non-service-connected veterans and their family members access MH services based upon eligibility and availability. Due to gaps in services, veterans and their families are served by both the MH and VA	Access to walk in psychiatric supports as needed: implement the crisis walk in center. Access to in continuous in field mobile crisis supports to deescalate crisis as they occur and

systems based on their need and eligibility for services. **Stand Down** Ongoing commitment at County and BH-MCO to developing and sustaining clinical expertise in trauma –related evidenced based interventions and provider/clinician certification. Dauphin County Veteran's Court may coordinate services with the MH system as needed.	decrease reliance on emergency department use. Continue commitment and participation to the items listed as **Strengths.** Maintain information and linkages to new developments in treatment, employment and housing initiatives for veterans and their families. Keep case management entities updated on Veteran services in treatment, housing, etc.

9. **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**

Strengths	Needs
Provision of training available on a routine basis for all types of services/professionals. Alder Health Care (formerly the AIDS Community Alliance) operates a mental health psychiatric clinic co-located and integrated with their health services, including tele-psychiatry. Informal knowledge and resource sharing between clinical services and crisis/case management entities. 21-22 PerformCare DEI training completed	Access to walk in psychiatric supports as needed: implement the crisis walk in center. Access to in continuous in field mobile crisis supports to deescalate crisis as they occur and decrease reliance on emergency department use. Continue commitment and participation to the items listed as **Strengths.** Maintain information and linkages to new developments in treatment and supportive services unique to MH system and in community at-large. Continue residential monitoring for access to services.

10. **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**

Strengths	Needs
Agencies recruit and retain staff representatives of diverse community. The relationship between health and mental health are fully understood and prioritized among persons registered with the MH system. County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BH-MCO. On-going commitment to wellness activities for children and adults in MH system.	Continue to triage care due to periodic budgetary cuts and the lack of prior cost-of-living increases not tied to real costs which continue to impact the availability of services and waiting periods to access services. Maintain role in County level planning for county funded as well as BH-MCO funded services. Continuation of active Quality Management Continue learning on Community HealthChoices, especially for person with neurocognitive disorders.

Emphasis on coordination and communication between primary care, specialized care, and behavioral health. BH-MCO has multi-year priorities identified on PH/BH integration. Active Quality Assurance Management in County MH Program in addressing chronic/preventable health issue among adults and children with MH concerns. Advocacy with BH-MCO and OMHSAS on needs related to dual eligible (Medicaid and Medicare) Medication Reconciliation Toolkit from PerformCare Natural Support Toolkit from PerformCare Nurse Navigator program at Merakey Implementing resources for Social Determinants of Health Policies and procedures at County and BH-MCO in place to address provision of language and linguistic support needs in MH service access. Commitment to diversity in workplace/provider hiring for direct care and management services to represent cultural, language, and ethnic demographics of the population of persons in publicly funded MH system. Contract with the International Services Center for ethnically specific support services, typically recent immigrants of Asian descent. Use of Language Line available through Crisis Intervention Program and among other service providers when staffing is not representative of population in services. CMU and Keystone Human Services maintain on-going cultural competency taskforces. Renewed Court processes for interpreters for MHPA commitment hearings Established outpatient resources for Bhutanese population	Develop task force on cultural diversity in MH/A/DP system. A comparative survey of workforce demographics has not been conducted since the 1990's among County MH system. Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs. Work with International Service Center as needed on program modifications for specific target groups.

11. **Other populations, not identified in #1-10 above (if any, specify)** (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

Strengths	Needs
Persons with Deaf and Hard of Hearing Needs in the MH system	
Policies and procedures at County and BH-MCO in place to address provision of support needs in MH service access.	Continued use of consultation with OMHSAS, Department of Labor and Industry, and

Use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. Participation in training when identified/available on issues of persons with deaf and hard of hearing needs. Use of technical support to enhance participation in MH system. Contract with Partners for deaf-specific services in CRR and targeted case management FY14-15 BH-MCO credentialing of Partners for deaf-specific MH services in 2015.	advocacy organizations on resources and expertise. Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs. Use of technical support to enhance participation in MH system. Continued identification of resources for deaf-specific services both County-funded and BH-MCO funded. Continue learning on Community HealthChoices.
Persons with Complex and/or Chronic Physical Health Needs in MH System	
Cross-system interagency team meetings at person-specific and administrative levels Crisis intervention and targeted case management linkages with physical health providers BH services embedded in FQHC. Continue Nurse Navigator Program Implement resources for Social Determinants of Health	

c) Recovery-Oriented Systems Transformation (ROST): *(Limit of 5 pages)*

- i. *Previous Year List:*
  - o Provide a brief summary of the progress made on your FY 22-23 plan ROST priorities:
  - i. Priority 1: Dauphin County applied for and was awarded CMHSBG funds for two years to implement Assisted Outpatient Treatment.

    Progress: During FY 21-22 an AOT Coordinator position/MH program Specialist 2 was created. The position was filled in July 2022. Consultation with TAC began periodically but focused on Court system engagement. A work group was convened with outpatient and partial hospitalization providers to understand how AOT is designed in the amendment MHPA. The AOT Coordinator position left employment in December 2023, then sat vacant; however, the position will be filled again on August 7,2023. Orientation/training will begin immediately. During the interim the MHR team has been reestablished and all parties including the MHRO, Solicitor and Client's Defender intend to participate in AOT. In Person MHR Team hearings are once again occurring. The CMU established an AOT Supervisor role to work closely with the MHR Team and County AOT Coordinator. Dauphin County is committed to operationalizing AOT during the fall of 2023.

  - ii. Priority 2: Child and adolescent partial hospitalization programs are rare throughout the Commonwealth, so Dauphin County has been very fortunate to have one provider offering these services for many years. The provider has been serving children and teens from a very large geographical area outside of Dauphin County.

Progress: Dauphin County has one child and adolescent partial hospitalization program offering these services for many years. The provider also serves children and teens from Cumberland/Perry counties. A reinvestment imitative financed some needed space expansion at PPI resulting in the expansion of space for children from 25 to a total of 43 slots.

iii. Priority 3: The benefits of a therapeutic structured environment contribute to an individual's continued MH recovery.

Progress: Adult MH residential programs in Dauphin County are transitional programs, and persons are reassessed for transition after the first two (2) years. Waiting lists for all residential programs are constant so a lack of referrals is not the problem. A policy and procedure in 2020 established maintaining a 90% occupancy rate annually. FY22-23 residential programs have contract deliverables on residential requirements as well as contract performance outcomes reported quarterly. Short-term CRR for crisis and diversion are not included. A focus on individualized planning has resulted in three discharges from the LTSR; individuals with independent living skills being served in moderate CRR who could live independently if successfully linked with suitable housing, and at least two individuals historically served in SCR's who required LTL supports and have been discharged. This level of planning and focus will continue to assure appropriate transition to independent living or alternate level of support.

iv. Priority 4: Certified Peer Support is a valuable resource for people working on their MH recovery.

Progress: Peer support was initially funded in Dauphin County as a reinvestment service with one provider in the CAP-5 area. When Certified Peer Support became a free-standing MA reimbursable service in 2006, two additional providers offered services. In 2018-2019, Dauphin County was identified by OMHSAS as having a low enrollment of persons involved in CPS. In April 2019, a Dauphin County CPS program closed. Adolescent CPS has not been available other than through CAPSTONE (FEP) as an embedded service. In FY19-20 expanding CPS in Dauphin County was an identified need by PerformCare and CABHC. In spring 2022, two CPS agencies were added to provide services to teens and adults in Dauphin County.

v. Priority 5: Dauphin County would like to see a change in out-of-home treatment options more in line with the values of children's MH system and not rely on children being under CYS/JPO care. The CRR Host Home & Intensive Treatment program (ITP) model has no future. Even a rate increase has not expanded the service. In OMHSAS monitoring State staff have offered ideas to improve the availability of homes. COVID didn't help. There are no options to resurrect this level of care. New or other licensing of RTF will not address the concerns when there is no action on restraints and staff abuses.

Progress: Dauphin County is collaborative, using the professional experiences of its provider network for Coordinated Specialty Care (CSC) services. In FY16-17 CAPSTONE, a first episode psychosis program, was established. In FY18-19 the age group was expanded to 16-20 years of age. In FY19-20 Cumberland/Perry MH/IDD providers were added. Peer support was embedded at PPI in 2020 following a gap of nine (9) months. A Year 5 grant proposal was submitted to OMHSAS in May 2020.

Sustainability is the priority goal during FY20-21. CAPSTONE must continue to increase the number of enrollees monthly.

ii.   *Coming Year List:*
   o Based on Section b **Strengths and Needs by Populations,** please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 23-24 at current funding levels.
   o For <u>each coming year</u> (FY 23-24) ROST priority, please provide:

   a. A brief narrative description of the priority including action steps for the current fiscal year.
   b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
      o Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
   c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
   d. A plan mechanism for tracking implementation of the priorities.
      o Example: spreadsheet/table listing who, when and outputs/outcomes

1. Behavioral Health Crisis Response Services

☐ Continuing from prior year ☒ New Priority

   a. Narrative including action steps: Inpatient services are no longer the resource they once were and access to inpatient resources must be reserved for use by the neediest of persons. Dauphin County, in partnership with Cumberland/Perry Counties, secured a CMHSBG to develop and implement a Crisis Walk-in Center with attached mobile crisis response capability. Proposals are due from invited vendors by 8/14/23. A contractor will be selected by 09/01/23 and a contract will be in place by 10/30/23 for initial start to begin by 01/01/24. Implementation of the Crisis Walk-In center is anticipated no later than 07/01/24. The Walk-In Center and mobile unit will adhere to the SAMSHA Behavioral Health Crisis Response Guidelines and operate by a no reject policy to provide support to individuals with both serious mental illness and substance use disorder

   b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) By 10/30/23 contractor will be selected, approved by all three sets of County Commissioners, and a contract will be implemented. By 12/31/23, the initial startup, plan for building changes, and final start up budgets will be finalized. In FY 24-25, The Crisis Walk-In Center will open, and mobile services will be activated.

   c. Fiscal and Other Resources: Funding will be provided via an ARPA/CMHSBG grant, DDAP grant, and CABHC/PC reinvestment funds.

   d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) Quarterly CMHSBG reports will be submitted as required via WizHive.

2. Dauphin SIM 0 Mapping

☐ Continuing from prior year ☒ New Priority

    a. Narrative including action steps: Dauphin County completed SIM Mapping in 2015. At that time, Intercept 0 was not discussed in detail. A re-visit of the Intercept 0 and its overlap with Intercept 1 was considered desirable from a planning perspective. Also desirable was the need to promote the cultural shift to a Crisis Walk-In Center philosophy to reduce reliance on emergency rooms and police response. An ARPA/CMHSB grant was secured, and a vendor was contracted for consultation in July 2023. Mapping sessions have been completed with a general stakeholder session scheduled for 8/30/23, and a final one planned on 11/30/23.

    b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) Mapping sessions have been completed with a general stakeholder session scheduled on 8/30/23, and a final one planned on 11/30/23. A final mapping report will be completed in FY 23-24 Q3 or by January 2024.

    c. Fiscal and Other Resources: ARPA/CMHSBG funds

    d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) WizHive quarterly reports will be submitted as required.

3. Maximize use of LTSR resources for step down opportunities

☐ Continuing from prior year ☒ New Priority

    a. Narrative including action steps: Individuals leaving restrictive environments experience adjustment challenges without the benefit of a transitional plan and support. To better support those leaving prolonged stays in incarceration and/or state hospitalization, step-down opportunities are needed. Dauphin County has access to 12 LTSR beds. Individualized planning conducted with all persons served in the LTSR per Current Priority #3 above will continue with a focus on addressing barriers to the individual's ability to function successfully in a setting other than LTSR. The goal is to support transitioning for all who have been served in an LTSR longer than 18 months and free up LTSR capacity to accommodate individuals leaving SMH's and/or incarceration. Dauphin County MHADP program specialists will work with the provider to consider how supports may be intensified. CABHC will be involved in transitioning the LTSR to draw down HC reimbursement which will create much needed financial resources for the provider to address salary discrepancies.

    b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

COMPONENTS TO ADDRESS	GOALS	NEXT STEPS & ACTION ITEMS	COMPLETED DATE EXPECTED
Discharge Planning	All residents will have a CSP developed within 60 days of admission. All voluntary residents will be discharged to a lower level of care within 24 months of admission if agreed upon by the IDT including DC MHADP staff.	CSP meetings for all those with LOS greater than 18 months will be concluded by April 30, 2024. DC MH Coordinator will track all admission and discharge dates; performance goals will be added to FY24/25 KSS contract.	4/30/24 January 25
Crisis Response System Development Support	Consider use of up to two (2) LTSR beds for reservation as crisis stabilization beds.	Beginning in January, 2024 DC Administrator and Deputy MH Administrator will begin discussions with LTSR vendor about the use of two LTSR beds for clinically appropriate 23 hour crisis stabilization service.	Begin January, 2024 and complete by September, 2024
HealthChoices Reimbursement	MHADP will review enrollment opportunities for HealthChoices billing for all eligible clinical components of services offered at the LTSR.	MHADP will reach out to CABHC and PerformCare to pursue a billing rate for clinical services in the LTSR by 1/31/24.	Start 1/21/2 Complete TBD but no later than June, 2024.
Peer Specialist Services	LTSR residents will be given the opportunity to receive Peer Support Services	KSS will invite a Peer Specialist provider to present to all the residents in the LTSR by 1/31/24.	2/28/24

    c. Fiscal and Other Resources: Within current budget constraints

    d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
Action steps will be tracked in MH Staff Meetings.

d) <u>Strengths and Needs by Service Type:</u> *(#1-7 below)*

1. Describe telehealth services in your county *(limit of 1 page)***:**

    a. How is telehealth being used to increase access to services? Telehealth is used within regulatory requirements to access licensed practitioners. Most providers utilize telehealth to assure appropriate psychiatric supervision. Absent telehealth options, many services would not have continued. Telehealth is also used as needed dependent upon COVID exposure status of clients and staff members but is no longer continuously used in lieu of in-person interventions since the discontinuation of the emergency order. Stronger video connections are needed with individuals served in the MH system.

    b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community*? (For example, providing technology or designated spaces for telehealth appointments)* This has not been necessary yet, but they can be considered on an as needed basis. These needs will be addressed with the local CSP planning team.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

    ☒ Yes   ☐ No
If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 23-24. (Limit of 1 page)

The BH-MCO and oversight agency periodically provides funds to support Trauma-Informed training and, at times, certification. During FY2-23 the Mental Health Committee of the MHADP Advisory Board developed and administered a survey to Dauphin County MH OP and PH providers based on the PA Trauma Informed Care Task Force report. The Survey Summary will be finalized and shared with the provider network and other stakeholders. It demonstrates the Dauphin County MH Provider network's commitment to implement TIC on an ongoing basis.

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

   ☐ Yes   ☒ No
   If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 23-24. *(Limit of 1 page)*

   Dauphin County MHADP is not currently using CLC training. The MHADP Advisory Board has requested work in this area. The <u>BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE</u> will be reviewed with the MHADP Advisory Board as well as local CSPs for input and ideas on implementation strategies. Of note is the CCRI POMS Annual data which shows of those served in Dauphin County: 40% are black, 40% are white, less than 2.5% are American Indian/Alaskan Native, 5% are Asian, less than 2.5% are Pacific Islander, and 10% are unknown. Awareness building around racial, cultural, and ethnic issues including language preferences is a concern with stakeholder groups and is needed.

