Appendix B
County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2022-01.

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.

Dauphin County continues to be thankful four our 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 (currently vacant), past or present; a Dauphin County Drug and Alcohol consumer (currently vacant). We also have participation from the Executive Directors of Tri County Community Action, 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, the participation has been lower in-person, so the virtual option has remained in place. 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.

Numerous cross-systems 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 Directors 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.

Dauphin County has developed a Human Services 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, Social Services for Children and Youth, Drug and Alcohol Services, and Mental Health/Autism/Developmental Programs. The Human Services Director's Office provides cross-system integrated direction and oversight to each human service's categorical departments. In addition, the human services departments work very closely with related systems such as Probation Services, the Judicial Center (Centralized Booking), Work Release, the Dauphin County Prison (DCP), Victim/Witness Services, and Pretrial Services. The plan for Human Services Integration continues to be a top priority across all human services' departments to provide improved, cost-effective, customer-service-oriented services, processes, and programs. Full Dauphin County Human Services Block Grant Plan Integration will take years to complete, but Dauphin County is committed to accomplish numerous steps annually. This purpose of integrating human services is based in the concept that human services access and deployment of resources must work collectively with other service systems and programming areas. We are seeking one physical location that can accommodate all Human Services Departments central to Dauphin County and on a public transportation route. The completion of our Integrated Data system will also be critical to this effort. Lack of communication and conflicting policies can prohibit short-term access and long-term success to those in need. Integration can combat a multitude of barriers and improve efficiencies across all human service systems. Integration is critical for moving human services forward for the following reasons:

1. Providing Holistic services to customers and increased efficiencies among staff.
2. Better education, outreach, and communication with the community members and among departments.

3. Increased coordination of human services for individuals and families across systems and within the community.
4. Utilization of expertise within each department effectively.
5. Maximize funding by analyzing cost-effectiveness.
6. Shared data reduces duplication and increases efficiencies.
7. When operations are combined, we can provide whole services to customers.

Integration among similar purposed positions across human services departments began in January of 2017 and is projected to incrementally continue until full integration is achieved. 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 offices and/or community-based spaces and join workgroups toward common goals within and across all systems in a new, intensive manner. Each department will be building new forms of strong inter-departmental relationships over the next several years as we strive towards full integration. Dauphin County will continue making steps toward full integration over the next three to four years. As a result, the County will continue to expand the process of integration within Human Services and related departments and services. To that end, we will develop procedures that serve customers in a holistic manner and provide services to an individual and families efficiently and effectively, treating all aspects of their diagnosis and assistance needs as permitted by law and regulations. The Human Services Block Grant will be critical to ensure flexible funding throughout the integration process. The following Vision, Mission, and Common Goals will drive this process:

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.

The Human Services integration plan will continue to prioritize the current primary challenges and human service need priorities across all systems, as developed for the Human Services Block Grant (HSBG):

- Employment
- Affordable Housing
- Drug and Alcohol Service needs and the Opioid Epidemic
- Transportation

Human Services Areas of Integration (First concurrent steps):

- Integrated Data System, including client view
- Quality Assurance/Continuous Process Improvement
- Public Outreach, Education, and Communications
- Contract Monitoring, Grants Management, and Program Monitoring
- Integration of Fiscal Operations

- Centralized or coordinated intakes among systems*
- Integration of front-line services (where possible)

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; Attachment 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? 1/6/22
   c. When was the second ad published (if applicable)? 12/7/2021

2. Please submit a summary and/or sign-in sheet of each public hearing. Attachment 2 includes the summary of the first public meeting. The second one for the 8/10/22 meeting will be sent at a later date, following completion of the summary of minutes.

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)

1. Employment: Dauphin County works closely with specific entities with an expertise and focus of training and employment. They include the SCPaWorks, United Way of the Capital Region (UWCR) Road to Success Initiative and the Harrisburg Regional Chamber and the Capital Region Economic Development Corporation (CREDC). We also hold an annual job and resource fair in the spring, each year, except for 20-21 due to the COVID-19 Pandemic. In conjunction with our Dauphin County Criminal Justice Advisory Board (CJAB), we work with Probation Services and share a list of local and national employers who are willing to interview and hire re-entrants. As noted in MH/A/DP we also provide the needed job training and supports for individuals who qualify and want to become employed.
   For employment opportunities, our County Commissioners and County designees are actively engaged with our local Workforce Investment Board (WIB) as well as Harrisburg Area Community College (HACC), Penn State University at Harrisburg, Harrisburg University, and additional local high education institutions to ensure training and education opportunities are readily available across the County. There are education and training efforts with specific Career Link connections to expand the opportunities for citizens returning to the community from incarceration. Additionally, Dauphin County continues to coordinate with the YWCA of Greater Harrisburg, AHEDD, and Goodwill Industries for supported employment and education services. Significant increases in community employment reflect a change from facility-based services to a full community-based complement.
   Dauphin County serves human service customers in a cross-system, holistic manner which includes presenting opportunities for education and/or employment. For the Emergency Rental Utility Assistance Program (ERAP) voluntary case management is provided to ensure a full array of employment opportunities are discussed and offered to the ERAP applicants and recipients. We contract with a few community-based entities to ensure residents have access to services and supports within the ERAP program. These entities include 211, Christian

Churches United, and the Salvation Army which already serves residents in these matters within other programming. This structure ensures residents have access to information and services and has existing relationships with organizations long after a temporary program like ERAP concludes.