4. **Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?**

   ☐ Yes   ☒ No
   If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 23-24. *(Limit of 1 page)* DEI efforts are an expressed concern by our CSP partners. Same as above. A workplan needs to be developed.

5. **Does the county currently have any suicide prevention initiatives which addresses all age groups?**

   ☒ Yes   ☐ No
   If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. *(Limit of 1 page)*

   Dauphin County MHADP was awarded a three-year Suicide Prevention Awareness grant from PA Department of Health that will begin in FY 23-24. Grant activities will focus on individuals ages 15-24. MHADP will contract with NAMI of Dauphin County and the non-profit Chronically Strong to recruit and train a network of volunteers that will conduct Suicide Prevention trainings such as QPR, Signs of Suicide (SOS), and tMHFA as well as perform community awareness activities. MH Committee will monitor grant activities, develop community wide inventory of suicide prevention activities. The Suicide Prevention: Resource for Action from the CDC will assist in identifying strengths and areas for improvement.
   Dauphin County had MH staff trained in QPR and offered trainings to other county department, MHADP advisory board, and community agencies, used CABHC allocated funds to have County Crisis Intervention and case management entities trained as trainers in QPR this spring. CPI

training as train the trainer was also carried out in spring 2022. Three school districts: Halifax, Upper Dauphin, and Williams Valley administer Aevidum (suicide prevention) student clubs. County participates in the Garrett Lee Smith Suicide Prevention Grant which provided training for Student Assistance Program (SAP) MH Liaisons on BH-Works (suicide risk screening tool). MH Liaisons administer BH-Works during informal assessments. Elementary Student Assistance Program teams that are identified in the CMHSBG grant in use of BH-Works for elementary students which consists of parent survey. MHADP participates in the Dauphin County Child Death Review Committee.

6. **Individuals with Serious Mental Illness (SMI): Employment Support Services**

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see Employment-First-Act-three-year-plan.pdf (pa.gov)

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).

- Name: Frank Magel, Program Specialist 2, Adult Services
- Email address: fmagel@dauphincounty.gov
- Phone number: 717-780-7045

b. Please indicate if the county **Mental Health office** follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:

☒ Yes ☐ No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness. Dauphin County MH contracts with the YWCA of Greater Harrisburg, and they exclusively use the SAMHSA Supported Employment Model which is about working in competitive employment settings only. Job search and attaining employment are less successful when persons with co-occurring SMI and substance use disorders seek employment and refuse D&A treatment. There are no exclusionary criteria for referrals to YWCA Supported Employment services. A person must be registered with the BSU, and the service is County-funded. Services are authorized by Dauphin County. Those interested in working with OVR may do so. The FEP-CAPSTONE program enrollees ages 16-30 also receive supported employment and education services.

Previous Year: FY 22-23 County Supported Employment Data for **ONLY** Individuals with Serious Mental Illness		
• Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as **zero (0)** • Only if no data available for a category, list as **N**/A *Include additional information for each population served in the **Notes** section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).*		
Data Categories	**County MH Office Response**	**Notes**
i. Total Number Served	51	
ii. # served ages 14 up to 21	10	
iii. # served ages 21 up to 65	40	

iv. # of male individuals served	24	
v. # of female individuals served	26	
vi. # of non-binary individuals served	1	
vii. # of Non-Hispanic White served	19	*1 consumer elected
viii. # of Hispanic and Latino served	5	not to disclose
ix. # of Black or African American served	25	
x. # of Asian served	1	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	N/A	Not tracked
xv. # of individuals served working part-time (30 hrs. or less per wk.)	24	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	16	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	3	
xviii. # of individuals served with highest hourly wage	1	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	N/A	Not tracked

7. Supportive Housing:

a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Frank Magel, Program Specialist 2, Adult Services
Email address: fmagel@dauphincounty.gov
Phone number: 717-780-7045

DHS' five- year housing strategy, Supporting Pennsylvanians Through Housing is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

b. **Supportive Housing Activity** *to include:*
   - *Community Hospital Integration Projects Program funding (CHIPP)*
   - *Reinvestment*
   - *County Base funded*
   - *Other funded and unfunded, planned housing projects*

   i. Please identify the following for all housing projects operationalized in SFY 22-23 and 23-24 in each of the tables below**:**
   - Project Name: Sycamore Homes Housing Development
   - Year of Implementation: FY 23-24

- Please note: Data from projects initiated and reported in the current SFY 23-24 will be collected in future planning documents.

- Funding Source(s): Reinvestment, PHARE, Dauphin County Housing Funds, Community Matter Grant, Harrisburg City CDBG, and private donations.

- Project Name: HUD 811, MH Vouchers, Mainstream Vouchers with the Housing Authority of the County of Dauphin
- Year of Implementation: ongoing and continuing in FY 23-24
- Funding Source(s): HUD

- Project Name: Bridge Rental Subsidy
- Year of Implementation: ongoing and continuing in FY 23-24
- Funding Source(s): ongoing and continuing in FY 23-24

- Project Name: Regional LTSR with Lancaster, Lebanon, and Cumberland/Perry Counties (CAP-5)
- Year of Implementation: tentative in later FY 24-25 pending funding
- Funding Source(s): OMHSAS/Community Hospital Integration Projects Program funding (CHIPP)

ii. Next, enter amounts expended for the previous state fiscal year (SFY 22-23), as well as projected amounts for SFY 23-24. If this data isn't available because it's a new program implemented in SFY 23-24, do not enter any collected data.

1. Capital Projects for Behavioral Health	Check box ☒ if available in the county and complete the section.

Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 22-23 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 23-24 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Targeted BH United		9. Term of Targeted BH Units (e.g., 30 years)
Sunflower Fields	FY 14-15	Reinvestment FY 13-14	0	0	5 families	5 families	5 families		30 years with option to own
Sycamore Housing Development	FY 23-24 & 24-25*	Reinvestment FY 20-21	$661,110	0	0	7	7		Permanent housing
Totals			$661,110	0	5	12	12*		
Notes:	Sycamore Housing is waiting for OMHSAS approval.								

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2. **Bridge Rental Subsidy Program for Behavioral Health**		Check box ☒ if available in the county and complete the section.							
Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total $ Amount for SFY 22-23	5. Projected $ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 22-23	10. Number of Individuals Transitioned to another Subsidy in SFY 22-23
Housing Authority of the County of Dauphin (HACD)	FY 22-23	FY 19-20 Reinvestment	$163,544		10	20	10	$561	0
HACD	FY 23-24	FY 19-20 Reinvestment	$	$265,000		20	20	$600	
Totals			$163,544	$265,000	10	20			
Notes:	Excellent relationship with Housing Authority of the County of Dauphin. Moving folks to permanent vouchers in the past two years; some stay in their current housing and others move. Challenges with new rental leases including utilities.								

3. Master Leasing (ML) Program for Behavioral Health		Check box ☐ if available in the county and complete the section.							
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 22-23	5. Projected $ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
Totals									
Notes:	Master Leasing was historically attempted but no interested provider with housing or residential services experience was successfully engaged.								

4. Housing Clearinghouse for Behavioral Health		Check box ☐ if available in the county and complete the section.						
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 22-23	5. Projected $ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Totals								
Notes:								

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5. Housing Support Services (HSS) for Behavioral Health		Check box ☒ if available in the county and complete the section.						
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 22-23	5. Projected $ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Supportive Living	1990	Block Grant/ Base Funds	$795,382	$951,107	160		190	10 FTEs Direct Service
Totals								
Notes:	Includes one (1) Housing Locator position and two (2) contracted agencies providing supportive living services. Both agencies have experienced several staff vacancies with one position remaining vacant.							

6. Housing Contingency Funds for Behavioral Health		Check box ☐ if available in the county and complete the section.						
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 22-23	5. Projected $ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Average Contingency Amount per person
Rental/Security Deposits and one-time only first month's rent	1990s	PATH	$19,814	$8,024	13		15	$500
Forensic Contingency		Reinvestment FY 19-20	$36,487	$36,487	20			
Totals			$56,301	$44,511	33			

Notes:	

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

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

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 22-23	5. Projected $ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23			7. Projected Number to be Served in SFY 23-24
Community Lodges	Reinvestment for (1) one lodge start-up	0	0	0	0			8
Totals								
Notes:	Previous funding for a Community Lodge (1) start-up has been exhausted. There is another Lodge that pre-dates the reinvestment start-up. The annual support for the Lodges has been based upon availability of funds at the end of each FY. Block grant funds have been used to support the Lodge Coordinator position. The provider operates two (2) Lodges and an office cleaning business for Lodge participants if they are not employed elsewhere.							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist" (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

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

- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

County MH Office CPS Single Point of Contact (SPOC)	Name: Frank Magel, Program Specialist 2, Adult Services
	Email: fmagel@dauphincounty.gov
	Phone number: 717-780-7045
Total Number of CPSs Employed	8 (3 FTE among free-standing CPS)
Average number of individuals served (ex: 15 persons per peer, per week)	98 persons/year among free-standing CPS
Number of CPS working full-time (30 hours or more)	3
Number of CPS working part-time (under 30 hours)	15
Hourly Wage (low and high), *seek data from providers as needed*	Unknown
Benefits, such as health insurance, leave days, etc. (Yes or No), *seek data from providers as needed*	Yes
Number of New Peers Trained in CY 2022	8

f) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization - Adult	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization - Child/Youth	☒	☒ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence-Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Walk-in Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services	☐	☐ County ☐ HC ☐ Reinvestment
Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☐ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Employment/Employment-Related Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Residential Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☐ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility-Based Vocational Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☐ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☒ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☒ Reinvestment
Family Support Services	☒	☒ County ☐ HC ☒ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer-Driven Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Mental Health Treatment	☐	☐ County ☐ HC ☐ Reinvestment
IBHS Services for Children and Adolescents *	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation) ***	☐	☐ County ☐ HC ☐ Reinvestment
Outpatient Drug & Alcohol Services ***	☐	☐ County ☐ HC ☐ Reinvestment
Methadone Maintenance ***	☐	☐ County ☐ HC ☐ Reinvestment
Clozapine Support Services	☒	☐ County ☒ HC ☐ Reinvestment
Mobile Psychiatric Nursing	☒	☐ County ☒ HC ☐ Reinvestment
Extended Acute Care Inpatient	☒	☒ County ☒ HC ☐ Reinvestment

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to **#1. Service available,** please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Yes	98	TMAC	MCO	Annually	Yes	Yes	
Supportive Housing	Yes	137	NA	NA	NA	NA	NA	
Supported Employment	Yes	102	SAMHSA	Agency	Annually	Yes	No	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	150	Hazeldon	Agency	Annually	30, 60, 90 days	No	
Illness Management/ Recovery	Yes	10	SAMHSA IMR Toolkit	Agency	Annually	Yes	No	
Medication Management (MedTEAM)	No	NA	NA	NA	NA	NA	NA	
Therapeutic Foster Care	No	NA	NA	NA	NA	NA	NA	
Multisystemic Therapy	Yes	60	Therapist Adherence Measure	Agency	Monthly	No	Yes	
Functional Family Therapy	Yes	14	Clinical Services Systems FFT Global Therapist Rating	Agency	On going/each weekly session	No	Yes	
Family Psycho-Education	Yes	15	SAMHSA	Agency	Before and after each series of sessions	No	Yes	

SAMHSA's EBP toolkits: https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654

h) Additional EBP, Recovery-Oriented and Promising Practices Survey:

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to **#1. service provided**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	142	CABHC contract with CSS Inc. CY 2022
Compeer	No	NA	
Fairweather Lodge	Yes	8	Two (2) Community Lodges
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	98	Two (2) Providers
CPS Services for Transition Age Youth (TAY)	Yes	12	CAPSTONE
CPS Services for Older Adults (OAs)	Yes	NA	In total number served
Other Funded CPS- Total**	Yes	18	
CPS Services for TAY	Yes	12	Available through CAPSTONEonly
CPS Services for OAs	Yes	NA	In total number served
Dialectical Behavioral Therapy	Yes	12	One (1) certified provider; also trained in DBT-A; DBT Lite programs not included
Mobile Medication	No	57	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Yes	10	Residential, psych rehab, peer support, IP
High Fidelity Wrap Around	No	NA	Active multisystem interagency teams
Shared Decision Making	Yes	27	CAPSTONE (FEP)
Psychiatric Rehabilitation Services (including clubhouse)	No	0	One (1) Provider ended this service in FY 22-23.
Self-Directed Care	No	NA	
Supported Education	Yes	9	CAPSTONE (FEP)
Treatment of Depression in OAs	Yes	100	Older Adult OPT Clinic
Consumer-Operated Services	Yes	48	Drop-in Center
Parent Child Interaction Therapy	Yes	6	One (1) certified provider
Sanctuary			
Trauma-Focused Cognitive Behavioral Therapy	Yes	9	One (1) certified provider in MH
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	12	Two (2) providers
First Episode Psychosis Coordinated Specialty Care	Yes	30	NAVIGATE Model
Other (Specify)			

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices**:** Resource Center | SAMHSA

i) Involuntary Mental Health Treatment

1. During CY 2022, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
   ☒ No, chose to opt-out for all of CY 2022
   ☐ Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
   ☐ Yes, AOT services were available for all of CY 2022

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (check all that apply):
   ☐ Community psychiatric supportive treatment
   ☐ ACT
   ☐ Medications
   ☐ Individual or group therapy
   ☐ Peer support services
   ☐ Financial services
   ☐ Housing or supervised living arrangements
      ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
   ☐ Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2022:
   a. Provide the number of written petitions for AOT services received during the opt-out period. ___ZERO___
   b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). ___ZERO___

4. Please complete the following chart as follows:
   a. Rows I through IV fill in the number
      i. **AOT services column**:
         1) Available in your county, BUT if no one has been served in the year, enter 0.
         2) Not available in your county, enter N/A.
      ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
   b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2022	0	Estimate 600
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022		Estimate 4
III. Number of AOT modification hearings in CY 2022	0	■
IV. Number of 180-day extended orders in CY 2022	0	Estimate 50
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022	0	$500,000

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISe™ Companion Guides

❖ Have all available claims paid by the county/joinder during CY 2022 been reported to the state as an encounter? ☒Yes ☐ No

k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding?

1. Dauphin County Residential Support Services needs to provide sufficient step-down opportunities for a transitional period for those leaving institutional settings to include the county jail, Torrance/Norristown State Hospital Forensic Unit and Danville/Wernersville State Hospital. These individuals have been served in restrictive settings and not required to independently manage activities of daily living to include basic safety; treatment participation; daily decision making, management of impulses in response to access to substances, both legal and illegal, medication management without continuous licensed supervision and assuring basic dietary needs particularly when co-occurring chronic physical health conditions exist such as coronary and metabolic disorders. Currently the county has access to 14 LTSR beds. Those 14 beds have a wait list of 12 individuals, most are waiting in civil state mental hospital beds. Additionally in need of these same beds are a larger number of individuals maxing out of the PA SCI's, county jail (Roster D) and those recommended for discharge to structured settings from the Torrance State Hospital Forensic Unit. Dauphin County estimates the need to expand LTSR bed capacity by a minimum of seven in order to reduce its reliance on SMH beds above its current SMH bed allocation of 29. Five additional beds are proposed as a part of a to be soon submitted regional LTSR program to be shared with partners in Cumberland/Perry, Lebanon and Lancaster Counties. Funding for two additional LTSR at the currently operated program to be vacated by Franklin/Fulton Counties in FY 23-24 is also

needed. Finally funding to enhance the current capacity of the currently operating LTSR is also needed. Program inception was in 2006 as part of the HSH closure. While fortunately it provides single bedrooms for 16 adults, it lacks a number of securities features many residential programs constructed today included such as video monitoring and smart technology to decrease dependence on staffing.