2. Housing: Dauphin County continues to make progress in addressing housing concerns. We recognize that in addition to mental health and substance use disorders, domestic violence, money management skills, job loss, and other concerns impact housing resources for individuals and families. Societal, economic, and system failures such as the increasing cost of housing, lack of affordable and accessible housing, and difficulties with service access can be barriers in addition to lack of employment, lack of obtaining a living wage, poor credit, criminal history, etc. Many of these failures have been exacerbated during the past two years with the coronavirus pandemic. While existing supportive services are valuable, the needs, at times, outweigh the system's ability to support clients and families. Timely connections with individuals seeking housing or shelter are a must so that we can locate and continue communication. In conjunction with the Capital Area Coalition on Homelessness (CACH), Dauphin County Human Services and all its categorical departments will continue to make funding decisions based on data, trends, and needs analysis. CACH continues to be the lead agency to leverage funds while collaborating with its many private and public partners to obtain and maintain affordable housing resources for the Dauphin County community at large. Dauphin County has a network of services to support individuals and families with housing concerns. Decreased amounts of HSDF funding support CACH coordination and the Shalom House Shelter. HELP Ministries through Christian Churches United provides emergency shelter resources, rental assistance, and case management that links individuals and families to community partners that may help individuals address substance use and/or mental health needs. Outreach services, drop-in centers, and coordinated case management is offered at Downtown Daily Bread and Bethesda Mission. Dauphin County Human Services, in its continued goal of integration, remains committed to promoting best practice efforts to assure access to supportive services and focuses on improving cross-systems coordination and providing timely access to treatment, referrals, and addressing the underlying causes of housing issues while strengthening Mental Health and Drug and Alcohol case management to maximize coordinated efforts.

Dauphin County has created a new Housing Development Coordinator position with the Affordable Housing Associates of Dauphin County. This is a contracted position and co-funded with Community and Economic Development and the Affordable Housing Trust Fund. This role will regularly communicate with property managers/affordable housing developers to maintain a current and accurate list of affordable housing/rental properties which are accepting applications for a wait list. Additional funding opportunities will be explored with developers and the housing authority. Additionally, identification for housing advocacy and collaborations with Housing Authorities and Executive Directors in pursuing them.

During the 20-21 Fiscal Year we implemented a Dauphin County Housing Initiative. Within this process Housing and Homelessness-related Grant programs and activities were brought within the Human Services Director's Office (HSDO). This has been particularly important for the operations of the Emergency Rental and Utility Assistance Program (ERAP). This program is currently housed within the Human Services Director's Office and overseen by the Director of Human Services Initiatives with coordination from other team members in this office as well as local providers with expertise in the areas of homelessness supports and case management services as well as Contact Helpline for resources and connections as well as acting as the

call center. This has assisted all human service departments by centralizing information and resources and having a strong focus on housing as a basic need. With this in mind, the Affordable Housing Associates of Dauphin County purchased a townhome and has agreed to house families active with Children and Youth Services. Our first family moved in during he month of July 2022. As families transition to their own private lease, another family will have the same opportunity to transition in to this property.

Dauphin County is committed to increasing housing options and opportunities for individuals, families, and our most vulnerable populations, including those who are chronically homeless. Although Dauphin County has always been working collaboratively with the Capital Area Coalition on Homelessness (CACH), over the past two years we have taken an active leadership role in a Quality Assurance Process Improvement Initiative which resulted in a new CACH Coordinated Entry System (CES). 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 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 developing a Housing Initiative is important to ensure services are available throughout the entire County. We have increased collaborative efforts with not only our Dauphin County Community and Economic Development Department but also with the City of Harrisburg's community and Economic Development Offices. This collaboration has allowed us to move five CACH affordable housing plans forward, and we hope to fund most requests with both City and County funding. We continue to meet with developers and real estate entities to expand on current local, affordable, and accessible housing capacity.

We have also met among and across county service systems to discuss the County department's needs as it relates to housing options for those we are serving across human services and with our criminal justice partners. The needs are great and diverse. In order to ensure effective treatment and supervision for individuals and their families, we must assure their basic needs are being met. When the basics of food, clothing and shelter are not available, participation and compliance with other services and the success for the individual drastically decreases. Therefore, we changed a role within HSDO and we now have a Director of Human Services Initiatives who oversees a new Housing Supports Specialist position and a Grants Management Coordinator who manage a number of housing and homelessness grants. These changes were needed in order to have a team dedicated to this critical work across the county.

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 FY21-22.

The mental health narrative presented here is primarily based upon FY20-21 information. The COVID pandemic really did impact service delivery and the public mental health system's ability to meet individual and family needs. Well into FY20-21 telehealth through audio only and video conferencing changed the frequency, duration, and nature of contacts. COVID restrictions and health/safety issues were experienced by persons using services as well as persons providing services and supports. Every day presented new challenges. As a system in-person services continued to be promoted to expand our reach to those with needs from the public system. Persons were displaced and not located during FY20-21. The pandemic has had profound effects on families supporting their children with severe emotional disturbances and persons with serious mental illness. As with all providers, during calendar year 2021 MH/A/DP experienced staff shortages in service areas including Dauphin County Crisis Intervention and in the county program office. The Department of Mental Health/ Autism/Developmental Programs is optimistic about the future and remains committed to our mission and values. Throughout FY21-22 MH/A/DP continued to meet challenges in collecting and disseminating information, system management and supporting a dedicated MH provider network while considering the health and welfare of person with a mental illness and dealing with significant staff shortages based upon low wages for direct care staff in the current economy.

Stagnation or reductions in funding and a lack of a cost-of-living allowance will continue to decrease the quality and quantity of MH services in our community, and timely access to treatment and supports will continue to be exacerbated by critical staffing issues. Few resources exist to create funding options, particularly for adults with a serious mental illness and/or co-occurring disorders. However, Dauphin County routinely assesses the benefits of using available grants each year. Below standard salaries for direct care residential services, other provider services staff, and County Crisis Intervention are a critical issue. The FY12-13 budget cuts totaling $1,931,200 have never been restored, even partially and new demands from other systems cannot be addressed through service integration, data systems or coordination strategies. Increases to boost direct care staff salaries are greatly needed. Mental health consumers are the largest population of County residents served through the Human Services Block Grant.

During FY 20-21, the mental health funds were 95.1% expended for services to County residents. Less than five percent (4.9%) of State allocated MH funds were spent on administrative costs. As MHADP collaborated with the provider network to keep services operating. Use of telehealth options predominated in IBHS, outpatient and partial services.

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
Mental Health	3,041	2,779	2,237	1,317
Crisis Intervention	3,291	4,136	4,043	4,055

In FY20-21 a drastic change occurred in the number of persons receiving county-funded services. The decrease may be attributed to several factors: 1) Beginning in the last quarter FY19-20 and throughout FY20-21 it was very difficult to find persons previously in the public mental health system who resided in the community. We believe this was largely due to COVID as persons regrouped during the pandemic perhaps relying on family/other support, relocated, or were very fearful to engage/reengage in MH services; 2) Staff changes at MH/A/DP had data management and data reporting transitioned to Dauphin County Information Technology Department with full learning involved with the transition continuing into FY21-22.

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

MH Cost Center	2018-2019	2019-2020	2020-2021
Administrators Office	1,292,539	1,256,734	$1,086,754
Assertive Community Treatment	83,402	89,838	$17,973
Administrative Case Management	1,514,851	1,161,033	$1,153,789
Community Employment	243,740	257,718	$249,791
Community Residential	10,912,594	12,251,717	$13,591,144
Community Services	352,397	360,633	$483,447
Consumer-Driven Services	149,856	154,386	$157,751
Emergency Services	692,099	692,481	$539,999
Family-Based Services	5,925	0	$0
Family Support Services	54,590	35,369	$32,653
Housing Support	1,150,350	1,072,810	$1,581,317
Crisis Intervention	1,181,578	1,380,249	$1,293,508
Outpatient	337, 491	570,144	$564,987
Partial Hospitalization	210,077	182,034	$33,579
Peer Support Services	32,162	54,842	$9,594
Psychiatric Inpatient Hospitalization	253,367	130,480	$126,309
Psychiatric Rehabilitation	0	59,978	$7,727
Social Rehabilitation	606,740	613,891	$536,234

Targeted Case Management	1,065,001	1,078,452	$630,100
COUNTY MENTAL HEALTH TOTAL	$20,142,674	$21,402,780	$22,096,656

Table 2 captures the use of State allocated funds to MH for three (3) fiscal years by cost center. Significant decreases reflect the fee-for service nature of the MH system in combination with the impact of services during COVID relying on treatment in group settings, in family settings and how staff shortages (resignations, retirements, even home-based education when schools intermittently closed) changed serviced delivery. The County and providers have had few applicants interested in the types of positions available. Noted are significant decreases in expenditures in the Assertive Community Treatment teams, family support services (respite and summer programming), crisis intervention, partial hospitalization, peer support, psychiatric rehabilitation, and targeted case management. A comparison between three (3) fiscal years on the number of County funded persons served is illustrated in Table 3 using service type or cost centers.

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

Service Type	2018-19	2019-20	2020-2021
Assertive Community Treatment	13	11	12
Administrative Case Management	1,603	1,198	1,243
Community Employment	138	140	102
Community Residential Services	393	364	356
Community Services	1,169	799	573
Consumer-Driven Services	101	80	49
Emergency Services	1,753	1,717	1,381
Family-Based Mental Health Services	1	0	0
Family Support	32	9	23
Housing Support	168	137	135
Crisis Intervention	2,371	2,326	2,674
Outpatient	114	69	25
Partial Hospitalization	28	30	19
Peer Support Services	24	14	17
Psychiatric Inpatient Hospitalization	5	3	1

Psychiatric Rehabilitation	0	12	4
Social Rehabilitation	129	141	101
Targeted Case Management	852	633	457

The table above includes duplicated service use by type since persons may use multiple services at the same time and a variety of services throughout the year. MA enrollment status may also be intermittent due to employment or an inability to maintain enrollment or eligibility re-certifications due to their disability. MA eligibility is less a factor since re-determinations of MA eligibility were suspended during FY20-21 due to COVID. Eligible persons may also have never applied during this same period. This data also suggests the resolve of many service providers as they created ways of maintaining a safety net and learned new methods to engage/reengage with active and new consumers. HealthChoices Behavioral Health services are managed locally in a five (5) county collaborative through the Capital Area Behavioral Health Collaborative (CABHC) and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth *Caritas*. Table 4 shows FY19-20 and 20-21 by type of service, number of persons served and expenditures.

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

Type of Mental Health Service	Person Served FY 19-20	Persons Served FY 20-21	Dollars Spent FY 19-20	Dollars Spent FY 20-21
Inpatient psychiatric, includes EAC	1,010	**997**	$18,715,624	**$18,573,629**
Partial Hospitalization	323	**297**	$1,711,071	**$1,910,259**
Outpatient	9,988	**9,771**	$8,026,711	**$8,877,657**
Behavioral Health Rehabilitation Services	1,443	**1,197**	$11,392,819	**$11,476,853**
Residential Treatment	28	**44**	$2,324,737	**$3,488,321**
Crisis Intervention	1,351	**1,396**	$603,356	**$607,656**
Family Based MH Services	312	**260**	$4,174,766	**$4,109,252**
Targeted MH Case Management	1,784	**1,744**	$4,335,690	**$4,356,637**
Peer Support Services	74	**100**	$123,069	**$159,020**
Other MH: Assertive Community Treatment, Specialized Treatment, Telepsychiatry	1,168	**866**	$2,284,832	**$1,697,237**
Managed Care MH Total:	11,753	**16,672**	$53,692,676	**$55,256,521**

Partial hospitalization services for children and teens have been limited due to staffing and space limitations on the part of the single provider. The issue pre-dates COVID. During CY 2021 two separate efforts by CABHC and PerformCare yielded no interest in developing an additional partial program. Strategies to expand capacity with the existing partial provider continue between Dauphin County, CABHC and PerformCare. Compared to other Counties, Dauphin County continues to be a low user of Certified Peer Support (CPS) services for adults and teens and Psychiatric Rehabilitation. Action taken by PerformCare and CABHC in FY21-22 has yielded two

(2) new Certified Peer Support providers who are currently developing local sites and staffing. Both will provide CPS for adults and teens. The one psychiatric rehabilitation provider has approval for both center-based and mobile services and in late FY21-22 decided to forego center-based services and use mobile services only.