2. Comprehensive Behavioral Health Crisis Response: The county in partnership with Cumberland/Perry Counties and CABHC/PC will be implementing a Crisis Walk in Center with attached mobile outreach services in CY 2024. Sustaining operations of the walk-in center is expected to require some base funds due to the number of persons using emergency services each year who are uninsured: $250,000 per year per county. Currently those base dollars do not exist. Additionally, the development of crisis respite beds is needed to assure adherence to the walk-in center's 23-hour length of stay and for the smaller number of individuals for whom a crisis is not sufficiently resolved in 23 hours. Dauphin County currently does not have crisis respite beds. A certain portion of individuals who are not MA eligible may need access to these beds. Start-up funding for crisis respite and base funding support for a full year's operation of around $250,000 annually in base funds will be needed to maintain five beds.

3. AOT Evaluations: A small amount of base funds will be needed after the CMHSBG expires to fund AOT evaluations and present testimony in AOT court hearings. The volume is difficult to determine but could be crudely estimated at 25 per year for a total of $5000.

I) Categorical State Funding-FY 22-23 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

State Categorical Funding				
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 22-23. If yes, complete the question below the chart that pertains to the specific line of funding. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.				
Program	Funding Received Yes or No	Funding Received FY 22-23	Funding Expended FY 22-23	Balance of funds
Respite Services				
Consumer Drop-in Center				
Direct Service Worker R&R				
Philadelphia State Hospital Closure				
Forensic Support Team				
Eastern State School & Hospital				
Mayview Children's Unit Closing				
Student Assistance Program				

1. **If your county currently receives state funds for Respite services, describe the services rendered with these funds, including an estimate of the number of individuals served.**

2. **If your county currently receives state funds for Consumer Drop-in Centers, describe the services rendered with these funds, including an estimate of the number of individuals served.**

3. **If your county currently receives state funds for Direct Care Worker Recruitment & Retention, describe the services rendered with these funds, including an estimate of the number of individuals served.**

4. **If your county currently receives state funds for the closure of Philadelphia State Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.**

5. **If your county currently receives state funds to support the Forensic Support Team, describe the services rendered with these funds, including an estimate of the number of individuals served.**

6. **If your county currently receives state funds to support the closure of the Eastern State School & Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.**

7. **If your county currently receives state funds to support the closure of the Mayview Children's Unit, describe the services rendered with these funds, including an estimate of the number of individuals served.**

8. **If your county currently receives state funds to for the Student Assistance Program, describe the services rendered with these funds, including an estimate**

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

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

Case Management and Services Covering the Complete Continuum of Care

Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the County of Dauphin. The SCA in Dauphin is well equipped to meet the needs of our clients. We have contracts for all levels of care. The network consists of 53 Treatment Contracts, which includes 5 adolescent (3.5 Level of Care), 7 Prevention Contracts, 5 Intervention, Support, 3 Recovery contracts. The SCA has 6 Medication Assisted Treatment (MAT) Provider Contracts. They also work with all 11 County School Districts, the 2 Centers of Excellence (COE) in Dauphin County that are actively addressing the Opioid Crisis, as well as other human service entities and criminal justice collaborators.

The Dauphin SCA provides screening and referrals services 24 hours a day, 7 days a week. Access to assessments for outpatient treatment services can occur either at our offices or at any of our contracted outpatient treatment providers; additionally, outpatient providers are able to screen and assess for all levels of care. Dauphin County offers admission and funding to all levels of care across the ASAM continuum. The SCA facilitates a "No Wrong Door" philosophy. Screening and assessment services are embedded within all treatment contracts. This allows an individual entry into services whether they are going straight to a residential provider, being assessed by an outpatient provider, or being seen by SCA staff. The SCA communicates to all their providers that funding will not be denied for priority populations or individuals that are determined to need withdrawal management services. Providers are encouraged to admit individuals based on their needs and determine funding at the back end.

The Dauphin County Department of Drug and Alcohol Services' Case Management Unit also conducts screenings and assessments for all levels of care by appointment, on a walk-in basis, as well as in the community. The SCA Case Management Unit conducts screening and assessment for institutionalized individuals; clients ordered into the county's Specialty Court Programs, clients involved in other human services agencies, and those in local emergency rooms. The Unit also conducts case coordination which includes working with clients on their non-treatment needs.

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The SCA contracts with Just for Today Recovery and Veteran Support Services to answer treatment related calls after hours, on holidays, and on weekends and to appear in person to all referral calls originating from a Dauphin County hospital. The relationship with JFT has been extremely successful. Over the last year, the SCA has strengthened its relationship with all 3 local hospitals.

The SCA has a satellite office so that individuals have easier access to services. Our satellite is located within Dauphin County's Northern Dauphin's Human Services Building. This location helps to remove barriers to access such as transportation and time. Currently, a Case Manager is available for walk-in services every Monday in Northern Dauphin.

Additionally, the SCA contracts with Hamilton Health Center for a specialty Intensive Case Management program for pregnant women and women with children up to 5 years of age. The SCA also contracts with a network of community and school-based providers to perform prevention services in the six federal strategies of prevention which include: information dissemination, education, alternative activities, problem identification and referral, community-based process, and environmental strategies.

The SCA also maintains a resource center and serves as a training hub for Drug and Alcohol professionals and other social service professionals by providing free Pennsylvania Certification Board approved trainings throughout the year. In addition, The SCA provides Student Assistance Program Liaison services to all 11 Dauphin County school districts in every high school, every middle school, and some elementary schools, as requested, which include assessments, referrals to treatment, and follow-up services.

The SCA has a host of ancillary services provided to clients to assist with their non-treatment needs and for special populations. The D&A Case Management Unit also works directly with Dauphin County Children & Youth Services, the Hospital Systems within Dauphin County and Community Partners to continue The Safe Plans of Care Program (Plans of Safe Care) as initiated by The PA Department of Human Services Office of Children, Youth and Families Regulatory Bulletin.

The SCA is also involved in a myriad of programs to assist those with substance use disorders embroiled in the criminal justice system. These such programs include services onsite at the Dauphin County Work Release Center, and diversion to treatment opportunities at the County's Judicial Booking Center. Currently, D&A Case Managers participate in Project LETI (Law Enforcement Treatment Engagement), Drug Court, Team MISA (Mental Illness/Substance Abuse), DUI Court, Veteran's Court, Drop Court and Mental Health Court.

Dauphin County worked with Cumberland/Perry and York/Adams SCAs to receive a SOR Housing Grant to expand the ways they can help individuals with housing and Case Management needs. Housing and housing related expenses are covered for anyone living in one of the counties listed above for a minimum of 6 months if the individual agrees to case management services and has either an opiate use disorder or a stimulant use disorder. This program provides over 1.5 million dollars of aid yearly to residents and the program will continue through FY 23-24. This program is changing in FFY 23-24 to become integrated in the Dauphin County Human Services Housing Initiative. Teams within Human Services will work the SCA's contracted providers who support the SOR Housing Grant to assure services to those with SUD have adequate housing and recovery resources.

The SCA continues to collaborate with its neighboring counties and was awarded a crisis stabilization grant through DDAP to support the grant Dauphin and Cumberland/Perry Mental Health Services were awarded to create a 23-hour Crisis Stabilization Center. Currently, RFPs are being reviewed.

Prevention

Over the past year, Dauphin County D&A completed 101 assessments through the Student Assistance Program (compared to 97 in 2021/22). Of those assessments, 78 students were referred to a level of care; 39.7% of those students accessed services. Among the students assessed, for most of them, marijuana was reported as the number one drug of choice, followed next by nicotine, and finally by alcohol and other drugs.

The most recent Pennsylvania Youth Survey (2021) informed us that in Dauphin County approximately 11.0% of teens consume alcohol regularly, 6.0% of teens use marijuana regularly, and 11.0% of teens vape regularly. One of the most alarming trends we are witnessing is the use of vapes among younger students coupled with their ignorance as to its contents. According to this data, 35% of students believed they were just vaping flavoring and 30% of students reported that they had no idea what they were vaping. These patterns, along with the growing normalization of marijuana use in our country and state, demonstrate a definite need for increased education among our students as well as our school staff and parents/families.

The SCA's Prevention Department oversees multiple prevention provider agencies that facilitate evidence-based education services in many of our schools. These programs not only teach about the harms of substance use, but they also bolster various protective factors in students by teaching social-emotional skills such as decision-making, self-esteem, social skills, goal setting, and more. By instilling these skills in our kids, especially starting at a young age, they are less likely to engage in risky behaviors. The programs we use are all evidence-based and proven to work.

In addition to conducting level-of-care assessments on students in need and providing education to youth in our schools, our department strives to provide information and education to our community through events, conferences, marketing, and more. Our social media pages are very active and collect more followers every month. Our pages provide education, tips for parents, resources for community members, and help raise awareness of our services. Each year we work with Penn State Harrisburg to plan and conduct the Dauphin County Addictions Conference which provides free professional development training for anyone who works or lives in Dauphin County. We work closely with other human service departments, such as Children & Youth, to provide children's areas at Dauphin County events such as the annual Cultural Fest. We work hard to be an active presence in the community so that our residents know who they can turn to for reliable information, help accessing resources, and assistance with addiction treatment.

Recovery Oriented Services

Recovery Support is an important aspect of the SCA. In FY 20-21, the Dauphin County SCA reviewed its Treatment Needs Assessment and how the SCA could further incorporate recovery and recovery principles into current systems. An average of 70% of the SCA's treatment clients have 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 reduce recidivism and makes better use of the funding available.

As a part of making our County stronger, more cohesive, and supportive (especially to our youth, to those in recovery, surviving overdose victims, and to the families effected by addiction and overdose), the SCA continues to support and disseminate information about existing support groups in this community such as Alcoholics Anonymous, Narcotics Anonymous, AL-Anon, Alateen, Naranon, Narateen, and Celebrate Recovery. For FY 22-23, the SCA has contracted with BALM (Be a Loving Mentor) to provide a comprehensive 8-week course for loved ones and family members of individuals with a substance use disorder.

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The SCA also partners with The RASE Project to provide Recovery Coaching, Life Skills Groups, and Recovery 101 groups to serve anyone who is struggling with SUD in our County. We are now fortunate to have three paid full-time Certified Recovery Specialists employed at the SCA. All three CRS's work with clients in all Specialty Courts, WHO, and any other referral for support. Most recently, Opioid Settlement Funds have been used to support various CRS positions throughout our providers.

The Opioid Settlement dollars are being dispersed to the community through grants and an application process. A team of trustees has been created to review applications and make recommendations to the Commissioners on a yearly basis. Providers have been creative in finding ways to leverage these dollars to benefit anyone who may have been affected by the opioid crisis.

Please provide the following information for FY 22-23:

1. **Waiting List Information:**

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	1	1-2 days
Medically-Managed Intensive Inpatient Services	<2	3-4 days
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	1	2-3 days
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	0	0
Other (specify)		

*Average weekly number of individuals

**Average weekly wait time per person

2. **Overdose Survivors' Data**: Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 22-23.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
124	116	SCA Agency Model	8
NOTE: According to the Dauphin County Coroner's report, there had been significant increases in Drug-Related Overdose deaths. Seven year-yar data shows 90 in 2016,104 in 2017, 128 in 2018, a decrease in 2019 of 105 deaths. 2020 rose to 119 and a slight decrease in 2021 of 112 to 111 in 2022.			
In response to the overdose rates in Dauphin County, the SCA changed its practice to include a 24/7 screening, assessment, and referral process through the case management unit. The SCA has contracted with the Medical Bureau Answering service to provide answering services during "closed" hours. Upon receiving a call, the Medical Bureau provides immediate answering and contacts the contracted provider (Just for Today Veteran's Service) within 15 minutes and begins the process of screening, assessment if necessary, or a bed search with direct referral to a detox facility.			

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	NA
4	2	0	0
3.7 WM	17	1	NA
3.7	6	0	0
3.5	32	3	8
3.1	10	2	0
2.5	3	3	2
2.1	10	10	4
1	11	11	4

The SCA provides a full spectrum of care to adult and adolescent clients. Specialty populations served include Co-occurring, Latino, Pregnant Women/Women with Children (PWWWC). Our priority population includes pregnant women who inject drugs, pregnant women who use substances, persons who inject drugs, overdose survivors, and veterans.

Note that levels of care with * are not funded under this funding stream. These services are made available by funding through other sources. Medication Assisted Treatment with 1 provider is funded through HSBG, but others are available utilizing other funding sources (mostly SOR funding).

Many contracted providers are using evidence-based practices and programs such as Motivational Interviewing (MI), Cognitive Behavior Therapy (CBT) and Contingency Management (CM). Several SCA staff have been trained in these models as well.

4. **Treatment Services Needed in County**: Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services.

   a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services:

   b. Provide an overview of any expansion or enhancement plans for existing providers:

   c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services:

As stated in our summary, Dauphin County D&A contracts with 53 Treatment Providers. The D&A Department will continue seeking ways to expand services to adolescents and women with children, who represent the population that accesses the D&A Department funding for treatment services least frequently. In addition to the D&A Department funding, we will continue to expand treatment services and supports in Northern Dauphin County which include choices for outpatient treatment, MAT, recovery housing, and recovery supports.

Dauphin SCA has an excellent relationship with Perform Care through the Capital Area Behavioral Health Collaborative (CABHC). We receive most of our relevant SUD data and treatment resources

through Perform Care. In addition, reinvestment money is targeted to meet gaps in services. To assist in the coordination of care across the system, the SCA is a leader within the Capital Area Behavioral Health Collaborative (CABHC) that serves as an ongoing resource for treatment services. Moreover, the SCA Director sits on the CABHC Board of Directors and Drug and Alcohol Reinvestment Committee and is involved in the reinvestment projects through CABHC. This year there are three different Reinvestment projects that will benefit Dauphin County Providers. The first one will add a CRS to an outpatient provider, and the second one will expand MAT within an outpatient provider. The third project will give providers a chance to become trained in contingency management. There are also funds available for any Recovery House in Dauphin County whose wish is to be licensed but do not have the funds to do so.

Dauphin County will also be coordinating with Dauphin County MHADP and affiliates in Cumberland County to develop a 23-hour Crisis Center which will address both Mental Health and Substance Use Issues. This center will be funded through a grant from OMHSAS and DDAP.

Past reinvestment projects have included the addition of withdrawal management beds in Dauphin County, the creation of quality recovery housing and recovery centers, as well as an increase in peer support services. CABHC supplies recovery housing scholarships and Dauphin SCA assists in the distribution process.

Due to parental insurance and additional funding sources, the need for Adolescent services is underrepresented. The SCA is mostly only involved with the placement of adolescent services when it is related to the Student Assistance Program or when the adolescent is involved with Probation Services.