MHADP was selected to pilot AOT (Assisted Outpatient Treatment) and has taken initial steps with the supervising Dauphin County Judge to lay the groundwork for AOT hearings. Additionally, an AOT Coordinator position was established. MHADP also sponsored QPR (Question, Persuade and Refer) suicide screening train the trainer training for providers including Crisis Intervention. Consistent with an increased rate of suicides reported by the Dauphin County Coroner in 2021 QPR training will continue to be promoted. Additionally, CPI (Crisis Prevention Institute) de-escalation train the trainer training was completed by program staff and providers including Crisis Intervention. CPI training will also be promoted with all providers to assure a consistent approach to de-escalation of crisis situations.

Planning for Children with Complex and Multi-system Needs

In FY 2020-2021 there were a total of 35 RTF recommendations for 34 unduplicated youth. This was a 22% decrease in the total number of RTF recommendations from FY 2019-2020. In that year there were 45 recommendations for RTF level of care. The data indicates FY20-21 was the second consecutive year of a decrease in recommending out-of-home treatment. A contributing factor is the overall decrease in Statewide RTF availability. Additional factors include COVID, high incidents of harm to children in RTF settings and a lack of programming for complex youth with MH and ID/ Autism. Children and teens with highly aggressive behaviors are also more often recommended for out-of-home treatment. Unfortunately, alternatives in local communities and OMHSAS policies have not met the needs of complex and multi-system youth.

In FY 2020-2021 there were 20 youth discharged from RTF. This is a 55% increase in RTF discharges from FY 2019-2020. COVID played a part in this due to the need for socially distancing in congregate care settings. In FY2020-2021 there were 38 youth served in RTF. Of those 38 youth, 16 carried an ASD/ID diagnosis. The average length of stay (LOS) for all youth served in RTF in FY 2020-2021 was 405 days. Forty-seven days longer than in FY19-20. Children who did not have a diagnosis of ASD/ID had an average LOS of 287 days. The children in RTF with an ASD/ID diagnosis had an average LOS of 568 days. This shows that children with ASD/ID had a 49% longer Length of Stay (LOS) in RTFs in FY 2020-2021. Appropriate resources for children with ASD/ID have not kept up with needs.

Mental Health Forensic Initiatives

A short term CRR for persons with serious mental illness (SMI) released from Dauphin County Prison or state correctional facilities opened in January 2021 but has been limited in the number of persons it serves due to staffing shortages. Team MISA has continued with representation from the County MH program and CMU to identify, track and develop early release plans for all eligible persons with SMI as well as Drug & Alcohol Use disorders entering the county prison. A Re-Entry Team for person with an SMI completing sentences at Dauphin County Prison meets monthly. LiveUp! Recovery has been serving persons since August 2019 with an Intensive COD Outpatient program coupled with a recovery center. Capacity in FY21-22 reached 20 persons per day. Mental Health Court was re-introduced in Dauphin County in 2022. MHADP and CMU staff participate in the ongoing planning for this effort. CMU staff participate in MH Court and have assigned staff to support those who enter MH Court.

Mental Health Quality Assurance Activities

In FY 20-21, 323 Adult Unusual Incident Reports (UIRs) were reviewed and entered in the Dauphin County database. 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 were one (1) allegation of abuse by staff of consumers. Staff were immediately suspended during the investigation, and then fired. There were three (3) reports of misuse of funds by a Dauphin County provider. There were six (6) unexplained absences from residential programs.

In FY20-21 241 reports entered HCSIS(EIM) for persons from the Harrisburg State Hospital closure population residing in residential programs. 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 in residence most of the day. New and additional activities were planned to keep persons 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. Adult direct care residential staff were recognized by MH/A/DP in provider-level staff recognition events.

There were 38 children's unusual incident reports (UIRs) for a mean of 1.23 per child (n=31). There were no children with 5 or more incidents reported. County MH staff continuously monitor children and teens in out-of-home treatment by reviewing records and consulting with MH case management supervisors and administration, participating in complex case meetings at an interagency team level, and by providing coaching and support to the CMU staff. A tracking database is in place to facilitate County oversight. A Monthly Challenging Youth meeting convened by Dauphin County CYS also has County MH/A/DP staff participation. Within MHADP a monthly review meeting occurs between MH and ADP program specialists to promote communication and planning for shared complex cases.

b) <u>Strengths and Needs by Populations:</u> (Limit of 8 pages-items b) #1-11 below)

An overview of the strengths and opportunities to better meet the changing needs of the priority population groups mandated by the public mental health system is provided in this section and underscores the existing systems strengths and future opportunities for improvements, emerging issues/trends. The following charts provide a brief format displaying the populations served in the system, unique strengths to the specific population, and identified opportunities. Services are not listed on these tables that cross-cut most population groups include Inpatient, Outpatient, Partial Hospitalization, Social Rehabilitation, Assertive Community Treatment, Housing supports, Crisis Intervention, Emergency Services, Targeted Case Management, Certified Peer Specialist services, Community Support Program Committee, Community Support Planning or Interagency Team meetings and Extended Acute Care services. Changes in the services are noted.

Opportunities are limited to address the needs/demands of Dauphin County residents and responsibly manage the funds allocated. Plans to address any needs under County auspices are dependent upon the restoration of $1.9 million dollars lost in allocation FY12-13, use of retained earnings funds from previous FY to support the MH service needs of priority populations, and new funds for direct care staff salaries commensurate with the economic trends and complexity of job duties.