Dauphin County has been the recipient of several grants from PCCD that have benefited the individuals that the SCA works with. In 2019, the County received a grant for Implementing Opiate Overdose Reduction Strategies. This grant has allowed the SCA to distribute lock boxes to County residents to ensure safe drug storage. To date over 2,000 lock boxes have been distributed and another 1,000 have been ordered for distribution. Since 2021, Dauphin County has received a Housing Grant from DDAP yearly of over $1.3 Million that allows individuals with a history of opiate use disorder and or stimulant disorder to gain access to housing, ancillary housing services and case management. This grant has increased access to safe and affordable housing for residents, and while this program is being integrated in the Dauphin County Human Services Housing Initiative, the staff within the Human Services Director's Office will work the SCA's contracted providers who support the SOR Housing Grant to assure services to those with SUD have adequate housing and recovery resources. The Human Services Director's Office will employ a SOR Program Specialist that will work closely with the SCA to ensure the effectiveness of the program.

The SCA also receives various Prevention related grants through DDAP and PCCD to purchase Evidence-Based curriculum and to train providers throughout Dauphin County to facilitate these programs to fidelity.

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

Any County provider, agency, or community member is encouraged to contact our office to receive Narcan. In 2022, DDAP changed its funding guidelines to disallow the SCA to purchase Narcan. Currently, all requests for Narcan are filtered to either the SCA Director or to one of the CRS staff. Narcan can be obtained through South Central EMS, the RASE Project, the pharmacy or online. The SCA will ensure that Narcan is available and obtainable to anyone who would like it within Dauphin County. The SCA's Prevention Unit has training available on how to administer the medication. All

Human Service Departments will soon follow a policy on how to obtain and carry Narcan as a Dauphin County employee. The SCA plans on facilitating two community training opportunities in 2023 with a Narcan distribution for community members.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with implementing the warm handoff process.

    a. **Warm Handoff Data:**

# of Individuals Contacted	**500**
# of Individuals who Entered Treatment	330
# of individuals who have Completed Treatment	unknown

The D&A Department will continue to expand the Mobile Case Management Unit as well as the Warm Handoff process. The D&A Department has a strong relationship with its local hospital systems (UPMC Pinnacle, Osteopathic Hospital, and Penn State Hershey Medical Center). The SCA implemented a contract using HSBG funds with Just for Today (JFT) services to provide service to individuals needing treatment during non-traditional business hours. JFT staff meets people at the local hospitals during evenings and weekends to ensure they receive appropriate treatment services. During office hours, A dedicated Certified Recovery specialist is dedicated to all Warm Handoff Calls. If the CRS is called out, and another call is received, another member of the Certified Recovery Specialist Team or the Case Management Team is prepared and able to respond. On average, 46 calls each month are responded to. Another strength for Dauphin County is their determination to take a regional approach to solve community issues. The SCA had a strong relationship with neighboring SCAs and regional community stakeholders. In 2020, Dauphin SCA worked with Cumberland/Perry SCA to develop policies related to Warm Hand Off procedures. The decision was made since many community residents were presenting in the neighboring county's emergency rooms, one provider and one set of protocols would be used to better serve the individuals with substance use disorders and our hospitals.

PROGRAM DESCRIPTIONS

Case Management/Care Coordination/Certified Recovery Services

- **Case Management:** offers a single point of contact as a coordinated approach to the delivery of health, substance use, mental health, and social services, and linking individuals with appropriate services to address specific needs and achieve stated goals.
- **Care Coordination:** a function of case management which includes a collaborative process of engagement, evaluation of needs, establishing linkages, arranging access to services, ensuring enrollment in the appropriate healthcare coverage, advocacy, monitoring, and other activities to address the individual's treatment-related needs throughout their course of treatment.
- **Certified Recovery Support Services (CRSS):** are services that complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery.

Total to be served 405 - Cost: $329,765

Inpatient Non-Hospital Services

- **Medically Monitored Inpatient Detox -** A residential facility that provides 24-hour professionally directed evaluation and detoxification of addicted individuals.
- **Medically Monitored Residential -** 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 severely impairment of social, occupational, or school functioning, with rehabilitation or habilitation as a treatment goal.

Total to be served: 63- Cost: $109,300

OUTPATIENT SERVICES

- Only assessments are included in this line item for Human Services Block Grant funding. Other funding is used for Outpatient and Intensive Outpatient treatment. Department of Drug and Alcohol Program Licensed Outpatient treatment facilities are contracted to perform assessment services. Assessments include the Level of Care and placement determination based on the American Society of Addiction Medicine.

Total to be served: 140 - Cost: $37,000

- **Injection Drug Use Outreach Protocol (other intervention)** - 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 need drug and alcohol treatment services and refers individuals to SCA funded treatment providers. The program is expanding to older adults and adult populations using other drugs and means of transmission of drugs.

Total to be served: 2,000 - Cost: $22,852

PREVENTION

- the SCA utilizes evidence-based programs and practices and continues to search out innovative and promising programs and practices. Dauphin County has 11 school districts. HSBG funds will be used to provide Evidence Based and Evidenced Informed programming across all grade levels in Dauphin County. The SCA has begun a series of curriculum training opportunities for our community providers. The SCA will continue to offer training opportunities and curriculum to the providers contracted to provider prevention services.

Total to be served: 1,760 – Cost: $397,347

INTERVENTION

- **Youth Support Project/Bridges for Recovery** - An intervention program that facilitates community-based youth and adult intervention groups. Each group will meet one time per week for a one-hour session. 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.

Total to be served: 80 - Cost: $131,178

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

Total to be served: 30 and to be transferred to HSDF Cost: $1000

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to enabling individuals with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also afford the families and other stakeholders access to the information and support needed to help be positive members of the individuals' teams.

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

With that in mind, please describe the continuum of services to registered individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below regarding estimated numbers of individuals, please include only individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG and waiver administrative funds.

The Administrative Entity (AE) or ID/A program of the Dauphin County Department of Mental Health/Autism/Developmental Programs (MHADP) is located at 100 Chestnut Street, Harrisburg, PA 17101. This office has administrative oversight of funding and providers of services for County residents with autism and intellectual disabilities. These services have been designed to meet the needs of residents with autism and intellectual disabilities and to support their families and caregivers. Dauphin County's ID/A program operates with the belief that individuals with autism and intellectual disabilities should receive the support they need within their communities and have opportunities to enjoy the same quality of life as any other resident. Through a commitment to self-determination and Everyday Lives, as well as staff expertise in person-centered planning, services have become increasingly more inclusive, effective, and targeted to meet the individual's and family's unique needs resulting in better outcomes.

Continuum of Services Narrative:

Individuals registered in the Dauphin County Intellectual Disabilities/Autism program will be assigned, or if desired, will choose a Supports Coordinator. The Case Management Unit (CMU) is the Supports Coordination Organization (SCO) for Dauphin County residents with autism or intellectual disabilities. Another SCO, Expert Community Care Management (ECCM) recently made the decision to serve Dauphin County but has no consumers yet. SCO choice is offered upon registration. CMU is dedicated to helping people become connected and remain connected to their community through formal and informal supports. The CMU 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, autism, intellectual disability, or early intervention services. CMU provides conflict-free supports coordination services under contract with the Dauphin County MHADP and Human Services. Regardless of funding stream or funding availability, each individual will have an Individual Support Plan developed and updated at least annually that outlines both informal supports (family, other resources that are available to them and community supports, including access to family driven funds, if appropriate) as well as formal services if funds are available.

Dauphin County ID/A program works in partnership with the CMU to identify the needs of each individual and meet those needs throughout the person's lifetime, including collaboration with other service systems such as EPSDT, school districts, Mental Health, Children and Youth, Area Agency on Aging, hospitals, personal care homes, domiciliary care, and nursing homes. Dauphin County is committed to serving individuals across the lifespan and works closely to ensure adequate supports are available to allow

individuals to live in their communities as long as possible while enjoying a good quality of life. The County encourages all individuals to consider the Community of Practice Framework and use the LifeCourse Tools to guide their decision-making for support needs and prioritizes individuals with immediate health and safety needs through the Prioritization of Urgency of Needs (PUNS) process such that ensures all health and safety needs are met with either waiver or base funding when necessary. Dauphin County has a large provider network with at least one provider available for nearly every service existing under the ID/A waivers. Dauphin County AE makes continual efforts to recruit new providers when needed and ensures all current providers are offering quality services that align with ODP service definitions and meet the needs of each individual served.

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

Individuals Served

	Estimated Number of Individuals served in FY 22-23	Percent of total Number of Individuals Served	Projected Number of Individuals to be Served in FY 23-24	Percent of total Number of Individuals Served
Supported Employment	4	<1%	6	<1%
Pre-Vocational	0	0	0	0
Community participation	1	<1%	1	<1%
Base-Funded Supports Coordination	214	16%	250	18%
Residential (6400)/unlicensed	3	<1%	1	<1%
Lifesharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	140	10%	175	13%

Supported Employment: "Employment First" is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. ODP is strongly committed to competitive integrated employment for all.

Dauphin County is an Employment 1st County. Along with Dauphin County's collaborative counties (Cumberland and Perry), a stakeholder group of job seekers, professionals, autism and intellectual disability employment providers, parents, community organizations, and school district representatives, are working to embed Employment 1st strategies into everyday practices, not only in the autism/intellectual disabilities system, but also local 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 fair and competitive 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 autism or 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 also increased opportunities for social capital, choice, access, and control.

- Please describe the services that are currently available in the county such as discovery, customized employment, and other services.
  The following services, targeted towards competitive, community-integrated employment, are available to Dauphin County residents: Benefits Counseling, Career Assessment, Job Finding, Job Development, Job Retention and Job Support. Through Dauphin County's Employment 1st group, we have arranged for employment specialists to become certified in Customized Employment, including Discovery.
- Please identify changes in the county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.

1. Continue to increase the number of employment specialists certified in Customized Employment and Discovery. Through Employment 1st, agencies collaborate in arranging local staff training opportunities. School district staff are invited and regularly participate in these training opportunities.

2. Networking with Early Intervention providers will continue to expand. Information is shared with early intervention providers about the opportunities for youth and adults with disabilities as they enter adulthood and the world of work. It is emphasized that all people with disabilities, with natural and formal supports, can be contributing members of their community. Early Intervention providers are asked to share this information with the families of the infants and toddlers they are serving so the vision can start early.

3. Outreach to the local workforce network will continue. Through Employment 1st, outreach will continue with the local workforce development board, Chamber of Commerce and other business led networks. Outreach highlights the "untapped" workforce that is available in the community. The County Board of Commissioners has joined Dauphin County in recognizing businesses that are hiring a diverse workforce.

4. Local funding will continue to be prioritized to support the employment needs of Dauphin County residents with autism and/or intellectual disabilities. Any individual registered with Dauphin County ID/A program is offered employment services that are unavailable to them through school districts, OVR, or waiver-funding.

5. Collaboration with area school districts will continue:

   a. School district representatives are active members of the local Employment 1st Coalition. This group has developed documents that are shared with students/families at an earlier age regarding futures planning and the important role that families and the community have in successful transition to employment.

   b. The county continues to collaborate with schools and employment providers to offer employment support to transition-age youth. Youth are encouraged to work and having work experience prior to graduation.

6. A Transition Fair is typically held in Spring of every year for upcoming high school graduates. Sponsored by Dauphin County, Cumberland/Perry County and Capital Area Employment 1st Coalition, students with disabilities, teachers, and parents are invited to attend this event. The fair

typically focuses on three main areas: independent living, post-secondary education, and employment and features several speakers as well as vendors.

7. Collaboration with OVR (Office of Vocational Rehabilitation) and other employment systems to support people with autism and/or an intellectual disability in obtaining and maintaining employment.

8. Individuals receiving OVR services receive "follow along" services once OVR funding ends. OVR's Early Reach Coordinator collaborates with staff at our SCO, as well as with families and individuals.

9. Collaboration with families, students, and higher education programs. 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.

10. Dauphin County will continue to participate in both the Central Region Employment Collaborative and the Statewide Employment Collaborative. ODP provides the forum for all AE's and local employment coalitions to work together and share ideas. ODP can assist the county by continuing to provide these meeting opportunities.

11. Dauphin County will continue to financially support the Capital Area Employment 1st Coalition website and Facebook page as well as the Community Links website and Facebook page to ensure important information is readily available to stakeholders.

12. Dauphin County will encourage employment providers to take advantage of supplemental payments currently available through ARPA funds awarded to ODP as well as anticipated incentive payments.

13. ODP can be of help in creating better systems for communicating with the Social Security Administration as well as the County Assistance Offices to ensure employed individuals can easily report wages and resolve any MA/SSDI/SSI eligibility issues BEFORE termination from these programs occurs. ODP can also be help in developing more training opportunities for providers, individuals, and families about the various MA programs that enable individuals to work competitively and maintain their benefits such as MAWD (Medical Assistance for Workers with Disabilities) and WJS (Workers with Job Success).

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

Supports Coordination:

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.

1. Dauphin County participates in a Regional Collaborative along with Cumberland/Perry, Lancaster, and Lebanon counties to discuss and plan ways in which counties can best communicate and distribute information related to the CoP framework and LifeCourse tools to families, individuals, and other stakeholders. Training has occurred for Support Coordinators, as well as other stakeholders in understanding the framework and tools.

2. Dauphin County has arranged and held trainings for EI Supervisors, Service Coordinators, and providers on CoP and LifeCourse to help families begin thinking about these concepts for their loved ones at an early age.

3. Information about CoP and LifeCourse is provided during all new intakes for the ID/A program and the SCO is encouraged to use the tools when developing the initial ISP.

4. County funding is provided to the SCO for the purchase of CoP and LifeCourse materials to distribute to families, school districts, and other stakeholders as well as to participate in training and allocate time to train others or facilitate meetings with families to utilize the tools.

5. Encouragement is provided to SCO staff to incorporate the LifeCourse tools into annual ISP meetings and make referrals to PA Family Network for any families interested.

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

1. The County team and SCO leadership meet on a bi-weekly basis to review the waiting list. A spreadsheet is kept of all those with urgent/emergency needs so they can be prioritized for waiver enrollment when capacity becomes available. Any urgent health and safety needs are discussed and addressed with county funding if necessary. Alternative community or natural resources are also discussed and utilized whenever possible and SCO staff are encouraged to provide families with CoP and LifeCourse tools to help identify and use those resources. Additionally, SCO staff are encouraged to promote the use of PDS/FMS services as they are more cost effective and reduce the burden on formal service providers who are currently experiencing critical staffing shortages.

2. The County and the SCO are exploring additional opportunities to reach "unserved" individuals and their families and keep them engaged in the system through e-mail, electronic/paper newsletters, remote meeting technology, etc. Ongoing collaboration with school districts occurs to help identify individuals that meet eligibility for the ID/A program and help facilitate registration.

3. Dauphin County has increased funding for Family Driven Supports Services in recent years and plans to continue to offer these services to all individuals not enrolled in an ID/A waiver in the 23-24 fiscal year. FDSS funding is also available to waiver enrolled individuals for fitness and recreation programs as these are two important social determinants of health and many waiver-enrolled individuals do not have available discretionary funding to pay for these services themselves.

4. Dauphin County has supplemented wavier funding with county funding for those individuals on the wait list who have issues with their PFDS or CLW caps not allowing for all needed services and supports. This has allowed individuals to continue to be supported in their family homes and reduced the need for residential services.

- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

1. Dauphin County has encouraged and assisted existing providers to add Supports Broker to their service array to ensure individuals and families have the support they may need to utilize PDS/FMS services.