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

Strengths	Opportunities
Person-centered planning with AAA	Collaboration with Skilled Nursing facilities
Geriatric Psychiatric IP resources	Limited access to skilled nursing homes/services for forensic/older adults
Older Adult OPT Clinic	
Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources	Expand LOA with Danville State Hospital for readmission from Nursing homes when County resident transferred to another County's facility
Coordination of psychiatric and medical concerns	Improve relationship/understanding on the use of SMRC
Use of Older Adult Protective Services Act process, when needed	Training on appropriate use of guardianship services
Use of Nursing home referral guidelines established with AAA	Resources for person under the age of 62 with a diagnosis of neurological disorders with and w/o forensic identifier.
Experience with CHC and modified OBRA process	Reduce reliance upon emergency room departments to address behavioral health emergencies not meeting 302 standards

2. Adults (ages 18 to 59)

Strengths	Opportunities
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 imbedded 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 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. Double Trouble Groups Social Rehabilitation services	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 Implement new TRFPC 304 process CSP committee build-up from COVID 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 Reduce reliance upon emergency room departments to address behavioral health emergencies not meeting 302 standards 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 (suicide risk screening) and CPI (verbal de-escalation) across provider network

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	Opportunities
Evidenced-based outpatient clinic services (DBT-Teens, DBT, CBT, TF-CBT, Co-Occurring MH D&A Outpatient and EMDR)	OMHSAS commitment to address lack of residential options for children with complex needs.
Transition Planning to Adult Services by TCM	Expand capacity of IBHS not just the number of agencies.
The JEREMY Project	Explore small 3800 CYS -type group home with Intensive IBHS supports since CRR-HH and CRR-ITP are not working as alternatives to RTFs.
Transitional Adult Program –CRR	
CAPSTONE (FEP)	
PREP Classes and Three (3) Permanent Supported Housing programs	Identify funding source for JEREMY –like project for transitioning teens with autism with A/DP
The JEREMY Project – transition to high-risk population model for children with only MH diagnoses	Continue to identify eligible persons for PRA 811, 811 HCV and mainstream vouchers with Local Lead Agency – CACH and MH providers.
Continue management/administrative cross-system meetings for complex, multi-system persons in RTFs.	Reduce use of mechanical and supine restraints for all children and trauma associated with restraint policies and procedures and specialized care.
Access to PATH supports for TAY population.	Address length of stay for persons in RTF, especially persons with ID/ASD with longer stays
	Implement QPR
	Implement resources for social determinants of health.
	Reduce reliance upon emergency room departments to address behavioral health emergencies not meeting 302 standards

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	Opportunities
Open Access Clinic	OMHSAS commitment to address lack of residential options for children with complex needs.
School-based Mental Health Outpatient	
Multi-systemic Therapy	Reduce the use of mechanical and supine restraints for all children.
Functional Family Therapy	
Coaching and support to CMU Children's Supervisors	Engage County A/DP staff in reducing length of stay in RTFs.
Human Services' Supervisors Group	Continue Resiliency in Action training
VALLEY STRONG initiative in Northern Dauphin County	Implement Circles of Security
Transition Planning to Adult Services by TCM	Continue to address strategies with PerformCare on over authorization and long-term use of IBHS among older teens
CAPSTONE (FEP)	
MH consultation to Student Assistance Program and expansion of Elementary SAP	Advocate for CRR-Group Homes
MH services at Schaffner Youth Center for on-going treatment and evaluations for discharge planning purposes.	Explore small 3800 CYS-like group home with Intensive IBHS supports.

Continue MH/A/DP management/administrative cross-system meetings for complex, multi-system persons in RTFs. The JEREMY Project Establish Free-standing Adolescent Certified Peer Specialist – two (2) new CPS providers.	Monitor CAP5 new RTF implementation Expand capacity of child/teen partial hospitalization Re-start County and Public-School District meetings on MH system improvements Re-start Annual SD training on applying for MA/HC 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. Restart Guiding Good Choices with parents as facilitators

5. Individuals transitioning from state hospitals

Strengths	Opportunities
Extended Acute Care access for diversion from Danville 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 Sex Offender Outpatient Services Three (3) Permanent Supportive Housing programs Shelter Plus Care Licensed Psychiatric Rehabilitation Site-based and Mobile Services BCBA Consultation to LTSR and other MH Residential programs EAC beds at Mt. Gretna and Ephrata for SMH diversion (20 beds)	Collaboration with County located Skilled Nursing facilities Limited access to skilled nursing homes/services when psychiatrically stable Suspension of Medicaid benefits while in SMH rather than terminated from benefits. Support two (2) new free-standing Certified Peer Specialist programs. Support recruitment and retention strategies among provider networks. Strengthen relationship with AAA and OLTL regrading nursing home access and use of home-based aging waivers. Implement AOT.

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

Strengths	Opportunities
Harm reduction philosophy Service provider training, including homeless network D&A Screening at MH Intakes and Transitions Referrals/Monitoring of use of D&A Services by TCM Coordination with Courts, County Prison and Pre-Trial Services via Team MISA and Re-Entry Team Assertive Community Team (ACT) Integrated COD Outpatient Clinics at two dual-licensed providers Live Up! IOP and Recovery Center Forensic Short-term CRR	Monitoring of MH and SA service use through PerformCare by Co-Occurring identified target population Continued implementation of STEPPING UP recommendations Monitor Forensic CRR implementation. Implement AOT. Work group on strategies for engagement in SU services for COD population in residential programs. Continue MH involvement at case management level in Drug Court.

7. Criminal justice-involved individuals-

Strengths of Older Adults, Adults and Transition-age Adults with Criminal Justice Involvement	Opportunities for Older Adults, Adults and Transition-age Adults with Criminal Justice Involvement
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	Use data-driven information to educate other systems on role/responsibilities of MH system 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 Co-responder transition to police department funding Continued monitoring/support of Forensic CRR utilization as part of Mental Health residential services Continued involvement and support of MH Court planning and participation
Strengths of Children with Juvenile Justice Involvement	**Opportunities for Children with Juvenile Justice Involvement**
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	Expansion /Strengthening of CRR-HH/ ITP Continued MH consultation with BH-MCO on transition issues/service needs Expand capacity of child and adolescent partial hospitalization in Dauphin County Support two (2) Certified Peer Support providers to adolescents in Dauphin County.

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 annual beginning at age 16
Continue management/administrative cross-system meetings for complex, multi-system persons

8. Veterans and their families

Strengths	Opportunities
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 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.	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	Opportunities
Provision of training available on 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, includes tele-psychiatry Informal knowledge and resource sharing between clinical services and crisis/case management entities. 21-22 PerformCare DEI training completed	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	Opportunities
Two (2) Provider Agencies convene internal Diversity/Cultural awareness Committees Agencies recruit and retain staff representative of diverse community	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.

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. 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	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. Develop task force on cultural diversity in MH/A/DP system

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)

All Persons with Language and Linguistic Support Needs in MH system

Strengths	Opportunities
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 public ally 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.	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.

Renewed Court processes for interpreters for MHPA commitment hearings	
Established outpatient resources for Bhutanese population	

All Persons with Deaf and Hard of Hearing Needs in the MH system

Strengths	Opportunities
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 advocacy organizations on resources and expertise.
Use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise.	Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs.
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.
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.
Contract with Partners for deaf-specific services in CRR and targeted case management FY14-15	
BH-MCO credentialing of PAHrtners for deaf-specific MH services in 2015.	

All Persons with Complex and/or Chronic Physical Health Needs in MH System

Strengths	Opportunities
Cross-system interagency team meetings at person-specific and administrative levels	Continue learning on Community HealthChoices.
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) **Strengths and Needs by Service Type:** (items-c) #1-7 below)

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

a. How is telehealth being used to increase access to services? There is a popular belief that telehealth services increase access to mental health services. This can be true for persons seeking services with an understanding of their needs and in mental health recovery. Our experience is that among adult persons with a serious mental illness who may not meet the two above criteria, telehealth (phone or video) services may not meet their needs. Overtime the mental health system has been challenged due to staffing shortages which has a significant impact on capacity regardless of how a service is delivered. Telehealth sessions may be shortened due to the lack of face-to-face contact, attention spans, and available phone/telehealth plans. In 2020 many persons, adults, and families, were dealing with the effects of closings and contact restrictions and therefore, person seeking services had only telehealth options either by phone or with video conferencing. There was also a learning curve for professionals, individual, and families to use telehealth options. Persons known to the MH system were difficult to contact and referrals for services significantly dropped off. We found in

January 2021, families did begin accessing services for their children in increasing numbers as the COVID pandemic impacted the continuity to in-school education and without treatment and support, the daily living environment became overwhelming to the family. Interventions for children and families also help to create structure which most children benefit from. In March 2021, MH/A/DP initially required the Base Services Unit (BSU) to have mental health staff work from the office (not remotely) and over time has increased the number of face-to-face intakes. The preference of the person/family is always considered. Treatment, rehabilitation, and support agencies had different experiences based upon staffing, staff capacity, needs of the persons in service and corporate policies and procedures. If positivity rates were used or positivity in group settings such as partials/social rehabilitation services, drop-in centers, required temporary closings, telehealth was used primarily for individual treatment interventions or support. Agencies also continued support to affected person by providing additional phone/video contacts and meeting basic needs with food baskets. During most of FY21-22 all contracted agencies resumed the on-site or in-community service delivery, but the preferences of persons and families remained an option for ambulatory services such as outpatient, peer support, psychiatric rehabilitation to use telehealth. Case management is primarily face-to-face. One adult partial program has been successful in providing face-to-face services. Dauphin County while respecting individual preferences has not found telehealth options as successful for our primary target populations of children and adults with serious mental illnesses. The lack of staffing, including psychiatry, not telehealth had a considerable impact on access to services. Dauphin County MH/A/DP has found that wages and benefits have been a cause of persons not entering the mental health field, and these are still the current challenges.

A large portion of the MH budget supports residential services to adults with a serious mental illness including adults with forensic involvement. We found that telehealth in these settings among MH professionals was not as successful and therefore, persons did not transition to more independent living situations. Continuity of services required some creativity for residents due to the lack of mobility and community engagement. These issues remain due to staffing.

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces in the county for telehealth appointment.) Our provider network is mature and highly experienced. Many agencies developed new methods of service delivery – group telehealth options, porch meetings and connections with food pantries and use of consumer support funds to assistance individuals/families. Use of ERAP applications also helped families stay together and stay in care.

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 FY22-23. (Limit of 1 page) The BH-MCO and oversight agency periodically provides funds to support Trauma-Informed training and even certification. During FY21-22 the Mental Health Committee of the MH/A/DP Advisory Board has been reviewing the PA Trauma Informed Care Task Force report and are currently in the stages of creating a web-based survey for the MH contracted provider network.

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 FY22-23. (Limit of 1 page) Dauphin County MH/A/DP is not currently using CLC training. The MH/A/DP Advisory Board has requested work in this area, and it is planned for FY22-23.

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 FY22-23. (Limit of 1 page) PerformCare offered a training series in FY21-22 on Diversity, Equity, and Inclusion. County MH staff participated as did many provider agencies. Dauphin County MH/A/DP has not undertaken any additional efforts in DEI. The Coordinated Entry System is working well throughout the County and there are better linkages between homeless services network and access to the Shelter Plus Care program done with the Housing Authority of the County of Dauphin. Targeted case management has been identifying social determinants of health and risk factors in initial intakes and service plan reviews. Every case management entity has consumer support funds to mitigate social determinants of health and improve access. Efforts to link persons registered with mental Health services to community resources are on-going. Referrals are made to the Hamilton Health Center, a Federally Qualified Health Center for medical and dental care. HHC also uses Community Health workers to outreach in the community on preventive and routine health issues.