2. The SCO is an active member of Dauphin County's Provider Forum. The County supports their active involvement by sharing information and working collaboratively on all projects/initiatives, including promoting self-direction. Dauphin County also participates in quarterly regional PDS/FMS meetings hosted by ODP and shares any information or updates with the SCO.

3. The County and SCO offer annual training on service options including self-directing services. The goal is that teams consider the needs and preferences of the individuals and consider natural supports, and self-directed support, prior to other service options.

4. County and SCO leadership continue to meet bi-weekly to discuss and address any concerns, including individuals with cap issues that may be resolved using PDS/FMS services.

Lifesharing and Supported Living:

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

1. Dauphin County staff offer assistance and support to providers hoping to qualify for these services and attempt to expedite qualification and enrollment. Outreach to existing Lifesharing providers that serve other geographic areas has also been made to request they consider expansion to Dauphin County.

2. Dauphin County staff are active on the statewide LifeSharing Coalition, which seeks to overcome barriers to service provision and enhance outreach to local communities to identify potential Lifesharing hosts.

3. SCO staff receive annual training specifically targeted to understanding Life Sharing. They are also encouraged to watch the video created by Dauphin County staff about this service option and share with families.

4. Dauphin County works closely with residential providers to provide information related to individuals currently in need of residential services that would be appropriate for LifeSharing or Supported Living.

5. County and SCO leadership meet bi-weekly to review the waiting list and individuals in need of residential services. Discussion and planning occur for those that are interested or appropriate for Lifesharing or Supportive Living. County and SCO staff work together to facilitate and manage referrals.

6. County staff continue to participate in a variety of housing initiatives, coalitions, committees, and projects to ensure individuals with ID/A have access to safe, affordable housing options for Supported Living.

- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.

1. Lack of affordable apartments and housing subsidies for Supported Living

2. Provider staffing shortages that prohibit expansion

3. Lack of families interested in providing Lifesharing services.

4. Recent rate increases that mostly limit these services to individuals enrolled in Consolidated Waiver.

- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.

1. Encouraging individuals to explore these two options before licensed residential habilitation and connecting them with current providers to offer tours and introductions.

2. Ensuring providers are updated frequently on the number of individuals currently in need of these services and sending referrals and rereferrals when appropriate.

3. Actively recruiting providers from other counties and regions to expand in Dauphin County.

4. Offering support and assistance to residential habilitation providers and supports coordinators to assist individuals who are interested in transitioning to these services.

5. Assisting with identifying potential housing subsidy programs for Supported Living and advocating at the local, state, and federal level for additional funding and expansion of available housing programs.

6. Promoting and assisting families currently providing foster care to transition to providing LifeSharing.

- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

1. Host a statewide listening tour to discuss what is working, what are the barriers to expanding these services, and creative/innovative ways to overcome these barriers.

2. Continue to offer supplemental payments to residential providers who successfully transition individuals to Lifesharing or Supportive Living.

3. Offer funding to providers for recruitment of Lifesharing providers and staff to assist with expansion.

4. Continue to create innovative services as assist individuals with locating and accessing safe, affordable housing.

5. Provide additional county funding to support bridge housing programs.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multisystem needs, and complex medical needs.

1. Dauphin County ID/A staff participate in monthly meetings with Children and Youth Services, Juvenile Probation, Mental Health, and the Human Services Director's Office to discuss "challenging youth" – those youth who are involved in two or more County service systems and have been identified to have complex needs. The team reviews all identified children and collaboratively develops a plan to best meet the needs of each individual. This collaboration also promotes the use of braided or blended funding to ensure public monies are used responsibly and appropriately. Furthermore, the collaboration promotes cross-system training for both County and provider staff from various service systems that cooperate to fill the service needs of the individual.

2. Dauphin County co-hosts a bi-monthly provider forum that includes training opportunities on a variety of health topics as well as information about other available services/systems that may benefit the individuals they serve including: EPSDT, Mental Health services, Drug and Alcohol services, HCQU support, aging services, OVR, APS, etc.

3. The County prioritizes individuals with complex needs for waiver funding; however, if an individual is not waiver eligible or these is no waiver capacity, the county will support the individual with base funds for necessary services to ensure their health and safety needs are met if those needs cannot be met through another funding source.

4. The County provides opportunities for start-up funds for providers interested in developing new programs specifically for those with complex needs.

5. The County permits those who meet criteria to be open in both the ID/A system and the adult mental health system. As a result, Supports Coordinators and mental health case workers often collaborate and complement each other's work to ensure that individuals receive the most appropriate and comprehensive care.

6. The County uses base funds for supports coordination services for individuals with autism who are not MA enrolled/eligible as well as undocumented immigrants.

7. The County uses base funds for several other services and items for individuals with complex needs including home modifications, vehicle modifications, safety fences, safety equipment, hotel costs, cleaning services, recreation/fitness programs, respite, communication devices, and a variety of other assistive technology devices.

- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/supporting families paradigm.

1. Dauphin County participates in the Capital Area Employment 1st Coalition which also includes many local school district representatives. Information and training about CoP and LifeCourse are provided at least annually and upon request. School districts are also provided with information and training about the ID/A system and encouraged to promote registration amongst families.

2. Dauphin County also participates in local CART meetings hosted by the Capital Area Intermediate Unit which has nearly 100% participation by Dauphin County school districts. Information and training about ID/A services and CoP/LifeCourse is offered at least annually and as requested. This meeting also offers an opportunity to build a rapport with school district staff as there is frequent turnover.

3. The County also offers in-service or ad hoc training opportunities to all school districts on ID/A services and eligibility criteria. Concerted efforts continue to be made to engage and educate school districts with low numbers of registered consumers.

4. Dauphin County also co-hosts the Transition Fair that is typically held in Spring of every year for upcoming high school graduates. Sponsored by Dauphin County, Cumberland/Perry County and Capital Area Employment 1st Coalition, students with disabilities, teachers, and parents are invited to attend this event. The fair typically focuses on three main areas: independent living, post-secondary education, and employment and features several speakers as well as vendors.

- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging, and the mental health system to enable individuals and families to access community resources, as well as formalized services and supports through ODP.

1. Dauphin County hosts a mandatory Human Services Orientation training for all new County and Case Management Unit staff five times per year. The purpose of the training is to introduce new staff to all the different human service departments as well as Probation Services and their respective roles and available services. The training also serves as a tool to build rapport with all staff both as part of integration and to encourage collaboration and cooperation.

2. Dauphin County ID/A staff participate in monthly meetings with representatives from Children and Youth Services, Juvenile Probation, Mental Health, and the Human Services Director's Office to discuss "challenging youth" – those youth who are involved in two or more county service systems and have been identified to have complex needs. The team reviews all identified children and works together to develop a plan of care to best meet the needs of the individual. This collaboration also promotes the use of braided or blended funding to ensure public monies are being used responsibly and appropriately. Furthermore, the collaboration promotes cross-system training for both county staff and provider staff from various service systems that work together to fill the service needs of the individual.

3. Dauphin County permits those who meet criteria to be open in both the ID/A system and the children's or adult mental health system. As a result, Supports Coordinators and mental health case managers often collaborate and complement each other's work to ensure that individuals receive the most appropriate and comprehensive care.

4. Dauphin County promotes a "No Wrong Door" philosophy and is working to integrate all human services departments into one building to make this philosophy a reality and reduce barriers for residents seeking services. It is anticipated that this integration will allow for greater collaboration, cooperation, and cross-systems training.

5. Dauphin County intake and leadership staff are well versed in services available through other service systems and offer this information to families that call for intake or general inquiries. All those that are found ineligible for ID/A services are given resource packets and suggestions for other agencies that could be of assistance to them.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
  1. The County ID/A program follows the Planning and Managing Unanticipated Emergency Bulletin. When necessary, the County will request increased waiver capacity from ODP for those that meet criteria for unanticipated emergencies.
  2. The County follows all necessary procedures to file incidents and make necessary reports to Child Protective Services, Adult Protective Services, Older Adult Protective Services, as well as local police departments.
  3. Crisis Intervention Services is available 24 hours a day/7 day a week to assist those in an emergency. Crisis staff are experts in community resources and can work to connect individuals to the most appropriate services to meet their needs. Dauphin County also has a MOU with Case Management Unit to provide 24/7 on-call staff.
  4. Whenever possible, the County provides funding for services/supports to prevent or mitigate emergency situations and ensure the health and safety needs of the individual are met.
  5. The County allocates emergency funds for individuals that lack basic needs such as housing, food, clothing, utilities, etc. that is managed by Case Management Unit (CMU).
  6. The County also allocates funding to reserve a crisis bed at a MH CRR program for individuals experiencing a mental health crisis that could be diverted from inpatient care with the support offered in a CRR. Additional county funding is allocated for respite services with several ODP providers as well.
  7. Dauphin County offers co-responder services to local law enforcement to help divert those experiencing a mental health or behavioral crises to appropriate services rather than jails.
  8. Dauphin County is currently developing a Crisis Walk-In Center that will open 24/7/365 and is also meant to assist with diverting those in crisis from jails and ERs. It is anticipated the program will open in 2024.
- Please provide details on the county's emergency response plan including:
  o Does the county reserve any base or HSBG funds to meet emergency needs?
    Yes, the County allocates funding to CMU for emergency needs.

  o What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
    The County has an Emergency Response Plan that addresses meeting the immediate health, safety, and basic needs of individuals experiencing an emergency. All funding, community resources and family resources are considered when an individual has an emergency need. Base dollars are utilized to meet emergency needs through funds allocated to CMU. In the case of an emergency, individuals have 24-hour access to Dauphin County's Supports Coordination Organization (SCO), as well as to Crisis Intervention Services. It is written in the contract with CMU that the SCO director will notify the Dauphin County ADP Deputy Administrator of all emergencies immediately regardless of the day or

time. For individuals needing alternative living arrangements, the County funds short-term hotel stays, or respite offered by several ODP providers. If necessary, the County requests additional waiver capacity from ODP for ongoing residential services.

- o Does the county provide mobile crisis services?
- o If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
- o Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
- o Is training available for staff who are part of the mobile crisis team?
- o If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?

Dauphin County Crisis Intervention Services is licensed to provide mobile crisis services. All Crisis staff participate in an intensive orientation which includes information about working with those who have ID and/or autism. All Crisis staff also participate in CIT training which offers information about working with these two populations as well. The Dauphin County Crisis services are organized within the MHADP department and share the same building. ID/A, MH, and Crisis staff work collaboratively to meet the needs of all Dauphin County residents. All Crisis personnel are offered the opportunity to spend additional time training with ID/A staff. ID/A staff have also been offered the opportunity to work overtime hours in Crisis which has been beneficial for all.

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

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.

A PA Family Network Family Advisor is a member of the MHADP Advisory Board's ID/A Committee. Additionally, all families are offered contact information for the PA Family Network at least annually and encouraged to reach out for person-centered training and assistance in using the LifeCourse tools. The county continues to invite PA Family Network to provider forums at least annually to provide training and updates to the provider network.

- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.

All individuals and families are provided with a wealth of information upon intake and at least annually including information about CoP, LifeCourse, PA Family Network, and Community Links. The County contracts with UCP of Central PA to host a website and Facebook page called Community Links. These platforms are used to provide resources and information, including peer support opportunities, to individuals and families. The Community Links website will be undergoing restructuring in 2023-24 to make it more interactive and user friendly. Redesign workgroups are ongoing. UCP of Central PA also hosts the Employment 1st Coalition website and Facebook page which uses County funding to support the staff who oversee these platforms as well. The County also provides funding to Case Management Unit to support the local chapter of Speaking for Ourselves. Due to ongoing staff shortages, the County has been unable to host trainings for

individuals and families in recent years; however, we are hopeful to resume these opportunities in 2024. The County did host three speaker events in 2023 for intellectual disabilities, autism, and early intervention services that were open to the public. The events were recorded and are now posted on the Dauphin County website.

- Please describe the kinds of support the county needs from ODP to accomplish the above.

Dauphin County looks forward to the roll out of Enterprise Case Management and is hopeful that this new platform offers a better method of communicating directly with individuals and families as websites, social media, emails, and traditional mailings have shown low success rates in engaging such individuals and families. It would be helpful if MyODP contained more information and resources specific to individuals and families.

- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.

The County will continue to participate in quarterly consortium meetings with our local HCQU leadership as well as local AE partners. This meeting provides an opportunity for us to obtain updates from the HCQU on available training as well as HRST data. Leadership from the HCQU also participates in Dauphin County's Human Rights Committee and provides valuable feedback about ways to improve in ensuring a good quality of life for those served. The HCQU also participates in bi-monthly provider forum meetings and provides a brief training on a variety of topics for all participants which include AE and SCO staff in addition to providers. Dauphin County always approves all HCQU referrals for individuals, families, providers, and SCOs and encourages SCOs to utilize the HCQU as a resource as much as possible.

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

The County has not recently used the data generated by the HCQU to develop the current goals in the Quality Management Plan; however, the County has taken this suggestion under advisement and will work with the HCQU in the development of the next QM Plan.

- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.

The County meets with the local IM4Q program at least monthly to review progress with those responsible for a task involved in the process and discuss concerns. Staff at the County reviews all considerations created by the local program and ensures appropriate follow-up including closing of the loop. We offer suggestions to the SCO staff about how to address family and individual concerns, and we encourage the local program to recruit monitors from our registered consumers and their families. The County recently contracted with a new local program located in York, for the FY 23-24. The County believes shifting to a program that is geographically nearby will be a positive change for Dauphin County consumers and families.

- Please describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, and other reasons.

The County often participates in team meetings for individuals with complex needs and offers suggestions and support to providers. The County meets with the SCO, CMU, bi-weekly and keeps a list of "high profile" individuals that are experiencing complicated situations and/or have complex needs. We support the SCO in developing solutions to resolve the concerns and meet the needs of these individuals. The County is supportive to all providers that are willing to serve individuals through end of life and has authorized additional supports such as supplemental habilitation to help

them do so. Supplemental habilitation is also offered to providers supporting individuals with complex behavioral challenges. We are also supportive of providers who consider enhanced levels of services are needed by approving services with higher staffing ratios, staff with credentials, or supporting requests for a Needs Exception Allowance. The County has also provided FDSS funding to individuals to purchase communication devices/applications as well as to pay for physical fitness programs which have been helpful in reducing undesirable behaviors and improve physical health and has also provided funding for behavioral support services to individuals under the age of 21 who are on IBHS wait lists but in urgent need of services. Additionally, the County has provided funding to individuals and families to pay for home modifications, vehicle modifications, safety equipment for staff, cleaning services, and other assistive technology necessary to protect the health and safety of both the individual and their support team members.

- Please describe how ODP can assist the county's support efforts of local providers.

  ODP can assist by continuing to ensure rates are adequate to support the needs of providers to recruit and retain quality staff. ODP could be of assistance in providing start-up funds or other supplemental payments to providers who support or want to support those with complex needs. ODP could also be of assistance by offering training dollars or opportunities to providers to learn de-escalation techniques as well as opportunities for DSPs to receive the care and support they need to take care of themselves. It would also be helpful for ODP to review the current regulations around restrictive procedures and help identify better alternatives to staff other than calling 911 when an individual cannot be de-escalated.

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.