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 used CABHC allocated funds to have County, Crisis Intervention and case management entities trained as trainers in QPR this spring. The MH/A/DP Advisory Board was trained by MH staff. A list of targeted community agencies and programs has been developed and will guide implementation. CPI training as train the trainer was also carried out in spring 2022. In FY22-23 MH/A/DP will inquire with three school districts: Halifax, Upper Dauphin, and Williams Valley regarding their 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. Performance standards are in place on risk assessments for the SAP provider. MH/A/DP plans to use GLS grant to expand this to all the school-based Outpatient clinics in every public-school building. CMHSBG funds to expand Elementary Student Assistance in 21 public school buildings in FY21-22/FY22-23 also includes the use of BH-Works for elementary students which consists of parent survey. The MH/A/DP Administrator

tracks all deaths among registered BSU persons and will work with the Dauphin County Coroner's office and MH/A/DP Advisory Board Community Education Committee on suicide prevention activities aimed at the general public. MH/A/DP participates in the Dauphin County Child Death Review Committee.

6. **Employment First:**

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 the Employment-First-Act-three-year-plan.pdf.

a. Please provide the following information for your county employment point of contact (POC).
   - Name(s): Rose M. Schultz, Deputy MH Administrator
   - Email address(es): rschultz@dauphincounty.gov

b. Please indicate if your county follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:

   ☒ Yes ☐ No

   Dauphin County MH follows the SAMHSA Supported Employment Evidenced Based Practice (EBP) Toolkit. 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. Person must be registered with the BSU, and the service is County-funded. Services are authorized by Dauphin County. Persons interested in working with OVR may do so. In the FEP-CAPSTONE program enrollees ages 16-30 also receive supported employment and education services.

c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data		
• Please complete all rows and columns below with **FY 20-21** data.		
• If no data available, list as **N/A**.		
• If data is available, but no individuals were served within a category, list as **zero (0)**.		
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 Requested	**County Response**	**Notes**
i. Total Number Served	62	
ii. # served ages 14 up to 21	4	
iii. # served ages 21 up to 65	58	
iv. # of male individuals served	32	
v. # of females individuals served	29	
vi. # of non-binary individuals served	1	
vii. # of Non-Hispanic White served	36	
viii. # of Hispanic and Latino served	1	

ix.	# of Black or African American served	25	
x.	Asian	0	
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.)	21	
xvi.	# of individuals served working full-time (over 30 hrs. per wk.)	17	

Data Requested	County Response	Notes
xvii. lowest hourly earned wage of individuals served (ex: minimum wage)	$10 per hour	
xviii. highest hourly earned wage of individuals served	$23 per hour	
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 housing specialist/point of contact (POC).

   - **Name(s): Frank Magel, MH Adult Program Specialist 2**
   - **Email address(es): fmagel@dauphincounty.gov**

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** *includes Community Hospital Integration Projects Program funding (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not.*

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

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

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY20-21 (only County MH/ID dedicated funds)	5. Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	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	5	5		30 years with option to own
Totals			$0	$0	5	5	5		
Notes:	Capital project funds were expended ($500,000). Rental subsidy is provided by Housing Authority of the County of Dauphin. Dauphin County MH maintains a short waiting list for the Sunflower Fields residences in agreement with the property management agency.								

2. **Bridge Rental Subsidy Program for Behavioral Health**		⊠ Check if available in the county and complete the section.							
Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY20-21	10. Number of Individuals Transitioned to another Subsidy in SFY20-21
Housing Authority of the County of Dauphin	FY 12-13	Reinvestment	$86,611	$163,544	12	18	22	$601.46	1 in FY17-18 2 in FY18-19 5 in FY19-20 2 in 20-21
Totals			$86,611	$163,544	12	18	22		
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. Approved for new reinvestment funds needed in FY23-24.								

3. **Master Leasing (ML) Program for Behavioral Health**				☐ Check if available in the county and complete the section.					

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY20-21	10. Average Subsidy Amount in SFY20-21
ML	FY12-13	Reinvestment	$208,213	0	0	0	0	0	0
Totals	0	0	0	0	0	0	0	0	0
Notes:	The funds were originally approved for Master Leasing, and we tried twice to engage an interested provider with housing or residential services experience. Each time we had resistance to the model of an integrated setting w/o a condition of services. At one point we even consulted with TAC. CABHC got approval to transition these funds to the **Bridge Rental Subsidy** program which has been very successful.								

4. **Housing Clearinghouse for Behavioral Health**				☒ Check if available in the county and complete the section.				

An agency that coordinates and manages permanent supportive housing opportunities.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
County MH Staff	1990								0.75 FTE
Totals									

Notes:	All activities are performed by County MH staff in coordination with MH case management entities and housing support agencies as well as CACH and Regional Housing Coordinator. Programming includes Shelter Plus Care, PATH, PRA 811, HCV 811, Bridge Rental Subsidy and Mainstream vouchers. Coordination conducted through monthly meetings and on-going person-specific follow-up as well as coordination/planning with CES system and Homeless Provider Network.

5. Housing Support Services (HSS) for Behavioral Health	☒ Check 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 SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Supportive Living	1990	BASE		$951,107	137			200	10 FTEs Direct Service
	2006	CHIPP							
		Block Grant	$795.382						
Totals			$795,382	$951,107	137			200	10
Notes:	Includes one (1) Housing Locator position. Two (2) contracted agencies. Both agencies have experienced several staff vacancies in FY19-20 and FY20-21. During FY19-20 we modified the staffing in one program and due to COVID and additional housing challenges, no new housing locator resources were put into place in 20-21. Since March 2021 there has been more face-to-face engagement with person in service.								