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

  County staff participate in monthly regional Risk Management meetings hosted by ODP to review aggregate data, trends, themes, and best practices risk management strategies. The County also meets bi-weekly with the SCO, CMU, to review individuals that are experiencing difficult or complex issues and brainstorm ideas for how to best solve the issues. The county team supports individuals at risk of eviction to receive the necessary services to prevent eviction whenever possible. The County encourages the SCO to increase monitoring and offer additional services/supports to any individuals at risk of abuse, neglect, or exploitation by their natural caregivers or supports. The County works to identify those at risk of poor outcomes and use any means necessary to address the issues before an emergency or crisis occurs. We track individuals with a high number of incident reports and work to prevent future reoccurrences. Staff at the County participate in team meetings, as needed, to provide support and brainstorm solutions for those at high risk. The County recruits the assistance of APS, CYS, or AAA services if appropriate and necessary. The County provides respite to all families in need to help prevent caregiver burnout. The County promotes and funds the use the physical fitness programs to all registered consumers as a risk management strategy and promotes and encourages the use of the HQCU as a resource. In addition to participating in team meetings, the county interacts with individuals and families directly during bi-monthly Advisory Board ID Committee meetings and various events and training opportunities. We use Community Links to share information and resources with families as well, including services and supports that are helpful in risk mitigation.

- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

ODP could develop family-friendly materials that could be utilized by county, SCOs, providers and advocates to address risk management priorities. ODP can also continue to provide technical assistance and opportunities to discuss risk management strategies with our regional partners.

- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.

Dauphin County has a position within the ID/A program that specifically works on all housing related concerns and issues. The County is currently in the process of hiring for this position and requires the incumbent work to build rapport with the County housing coordinator as well as other staff in various housing programs in Dauphin County, including those involved with the Housing Initiative in the Human Services Director's Office. It is expected that the residential coordinator will be of assistance in identifying and locating housing opportunities to include section 8, 811, and program-based subsidized housing. This staff is also responsible for working with residential habilitation, supported living, and life sharing providers to manage vacancies and referrals. The County funds individuals with autism and intellectual disabilities to live in hotels if they are experiencing homelessness until safe, affordable permanent housing can be found.

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

All providers are required to develop an Emergency Preparedness Plan as part of the initial qualification. The plan is then reviewed at least every three years during quality assessment and improvement activities. Providers that do not have an Emergency Preparedness Plan that meets ODP expectations are assisted in updating their plans to align with regulatory requirements.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.

All individuals are provided information about PDS services during waiver enrollment and encouraged to consider this option rather than utilize traditional provider services. The benefits of PDS are explained, and individuals are encouraged to meet with AWC or PALCO enrollment staff if interested. The County participates in quarterly regional PDS meetings hosted by ODP to discuss challenges and solutions then shares this information with the SCO. The County staff assists the SCO in addressing challenges for those utilizing this model of service delivery. We will continue to encourage the SCO to promote PDS at bi-weekly meetings as well. The County maintains good relationships with PALCO staff as well as AWC staff.

- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.

The county will support any requests for training on PDS. If the county is unavailable to conduct the training, outreach will be made to UCP of Central PA (AWC) or PALCO to conduct the training. The county will encourage the use of trainings and resources available on MyODP.

- Are there ways that ODP can assist the county in promoting or increasing self-direction?

ODP can be of assistance by continuing to host quarterly regional meetings to discuss updates and brainstorm solutions. It would also be helpful if ODP could develop training materials for Common Law Employers (CLEs) and Managing Employers (MEs), including webinars that can be viewed by new and reviewing CLEs and MEs. It would also be helpful to remove the annual limitations on

supports broker services. ODP may want to consider a new vendor for VF/EA as individuals and families have reported poor experiences working with PALCO.

Community for All: ODP has provided the county with the data regarding the number of individuals receiving services in congregate settings.

- Please describe how the county will enable individuals in congregate settings to return to the community.

  The County will continue to offer all individuals residing in congregate settings an opportunity to transition to a CLA or other appropriate setting within the community. If desired, the County will work with the SCO to identify a qualified, willing provider and ensure the individual is prioritized for waiver funding if needed. We will participate in team meetings/transition meetings for all individuals to help ensure a successful transition. The County will support the new provider in any way possible.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

The programs developed through the Homeless Assistance Program (HAP) have created a continuum of services that greatly assist individuals and families that are homeless or near homeless in Dauphin County. For those that are facing homelessness due to looming eviction or for those that have found themselves homeless, the rental assistance program provides the financial support to ensure that families are able to either remain in their current housing or quickly access housing. Financial support is critical in helping households obtain stability again. If a family becomes homeless and needs the time and support to gain resources to secure housing, then emergency shelter through HAP can provide necessary services. Emergency shelter is not only about providing a roof over one's head, but it also assists families, through case management, to access and link to mainstream resources and gain income through employment or other subsidized income/resources. Case management is another activity funded through HAP resources and helps those who need support but may not need or want emergency shelter. Referrals and services are provided to families so that they can maintain or obtain housing. As with rental assistance, if help can be provided in a timely fashion, then homelessness may be avoided for many families. However, for those that need longer-term housing and support, Bridge Housing is a beneficial option. Often families, who have been in emergency shelter but have not had the time needed to stabilize, are referred to Bridge Housing so that they can continue to work on their housing goals and transition to permanent housing.

Dauphin County staff continues to collaborate with the Capital Area Coalition on Homelessness (CACH), the lead agency for the Harrisburg City/Dauphin County Continuum of Care to coordinate services and leverage funding from HUD, Emergency Solutions Grant, and local funding. Dauphin County staff continues to be involved in several initiatives with CACH which includes, but is not limited to, improving the Coordinated Entry System, restructuring the CACH Board and committees, and improving HMIS data collection and reporting.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 23-24.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

The YWCA Greater Harrisburg, Brethren Housing Association, and Scholars, Inc. provide Bridge Housing services in Dauphin County.

At the YWCA Greater Harrisburg and Brethren Housing Association, who serve women and children; families are offered their own unit either in an apartment or in a dorm-like setting. All families are provided case management, and a goal plan is developed that focuses on areas to help the family move toward gaining and maintaining long-term, stable housing. Providers are using trauma informed care principles, offering the support of resiliency groups, peer support, and on-site mental health services. Some consumers with mental health diagnoses and/or substance abuse issues find it difficult to be successful in this setting and aren't open to enroll in mental health and/or substance abuse treatment. If a customer has a criminal history or poor credit, it can be a barrier in gaining employment and housing. Case managers work with them on record expungement, credit repair, and housing search and refer to landlords who are willing to work with consumers with these histories. Providers have also continued to serve an increasing number of parenting youth (between the ages of 18-24) who present a unique set of challenges. Young parents often need more intensive case management, as they may not have previously learned the skills and resources to live independently. Referrals to benefits such as the Supplemental Nutrition Assistance Program (SNAP)/food stamps, medical assistance, subsidized childcare, and document procurement are necessary to help these families begin to move toward self-sufficiency.

Scholars, Inc. provides services for transitional age youth within Dauphin County. The purpose of the program is to provide safe and secure housing for young adults ages 18 to 24, while assisting them in developing the skills needed to ensure their successful transition out of homelessness. Each resident participates in an individualized independent living training program focused on instruction, and real-life experiences. Residents work on developing positive social skills, anger management, and conflict resolution skills. Staff supports residents as they learn basic skills such as cooking, cleaning, and doing laundry, as well as key independent living skills like completing job applications, interviewing, maintaining employment, college preparation, money and time management, meeting housing needs, etc. Scholars, Inc.'s program strives to reduce the adversities faced by runaway, homeless, and abused youth. The program helps young people build competencies needed for long-term success.

Currently between the three agencies, there is a capacity to serve a total of 50 women, children, and young adults at a time. Effectiveness of the programs are assessed through positive housing outcomes at discharge from the program, increasing income, and accessing mainstream benefits. In the first half of FY 22-23, 95% of households were discharged to stable housing, 39% increased their income, and 248 mainstream resources were obtained while in the program. However, the total number served was substantially lower than anticipated due to staffing challenges at all providers and within human services overall.

Along with Bridge Housing providers, Dauphin County staff has been evaluating the Bridge Housing application process to make access easier for consumers and serve those most in need. Collaboration with the CACH Coordinated Entry (CE) process has been integral in achieving this initiative. A focus has been placed on families who have exhausted their time in emergency shelter

but have not been able to obtain stable housing. These families would most benefit from the extended program time permitted in Bridge Housing to be able to stabilize and secure housing. Additional effectiveness measures are reviewed twice per year, and annual monitoring reviews case files, capacity, fiscal audits, and services.

No changes are planned to Bridge Housing in FY 23-24.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 23-24.
- If case management services are not offered, please provide an explanation of why services are not offered.

  Case management services have been critical in providing HAP consumers with the advocacy needed to navigate social services, educational systems, linking to health care, meeting basic needs, and obtaining assistance in their search for permanent housing. In Dauphin County, Gaudenzia and Christian Churches United are funded to provide case management services to consumers in need of advocacy and access to resources. Case Management services have provided consumers with vital support to secure and successfully maintain permanent housing. In addition, this support has enabled consumers to successfully remove barriers that commonly impede their progress. Consumers achieving credit repair, receiving vocational/job skills training, and connecting with mainstream benefits has helped achieve autonomy. As with Bridge Housing, consumers face many of the same barriers. Lack of affordable housing and stringent application and income requirements implemented by many landlords/property management companies makes it difficult to obtain housing. Building relationships with landlords is important to overcoming this barrier. Christian Churches United employs a case manager who has been assigned with the responsibility of housing search and landlord relations. This type of liaison is essential in helping consumers access safe and affordable housing.

  Effectiveness of Case Management services is measured through positive housing outcomes and access to mainstream benefits. In the first half of FY 22-23, 43 households were discharged to stable housing and 24 households increased their benefits resources while in the program. Additional annual monitoring and fiscal reviews occur which also assess service effectiveness.

  No changes are planned to Case Management in FY 23-24.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 23-24.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

  Christian Churches United performs the HAP Rental Assistance Program in Dauphin County. The program has been successful in preventing eviction through financial assistance for rental arrears

and quickly moving families back into housing with financial assistance for first month's rent and security deposits. In the first half of FY 22-23, a total of 152 households were provided with rental assistance. In addition, improving skills and accessing mainstream resources is also considered a success for participants. All consumers served must participate in a budgeting/money management session. This helps those that may lack the skills to budget their money and prioritize purchases. Lack of budgeting can lead to eviction. In addition, unexpected and sudden costs/bills may also cause a family to fall behind on their rent. Contributing to this, the average rent in Harrisburg/Dauphin County for a 3-bedroom apartment is $1,570, and the rental rates have been continuously rising. What was once affordable may no longer be so for someone who has a limited or fixed income. The lack of affordable housing, as well as landlord hesitancy to accept Rental Assistance on behalf of consumers, are continual challenges. Consumers are more frequently required to pay application fees, but the imposition of those fees is an additional burden when the applicant is not approved as a potential renter due to barriers such as bad credit, arrearages, and/or criminal histories. As mentioned previously, establishing on-going relationships with landlords is vital to the success of the Rental Assistance Program. Viewing landlords as "business partners" assists in meeting challenges and maintaining landlord relationships. Some landlords are now asking for both first and last month's rent in addition to a Security Deposit. This, coupled with increasing rents, threatens to exacerbate unmet housing needs even though a consumer may be eligible for HAP Rental Assistance, because the established maximum assistance that a consumer may receive, are not sufficient – $1,000 (adult-only household) or $1,500 (households with children) to fund landlord requirements. Additionally, the lack of overall funding in the homeless assistance line item has led to wait lists and insufficient services. Providers are overwhelmed with the number of customers in need in this post-pandemic lifestyle.

No changes are planned to the Rental Assistance Program in FY 23-24.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 23-24.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

The Emergency Shelter service provides an immediate refuge and housing to individuals and families who have no legal residence of their own. Shelters provide food, support, case management, and programs that promote self-sufficiency through building life skills. Shelter providers also connect participants to mainstream resources and develop strategies to identify and mitigate the circumstances that led to homelessness. Shelter stays have historically been 28 days with some variance based on the consumer's needs and circumstances; however, families are requesting that staff extend these stays longer and longer due to the lack of safe, suitable, adequate, and affordable housing in the community. Dauphin County funds four providers for Emergency Shelter Services. Christian Churches United provides coordination of the shelter process for Dauphin County for the provision of intake and assessment services as well as for emergency hotel/motel vouchers for families when no shelter capacity exists. Christian Churches

United makes referrals to three emergency shelter service providers. Catholic Charities of the Diocese of Harrisburg, PA Interfaith Shelter for Homeless Families, is the only emergency shelter provider in the capital region that serves intact families and male head of household. Flexible bed space allows the shelter to serve up to forty-five (45) individuals or 15 families at a time. The YWCA Greater Harrisburg serves homeless women and homeless women with children and has a capacity of twenty (20) beds. Shalom House also serves homeless women and their children and has a capacity of twenty (20) beds. Each of the providers has been under capacity due to staffing concerns. Obtaining, training, and maintain employees has been the largest concern of the provider network, outside of lack of affordable housing, during this and in the upcoming fiscal year. Dauphin County evaluates the effectiveness of the program by measuring the change in accessing mainstream benefits at the conclusion of program participation and housing status at exit as reported in Dauphin County's Block Grant Plan. The providers have been extremely successful in linking consumers to mainstream resources. Last fiscal year a total of 515 resources were secured and maintained by shelter participants. Emergency Shelters are extending shelter stays and, in some cases, serving families longer to provide stability and the opportunity to successfully accomplish goals to improve services to families experiencing or at risk of homelessness. As a result, when families leave shelters, they move into more stable, private housing situations. Emergency shelters are seeing the same gaps in services as other HAP components. Waiting lists for transitional and bridge housing services, access to affordable housing, finding landlords who are willing to rent to consumers and the increased requirement of application fees which result in a significant increase in costs to consumers who commonly do not get approved due to barriers such as bad credit, arrearages, or criminal histories are all housing related barriers that are creating challenges.

No changes are planned to Emergency Shelter in FY 23-24.

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 23-24.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

    Dauphin County does not provide Innovative Supportive Housing Services, as there are no additional HAP funds available to Dauphin County to consider this service.

Homeless Management Information Systems:

- Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS? No.

    CACH is the lead agency for the HUD Continuum of Care PA 501 and administers HMIS locally using WellSky software. HUD, ESG, and some HAP data is entered into the system. We continue to work with CACH to set up the HAP Block Grant Report in HMIS to eliminate duplicative reporting and data entry. It is our goal for providers to be able to enter data and generate HAP reports through HMIS.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on "Please choose an item." Under each service category.

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

A*dult Services**: Please provide the following:*

Program Name: Christian Churches United HELP Office
Description of Services: These services include intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency case management services include coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions, and utilities assistance. We have dedicated $5,000.00 to this service.
Service Category: <u>Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.</u>

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

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

Generic Services: Please provide the following:

Program Name: CONTACT Helpline (also our region's 211 provider)
Description of Services: supportive listening as well as health and human services information and referrals, anonymously and without question to all callers, free of charge. 211 staff members conduct initial housing screenings related to ERAP and other Coordinated Entry Services through our Capital Area Coalition on Homelessness (CACH) and ERAP. Also, 211answers Dauphin County Crisis Intervention phones during certain instances. Contact Helpline is the only 24-hour non-emergency service in Dauphin County with volunteers answering the phones and immediately assisting callers. They provide specific active listening services needed for anonymous callers, as well. We have dedicated $8,000.00 for this service.
Service Category: <u>Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.</u>
Please indicate which client populations will be served (must select at least **two**):
☒ Adult   ☒ Aging   ☐ CYS   ☒ SUD   ☒ MH   ☐ ID   ☐ HAP

Program Name: International Service Center
Description of Services: The International Service Center consists of a multi-lingual 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. This organization is available to interpret over 40 languages and connects those in need directly with information and referral to critical services for individuals and families. We have dedicated $1,000.00 for this service.
Service Category: <u>Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.</u>
Please indicate which client populations will be served (must select at least **two**):
☒ Adult   ☒ Aging   ☐ CYS   ☐ SUD   ☒ MH   ☐ ID   ☒ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name: Central Pennsylvania Food Bank
Description of Services: This provider 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. The Federal Poverty Guidelines is 150% based on the Department of Agriculture's Guidelines issued annually. We have dedicated $90,000.00 for this service.

Program Name: Northern Dauphin Transportation Program
Description of Services: This is a new initiative in the northern rural area of Dauphin County. We were not able to secure a provider until this current planning year. Under this initiative, the program was granted Restricted and Gaming Funds for the purchase of a van for an entity to manage coordinated trips to doctor's appointments, grocery shopping, trips to the pharmacy, library visits and general unmet necessary transportation. The program will be coordinated and managed by a noncounty entity and will solicit volunteer drivers, similar to our township/borough managed older citizen transportation program across the county. We plan to contract with Tri-County Community Action, who will plan and coordinate needed trips for residents across the vast Northern Dauphin County area. $15,000.00 will be dedicated to this service-coordination effort.

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:
- how the funds will be spent (e.g., salaries, paying for needs assessments, and other allowable costs).
- how the activities will impact and improve the human services delivery system.

Planning and management activities are designed to improve the effectiveness of human services and enhance related service programs and activities. These areas include partial salary funding for several staff members associated with the Human Services Development Fund/Human Services and Supports, including the Human Services Director, and those responsible for coordinating human services within the County.

Dauphin County Human Services continues to plan and build connections through collaboration with private and public organizations to create a solid structure and solutions to many significant community challenges. These plans are specifically designed to improve the effectiveness of the service delivery system.

Also included is support funding for our Systems of Care program in the amount of $1000.00, which enables community-based organizations, faith-based groups, as well as parents and youth to plan together and develop volunteers, create needed events in collaboration with local schools, hold an annual youth and adult job fair, and arrange a County-wide recovery day.

Lesser amounts of funding are used for the following: Northern Dauphin Human Services Center for various community events such as a Women's Health Event, Men's Health Event, Early Reading/ Literacy Program, and a Family Day Event which all engage the community in learning about resources and community-focused solutions across all human service areas and needs.

The Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg to qualify for U.S. Housing and Urban Development Continuum of Care funds. CACH educates and mobilizes community members and organizations as well as provides service coordination to prevent and reduce homelessness throughout the capital region. Dauphin County continues to collaborate and coordinate with CACH on various activities to prevent and reduce homelessness, including a leadership role on the CACH Board of Directors. During FY 23-24, Human Services Development Funds are not being utilized to support this vital component; however, the collaboration continues.

Outreach Materials and a Resource Guide is produced annually in the amount of $7,000.00 is used for events and to share information and contacts on all County Human Services departments and events. Training, Strategic Planning Initiatives, and Contingency provides opportunities with both formal and informal systems in planning together to ensure gaps are addressed and resources are used within the County effectively and efficiently. These planning processes are identified throughout the year, as needed, across all of the County.

<u>Human Services Integrated Data System</u>:

Dauphin County Human Services is at the end of its current Integrated Data System funding plan and will now only incur maintenance costs for the dashboards using HSBG funds. The Integrated Data System, locally called STADIA, includes all Human Service departments and the Booking Center, Prison, and Probation Services data. An integrated client view and cross-system data dashboards will enable data-driven decisions across all Human Services systems soon. Since 1 in 4 PA citizens receive Health and Human Service benefits, it's crucial, locally, to provide holistic services to meet an individual's needs while analyzing program overlaps and service gaps. In addition, the ability to monitor and implement strategic outreach and programming efforts within data identified targeted areas across Dauphin County will aid in customer service. This process will help customers receive the right services at the right time and aid the teams working across service systems. FY 22-23 funding was utilized to move the dashboards internal to the County to avoid future maintenance contract costs.

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

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized	
Mental Health		
Intellectual Disabilities		
Homeless Assistance		
Substance Use Disorder		

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

Appendix D
Eligible Human Services Cost Centers

Mental Health

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

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

Administrator's Office
Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

Adult Development Training (ADT)
Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)
ACT is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with Serious Mental Illness (SMI) who meet multiple specific eligibility criteria such as psychiatric hospitalizations, co-occurring mental health and substance use disorders, being at risk for or having a history of criminal justice involvement, and at risk for or having a history of experiencing homelessness. CTT services merge clinical, rehabilitation and support staff expertise within one delivery team.

Children's Evidence Based Practices
Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services
Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment-Related Services
Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services
Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community-based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services
Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services
Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services
Emergency-related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility-Based Vocational Rehabilitation Services
Programs designed to provide paid development and vocational training within a community-based, specialized facility using work as the primary modality.

Family-Based Mental Health Services
Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services
Services designed to enable persons with SMI, children and adolescents with or at risk of Serious Emotional Disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services
Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services
Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services
Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization
Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with SED who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services
Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

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

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

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

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

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

Intellectual Disabilities

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

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

Community Residential Services
Residential habilitation programs in community settings for individuals with intellectual disabilities or autism.

Community-Based Services
Community-based services are provided to individuals with intellectual disabilities or autism 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 Program

Bridge Housing
Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management
Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of experiencing homelessness and to coordinate timely provision of services by the administering agency and community resources.

Rental Assistance
Payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter
Refuge and care services to persons who are in immediate need and are experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services
Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management
A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation
A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification
A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House
A licensed community-based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification
A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation
A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

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

Intensive Outpatient
An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Warm Handoff
Direct referral of overdose survivors from the Emergency Department to a drug treatment provider.

Partial Hospitalization
Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention
The use of social, economic, legal, medical or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

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

Recovery Support Services
Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance use disorder. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

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

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

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

Human Services Development Fund

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

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

Adult Services
Services for adults (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the 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 services approved by DHS.

Aging
Services for older adults (persons who are 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other services approved by DHS.

Children and Youth
Services for individuals under the age of 18 years, under the age of 21 years who committed an act of delinquency before reaching the age of 18 years, or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years, and requests retention in the court's jurisdiction until treatment is complete. Services to these individuals and their families include: adoption services, counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective services and service planning.

Generic Services

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

Specialized Services

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

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RMartz@dauphincounty.gov

Tear Sheets	1	TearsheetsCost	$0.00	Net Amount $103.47
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Affidavits	1	AffidavitsCost	$5.00	Total Amount $103.47
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Invoice Text   Dauphin County Human Services Block Grant Planning and Advisory

Ad Schedule

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01/12/2023

0010551294-01

<u>Ad Content Proof</u>

Public Notice

Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled 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 March 17, 2023, June 16, 2023, September 15, 2023, and December 15, 2023. These meetings will be virtual, and the links will be posted on the Dauphin County website.

By ORDER OF THE DAUPHIN COUNTY BOARD OF COMMISSIONERS
J. Scott Burford, Chief Clerk/Chief of Staff

6979275   655865

PA MEDIA GROUP

Order Confirmation
Ad Order Number 0010210925

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FAX:

Martz, Richie <RMartz@dauphinc.org>

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Invoice Text	D C Human Services Block Grant Plan.			

Ad Schedule

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01/06/2022			

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01/06/2022			

1/4/2022   10:50AM

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<u>Ad Content Proof</u>
Public Notice
Notice is hereby given that the
Dauphin County Human Services Block
Grant Planning and Advisory
Committee has scheduled 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 March 18, 2022; June 17,
2022; September 16, 2022; and
December 16, 2022. The meetings will
be held at 10am in room 214 of the
Dauphin County Administration
Building, 2 South Second Street,
Harrisburg, PA 17101.
By ORDER OF THE
DAUPHIN COUNTY
BOARD OF COMMISSIONERS
J. Scott Burford,
Chief Clerk/Chief of Staff

1/4/2022   10:50AM

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

March 17, 2023

In attendance:
Kacey Crown, Marisa McClellan, April Rudick, Nitarah Iannacone, Andrea Kepler, Bob Burns, Fred Lighty, Heather Quick, Michael Alexander, Paul Boyer, Francis Paige, Tammy Relken, Todd Singer, Nichole Tate.

Human Services Development Fund-April Rudick
Northern Dauphin Food pantry served 1174 unduplicated Households as of 2/28/23. We anticipate increase in need as there were layoffs at a plant in Northern Dauphin and also COVID food stamps increased stipend ended at the end of February as well.

Working on other HSDF contracts as we just received State approval.

Emergency Rental Assistance Program-April Rudick
Paid $21,153,990.87 (Total Federal and State Combined) of which were 3,125 applications. 5,574 are original ERAP applicants. We have seen an increase in applicants withdrawing their applications as they have found alternative ways to make payments on housing.

Homeless Assistance Program-April Rudick
Bridge Housing- served 49 people
Case Management- served 271 people
Rental Assistance- served 375 households-closed program at end of December 2022, because they ran out of funds. They just recently opened up applications again.
Emergency Shelter- served 160 people.

Andrea Kepler-Mental Health/Autism/Developmental Programs
Staffing shortages.
Providers are having staffing shortages also.
Autism Developmental Programs serving 1330 individuals, 95 registered in emergency category, actively searching for residential placement for 20 individuals, and continuing to support 13 individuals who are experiencing homelessness and spent excess $70,000. In Early intervention, we served 137 referrals served 681 children and tracking 80 children who are at risk and who are not active in the system. In Crisis Intervention, 349 phone contacts, 10 walk-ins, and provided 94 mobile services for a total of 253 individuals served. We had 14 voluntary admissions, 71-302's, and out of the 302's, 32 were admitted, 27 denied and out of those denied, 8 were admitted voluntarily. In mental health, we had 131 individuals open in our base service unit that included both children and adults. In residential, we were basically operating at full capacity including the Danville State Hospital where we are allocated 29 beds, but we are currently using 35. Our EAC use is maxed out at 20 beds and across the board our residential system is currently all filled with the exception of our crisis diversionary beds, which we will need to be reassessing heading into next fiscal year because of our budget uncertainties.

Nitarah Iannacone-Department of Drug and Alcohol

Echo staffing concerns.
We also have lots of concerns with Medicaid turning off for individuals and the increase demand that is going to be on county funds.
We have the Dauphin County Addiction Conference May 8th and 9th. The theme is "Lead from where you are and build a resilient community."
We have increased our homeless outreach team and have expanded to go into the McCormick Library on Thursday afternoons. This with a request from the library to kind of have our staff present at times. We are only doing one afternoon a week right now, but we hope to increase if and when we hire new staff.
Our warm handoff program increased over 60 % last month in terms of the number of referrals that we had coming in, this program has been funded solely through block grant dollars. We handle all referrals during the daytime and then we have a contracted provider Just For Today that handles referrals nights and weekends.
Treatment costs have risen almost $200,000 this year alone. So within this fiscal year, the number of individuals that we are serving has mostly remained the same. So what we are seeing here is just the huge over 20% increase of rate for both our Medicaid individuals, both of Medicaid and County funded contracts have increased over 20 %. So that has put a large strain on our budget.
We are sponsoring another BALM training April 20th through June 8th. This is an eight-week course for family members and loved ones of individuals affected by substance use disorder. Those trainings are going to be held at our office on Cameron Street.
We recently had eight participants graduate from Drug Court in the last two months. We have a couple other treatment courts that we work with, Mental Health, Veterans Court, Recovery Connections Court, and all are doing really well and ongoing.
We have also started our annual contract monitoring process currently.

Marisa McClellan-Children and Youth
On a positive note, we have had fewer vacancies right now, which strangely has been equal number of vacancies even though over the past three months, we have continued to lose caseworkers, a few in our internship pool that graduated have now gone into the role of case workers. So even though, yes, we do continue to lose people, the few ones that are actively training are coming into those roles. I did just return from our quarterly conference of administrators today and I noticed from report out some other administrators that seems to be a trend across the state that we are not no longer seeing an increased deficit of vacancies.
Our referrals remain at very high level and you know, just trying to ensure that there is coverage adequately just like every other department has for these are probably our biggest struggles.
It is an all-hands-on deck approach. Several of us are case carrying in order to ensure that the family scenes are being met.
But we did just go through licensing, and it was a very positive experience. We have strengthened a lot of programs over the past year, and we have reduced the number of families that we have in hotels because we have partnered with housing and some other housing providers to get families into transitional housing.
We continue to engage and appreciate our Dauphin County cross-systems team members and coming up with Plan C solutions as a lot of our families we see are engaged with other services.

Bob Burns-Area Agency on Aging
Consistent staffing concerns.
We also are placing an increasing number of people in hotels older adults who are at some sort of risk for exploitation or abuse, and therefore cannot stay in their home alone or maybe they are homeless. So that is a continued growing problem that we are facing and most of those people end up in guardianship proceedings before the court.

Michael Alexander discussed the Dauphin County Housing Authority had Section 8 Informational Meetings for Landlords to engage more landlords to accept Section 8 vouchers. He also discussed Dauphin County Community Support Program Committee and upcoming panel discussions. Andrea also mentioned more panel discussions in upcoming months: April 13 (Autism Awareness), May 4 (Mental Health) and May 18 (Early Intervention.) All at 6 p.m. in County Administration Building, 4th Floor Hearing Room. She will make sure we get the information as it comes available.

ATTACHMENT 1D

Human Services Block grant Advisory Board Meeting
June 16, 2023

Attendance: Randie Yeager, April Rudick, Andrea Kepler, Ben Knox, Kristin Varner, Heather Quick, Darrel Reinford, Nicole Tate, Francis "Sam" Paige, Fred Lighty.

Human Services Development Fund, Randie Yeager

We are on track to spend the current contracts through the Human Services Development Funds. So just as a reminder, some of those contracts included the Capitol Area Coalition on Homelessness. That is a small contract for information and referral. They have not submitted invoices yet, but the contract is only $1,000. So we suspect that will come in here before the end of the fiscal year. Central Pennsylvania Food Bank in Northern Dauphin has served 1,315 individual clients. And they are on track to spend down their full allocation. Contact Helpline has invoice amounts that will probably be taken care of in May and June. International Services Center have spent their full contract. This year they included some document translation services, which was really helpful, particularly for our housing initiatives, and they have information and referral services. They have served 146 individuals. Shalom House has completely utilized their contract. They have served 12 customers at their shelter. Christian Churches United served 1,987 individuals. The Dauphin County Housing Authority has served 15 customers on their contract. We are on track to be fully spent by the end of this month.

Homeless Assistance Program
We are on track to spend our homeless assistance funds. We have multiple contracts that encompass bridge housing, emergency shelter, rental assistance, and case management supports for those individuals in the housing realm. Dauphin County has contracts with Brethren Housing, Catholic Charities, Interfaith Shelter, Christian Churches United, Scholars, Inc., Shalom House, Gaudenzia, and the YWCA. We have served 53 individuals in Bridge Housing, 215 individuals in emergency shelter, 310 in case management, and 375 in rental assistance. We do anticipate the rental assistance number going up. As we believe that we are able to transfer some unutilized funds from 1 of our other providers to help support Christian Churches United. As you may have recalled from our last meeting, they exhausted all of their rental assistance funds by December of 2022 from this contract. so they have been trying to make ends meet without those funds for the past 6 months. We are hoping to be able to move approximately $22,000 from an unspent contract into theirs to help support some additional families. Also, in regards to the Emergency Rental and utility Assistance Program, which I often share with you here, the County has served 3237 households to date for just over $21.8 million.

Randie stated that during some really challenging times in the pandemic, we still have slightly over 1,500 applications that still need to be reviewed. But many of those are duplicates, and we think we will get through those by the end of this calendar year.

MH/A/DP Updates, Andrea Kepler

We do anticipate ending the 22-23 fiscal year within our allocation. It has been a very challenging year with many of our residential programs very much struggling to retain staff, needing to make salary, and making changes to attract sufficient candidates for vacancies. We have had 1 program that essentially was almost 85% closed because of staffing capacity issues. So we do not expect fiscal year 23-24 to be a major improvement. We will be falling $1.5 million short in meeting our providers needs. And the great majority of that hits our residential services, so at a time when we are relying or can rely on impatient capacity, much, much less than ever before in the past. We are receiving a large number of referrals for individuals leaving jail, leaving the forensic unit leaving the state hospital. With very high needs, we have diminished capacity to support people. So it is a kind of like this convergence of budget tension at the same time where the needs of individuals to be served are increasing dramatically. So what we were able to do nevertheless, this past year was serve approximately 1352 on our Autism and ID side of programs. We have 473 enrolled in the consolidated waiver, which is we consider it the golden ticket because it is so comprehensive and really supports people indefinitely, whatever their needs may be. We base fund 170 individuals to every extent possible. 352 received supports coordination services, only 82 individuals are enrolled in Community Living waiver, and then a much larger number, 260 are supported through the personal family directed services waiver. Unfortunately, out of 228 individuals on the Puns list the (priority of urgency of need), we have 111 that are considered to be in the emergency category. And of that group, we are always looking for residential supports for approximately 20 people. During fiscal year 22-23 our Autism Developmental programs expanded a $120,000 trying to keep service-connected individuals out of homeless supports. So this was primarily through the use of hotel rooms, but we work very hard to keep people out of homeless supports who resources that could otherwise be used by other people in the population.

On the mental health side, we served approximately 3,000 individuals in case management supports. Of that, 3,000, approximately 300 were served in some capacity in our residential system. We have a Long-term residential supports, we have maximum community residential supports, all of which were full the entire year, except a forensic CRR, which really struggled to achieve full staffing. We also have approximately another 200 that are served in a category of residential supports that we call supportive living.

And a final category of those services is student assistance support services, which are now available in Dauphin County in every senior high school or middle school and every elementary school should the school district be interested in those services.
From a staffing perspective, we are starting to see some progress. Crisis will have only 8 vacancies shortly. That still will not get us out of the need to continuously rely upon over time. We are still going to be needing to do so because having 8 vacancies does not put us in the position of not having staffing pressures. On the mental health side, we continue to have 3 vacancies, but we do have candidates for our AOT position and for our Residential Coordinator.

We are working on filling our Deputy position and we have 2 vacancies in Autism/ID and we have 1 clerical position. That gives us a total of 14 vacancies.

Randie stated that she knows that this year has been certainly a challenge for both staff and our fiscal concerns and unfortunately next year is not looking much better. We are continuing to hold out hope for the state budget and potential base dollar increases, but it would not be significant if that is accurate.

Andrea stated that we are very, very excited about a grant to develop a regionalized crisis walk-in center that Dauphin County has received with Cumberland, Perry counties. We are still in the early phases of that planning. It will incorporate capacity to address the needs of individuals with substance use disorder, Kristen Varner has been part of that planning effort and this is an exciting thing because while we have had what we called regionalized resources in the past, they were not really regionalized from the perspective of both funding and oversight for the program. So this really gets us into the sharing of resources.

Also, we are the recipient of a suicide prevention grant through the Department of Health and we are excited about being able to offer some prevention types of support to senior high school students as well as young adults up to age 24 for support services and family support services.

There is a possibility we have applied for a grant that we might be able to look at doing some additional things in the way of homeless support.

Kristin Varner
Drug and Alcohol Services

We have spent the majority of our block grant dollars this year on inpatient and prevention, a little bit through intensive, outpatient and outpatient recovery support, of course with our warm handoff program. So we have been putting those funds to good use. As far as referrals go, especially with our warm handoff program, that is funded directly through block grant dollars. Our numbers are increasing dramatically where in the evening, our provider, which is Just For Today Veteran Services, is seeing between 40-50 individuals a month and you can couple that with our 20-30 that we see here during the day. We are having more of traffic flowing through. The only issue is right now, we do not have a dedicated responder to the hospital during the daytime hours. We did have a Certified Recovery Specialist who has since left us. We are hiring Certified Recovery Specialists, however, finding that to be very challenging at the moment because there does not seem to be many of them out there. I was at a DDAP meeting recently and brought it up to them that there are not trainings for Certified Recovery Specialists right now and that the field is experiencing a deficit with these and can they do anything in order to help us to attract more Certified Recovery Specialists to the to the field. They are going to take that back and look at it. We are going to try to add Certified Family Recovery Specialists, which would also be a help at the hospital, basically someone that can go in there and just really walk the individual and the family through this and consider it a true warm handoff.

Our office recently completed BALM, which is a mentor training. It is an 8 week course. It ended on June 8, 2023. We had about 10 participants that went through the entire course and the outcomes and the evaluations were fantastic, they had learned a lot. They plan on continuing to be educated and they have actually formed a little support group within themselves. So I consider that a success. And we will see if we can continue to provide services to family members moving forward.

Diversion referrals have also increased. However, referrals from the prison have decreased. We also continue to see a large increase in our walk ins. We are beginning to see pre-pandemic levels of individuals coming into our office and we have the staff ready to meet with them immediately when they come in, so that makes me feel a sense of normalcy again where it feels like it was few years ago.

We have also been seeing, unfortunately, a significant increase in mental health and intoxicated individuals seeking treatment, so a lot of our cases have that mental health component to it and we are trying to figure out what they need in order to get treatment right away. Is it the mental health that needs treated first or do they need a co-occurring treatment, or substance use disorder treatment before they get our mental health treatment.

The drug of choice that we are seeing right now, that is skyrocketing is synthetics. Synthetics are very hard to detect on a drug test. We are also seeing this specifically within our treatment courts and our urine test is not picking it up. So more to come on that front.

Prevention has ended within the schools for the year, but it does not mean that our prevention specialists will be bored. We have many projects for them this summer. We are going to try to do a series of community surveys. We will work on our existing presentations to make them even more informative and stronger. We will continue to be going into the LYFE Center and the Neighborhood Reporting Center, we had 111 student assessments this year. and In June we will be doing a project towards no drug abuse training.

We have 1 Case Manager starting soon and a potential Prevention Specialist that needs to be confirmed by the Commissioners and we had a Fiscal Tech start within the last month.

Randie wanted to share to share that D&A and MH/A/DP team members are out weekly serving our homeless population as well.

AAA
Ben Knox

We have 2 new employees who have accepted positions and will be joining our team. We currently have approximately 14 vacancies within the agency that we are currently seeking to

fill. So those 14 vacancies come in the following breakdown:10 Aging Care Manager positions, two support positions and then 2 management positions.

Senior Farmers Market Nutrition Program. This is a program for individuals who are over the age of 60 and qualify financially. These individuals are eligible to receive 5 vouchers worth $10 a piece, totaling $50 to use at local farmers markets. This food specifically needs to be grown or able to be grown in Pennsylvania. We expect to provide around 2,000 vouchers across our County from June 1st through September 15th. So the process for individuals to receive these vouchers is for them to call into our office to express interest in this program. They would be mailed an application, then would need to send back that application and then upon review, as long as they are eligible, then we would mail those vouchers to those individuals who qualify for them to use and redeem at the local farmers markets.

Marisa McClellan
CYS

We have been able to hire a lot more staff. I think the last time we had an HSBG meeting, we were teetering close to almost a 50 % vacancy rate just for case workers and I am very excited that that is below 40 % now.

We have currently, 399 children currently dependent. We noticed over the first few months of the year, a large increase specifically in April in our dependencies. I am not sure what happened. In March, we had only adjudicated about 11 kids dependent and in April it jumped to 25 kids just for that month. This is more than doubling the amount of cases going to court and the amount of work going into placements. It is really challenging work when we do have to adjudicate children. We had accepted 256 referrals in April, that is just accepted referrals. So which is usually around 20 % of the referrals coming in get accepted. So you can see our numbers are quite high. We have to go out and see these children in each referral that comes in. We are working on more Prevention efforts.

Updates
Nicole Tate Program Director for Justice Works Youth Care
We have added Triple P in Perry County. We added Family Finding in Dauphin County. I just hired full time staff in Mifflin County. In Dauphin County, I have 2 more coming aboard and I am hiring 1 in Perry County. One of my employees. Is putting together job fair for July 10th from 11 to 3. So if anybody wants to come join and set up a table, you are more than welcome. We are going to have it out here in the parking lot. So that is July 10th from 11 to 3. If you guys you know you are morning welcome to come set up a table. Randie Yeager asked Nicole to email us the invite flyer.

Next meeting is September 15th and December 15th.

Meeting adjourned.

Memorandum of Understanding
Between
Dauphin County Crisis Intervention Program
And
CMU - Supports Coordination Organization (SCO)

This memorandum of Understanding establishes a working agreement between CMU's Supports Coordination Organization (SCO) program and the Dauphin County Crisis Intervention Program.

I. **MISSION**

The mission of CMU is to plan with each individual consumer and, if appropriate, their family, to provide the appropriate environment and specific supports needed to enable individuals with mental disabilities to live successfully in the community. To this end, the Unit will strive to be sensitive to each consumer's unique needs and strengths, drawing on the numerous and varied resources within the community to support these individual differences. These activities are guided by certain principles and values which include:

- A belief in the right of all consumers to self-determination.
- The value of the consumer's opinion and the right of the consumer to participate in decisions affecting their lives.
- Respect and consideration for each individual's sexual orientation, mental abilities, linguistic, cultural and religious background.
- A commitment to teaching the skills and behaviors the consumer needs to function successfully in the community.
- A commitment to going where the consumer needs services and doing whatever will be most useful to provide the consumer with as many successes as possible.
- The value of each individual being part of and connected to a community so that the least restrictive support appropriate to the individual are provided through the public MH/ID system.
- A commitment to the highest ethical and professional standards and practices.

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II.   PURPOSE AND SCOPE

It is CMU policy to provide crisis support services for all individuals who are served by CMU in conformity with existing agreements with crisis intervention services during normal business hours (Monday through Friday from 8:30 a.m. to 5:00 p.m.).

CMU will assure that management staff are accessible through the Intellectual & Developmental Disability (IDD)/Supports Coordination Organization (SCO) program for support and assistance for individuals and families registered for Supports Coordination on a 24 hour, 7 day per week basis.

III.   RESPONSIBILITIES

Contacts made by individuals, family members police, emergency departments, etc. with CMU during business hours (Monday – Friday from 8:30 a.m. – 5:00 p.m.) will be initially received by CMU Supports Coordination staff. If CMU receives a call regarding an active individual from emergency room staff or Crisis Intervention Program staff, the CMU receptionist will check to determine if the assigned Supports Coordinator is available before placing a call to their telephone extension. If the assigned Supports Coordinator is not available, the receptionist will page the Intellectual and Developmental Disability (IDD) Program back-up Supports Coordinator on duty. CMU receptionists will not forward emergency calls to voice mail. All emergency calls must be routed by CMU receptionists and received by a CMU staff member within five minutes.

If an emergency call is received for an individual who has received an intake for intellectual and developmental disability services but has not yet been determined eligible for Supports Coordination services, the IDD Service Access Coordinator will assess ability to respond to the situation and will contact Dauphin County Crisis Intervention Program if additional support is needed.

If the individual is active for Supports Coordination services, and an emergency is originating with Crisis Intervention, the Crisis Intervention worker shall provide the initial telephone or walk-in service. For calls requiring mobile crisis services during CMU business hours (Monday – Friday from 8:30 a.m. – 5:00 p.m.), the Crisis Intervention worker will contact the assigned Supports

Coordinator or "IDD Back-Up" Supports Coordinator to advise them of the emergency situation and request that a Supports Coordinator respond along with the Crisis Intervention worker. If the Supports Coordinator cannot respond in a timely manner, either to the community or Emergency Department, the Crisis Intervention staff member must respond and handle the situation until a Supports Coordinator / Supports Coordination Supervisor can assist. There will be no delay in providing crisis services because the Supports Coordinator is not available.

When the individual is secure or stabilized in the community, or when the individual is safe in an emergency department of a hospital, the Crisis Intervention worker may contact the appropriate Supports Coordinator / Supports Coordination Supervisor for additional or subsequent interventions and disposition.

The Supports Coordination Organization program will be responsible for responding to emergency situations for active individuals during normal business hours. However, a mental health professional will be engaged when there is a need for a mental health assessment.

The Dauphin County Crisis Intervention Program will conduct mental health assessments for any individual with a Supports Coordinator when the individual is expressing suicidal or homicidal ideation. The exception is that a CMU mental health professional will conduct that assessment when the individual is registered and has both a Supports Coordinator (IDD) and a Targeted Case Manager (MH). Under those circumstances, the Mental Health Case Manager from CMU will conduct the mental health assessment.

The Dauphin County Crisis Intervention Program will facilitate all 302 Emergency Mental Health Commitment procedures for any individuals registered for Supports Coordination whether during or after CMU's normal business hours.

After normal business hours, the CMU office telephone system directs all emergency calls to Dauphin County Crisis Intervention. Intellectual and Developmental Disability Supports Coordination Organization (IDD/SCO) staff will be available for consultation, support and assistance when required. The need for consultation will be determined by Crisis Intervention staff and

the need for further support or direct assistance will be determined by mutual agreement between the IDD/SCO management staff person contacted and the Crisis Intervention Program supervisor on duty at the time of the contact. Crisis Intervention will be provided with the cell phone numbers as well as a duty schedule for all IDD/SCO Program management staff.

IV.   TERMS OF UNDERSTANDING

The term of this memorandum of understanding will begin on the effective date of this agreement and will continue until terminated within sixty (60) days written notification by any of the undersigned parties. It will be reviewed at least annually to assure that it is fulfilling its purpose and to make any necessary revisions.

Either party may terminate this Memorandum of Understanding with sixty (60) days written notification.

Authorization

The signing of this Memorandum of Understanding is not a formal undertaking. It implies that the signatories will endeavor to reach, to the best of their abilities, the spirit and objectives described in this Memorandum of Understanding.

On behalf of the organization that I represent, I sign below in agreement with this Memorandum of Understanding.

FOR CMU:

_____
Greg McCutcheon
CMU Executive Director

_____
Date   7/5/19

_____
Daniel E. Sausman
CMU Developmental Services Director

_____
Date   7/1/19

FOR DAUPHIN COUNTY CRISIS INTERVENTION:

_____
Daniel E. Eisenhauer
Dauphin Co. MH/ID Program Administrator

_____
Date   7/1/19

_____
David DeSanto
Dauphin County Crisis Intervention Director

_____
Date   6/27/19

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