6. Housing Contingency Funds for Behavioral Health	☒ Check if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, 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 SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21		7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person
Consumer support funds	1990s	Block Grant	$19,814	$30,498				
PATH	1990s	PATH (homeless MH)	$1,724	$4,724				
Forensic Contingency	FY13-14	Reinvestment	$14,759	$20,000				
Totals			$36,297	$55,222	72		100	$500
Notes:	Available for all case management entities and Crisis Intervention Services. We are increasingly involved in housing for person with SMI and making positive use of federal housing resources through OMHSAS/PFHA.							

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

Project Based Operating Assistance (PBOA) is a partnership program with 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 SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23
Community Lodges (2)	2011	Reinvestment for 1 lodge start-up	0	0	0			8
Totals			0	0	0			8
Notes:	Previous funding for a Community Lodge (1) start-up have 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. Provider operates two (2) Lodges and an office cleaning business for Lodge participants if they are not employed elsewhere.							

c) <u>Recovery-Oriented Systems Transformation:</u> (Limit of 5 pages)

   i.   Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.

   a) (Priority 1) Those with a serious mental illness are increasing among the homeless population. Person may be known and in service or may be newcomers to the area. The mental health system could identify improved methods of outreach and specialized services to eligible persons with a serious mental illness experiencing homelessness.

      Continuing from prior year

      Narrative including action steps:

         i.   Development and review of contract deliverable work statements with all residential service providers to plan transition from programs to avoid creating homelessness by September 30,2022.
        ii.   Monitor enrollment of homeless individuals with SMI to promote engagement in active treatment, connect to peer specialists, and identify housing supports through case management. Ongoing with monthly reports at MH staff meetings.

      b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) See timeline in current year priorities.

      c. Fiscal and Other Resources: None other than to prioritize housing needs for reinvestment opportunities.

      d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided-) MH Adult Work Plan, CMU reports and review with leadership

   b) (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.

      Continuing from prior year

      a. Narrative including action steps: Expanding child and teen partial hospitalization programming in Dauphin County has been identified as a priority for PerformCare and CABHC Request for Proposals. RFPs went out twice without any provider bids. Capacity in existing programming is being addressed with the providers, and expansion of partial in Cumberland County is planned in FY22-23.
         i.   Continued participation with BH-MCO to develop provider capacity.
        ii.   Monitor enrollment of all those referred.

      b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) Increase provider's capacity to meet demand of all referrals in FY22-23.

      c. Fiscal and Other Resources: None.

      d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) Children's MH Program Specialist will monitor referrals through case management.

   c) (Priority 3) Reinstitute re-assessment of users of residential services every two years to assure continued attention to transitional needs and better meet demands of those in need of supports.

Continuing from prior year

Narrative including action steps: Promote more efficient "flow through"/ use of residential services intended to be transitional and insure those "graduating" from residential supports is connected to permanent housing.

    i. Continued use of monthly residential meetings to monitor LOS in residential services for all individuals.
    ii. County staff will identify priority persons for discharge in FY21-22 and establish monthly team meeting for discharge planning purposes.
    iii. County will bring existing resources to assist providers and consumers in implementing discharge plans.
    iv. The MH Residential Coordinator (PS1) will have primary responsibility for implementing and assuring monthly discharge-focused team meetings are completed.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) FY 22-23 and then ongoing activities

c. Fiscal and Other Resources: None.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) Adult MH Residential Coordinator will monitor referrals through case management, facilitate monthly residential meetings, coordinate individual planning meetings and report monthly in MH staff meetings.

d) (Priority 4) CPS marketing needs reconfigured in the MH service network among clinical and rehabilitative professionals and among consumers.

Continuing from prior year

Narrative including action steps: In FY 19-20 expanding CPS in Dauphin County was an identified need by PerformCare and CABHC. PerformCare issued an RFP and two additional providers have been established for 22-23.

    i. Work with providers on outreach plan to consumers and prescribers to implement.
    ii. Review progress in monthly MH staff meetings.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables FY 22-23 and then ongoing activities.

c. Fiscal and Other Resources: None.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) Children MH staff will monitor referrals through case management and report monthly in MH staff meetings.

e) (Priority 5) Expand and strengthen the CRR Host Home Intensive Treatment program (ITP) model and develop CRR-ITP as a resource for children in the Children & Youth system.

Continuing from prior year

a. Narrative including action steps: Dauphin County have consistently addressed the low availability of CRR-ITP with the BH-MCO. Even a rate increase has not expanded the

service. In OMHSAS monitoring State staff have offered ideas to improve the availability of homes. Two barriers have been - hiring clinical staff and improving the training and skills of home providers. A perceived barrier is the restriction to one (1) child per home in ITP due to the needs of the child. The ITP model is highly child-specific and not conducive to Host Home caregivers looking for in-home employment. CABHC has just recently taken responsibility for an Out-of- Home work group. This priority has not progressed.

      i. Children's MH staff will continue to monitor need for services and report in monthly MH staff meetings.

      ii. Planning with CABHC will continue an ongoing basis.

      iii. Reconsider issue with development with CABHC at reinvestment.

  b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) FY 22-23 and then ongoing activities.

  c. Fiscal and Other Resources: Reinvestment

  d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) Children's MH staff will monitor referrals through case management and report monthly in MH staff meetings. MHADP Administrator will review with CABHC in meetings.

  ii. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY22-23 at current funding levels.

1. (Identify Priority) – AOT Implementation

New Priority

  a) Narrative including action steps: Dauphin County applied for and was awarded CMHSBG funds for two years to implement Assisted Outpatient Treatment. During FY21-22 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.

Steps	FY22-23 Timeline	Fiscal /Other Resources	Priority Tracking
1. Submit new budget and work plan to OMHSAS.	July -August 2022	No additional financial resources are needed in FY22-23.	This priority will be tracked through County MH staff meetings, which occur every two weeks and the weekly Adult MH Team meetings.
2. Continue consultation and training with TAC.	August 2022		
3. Develop new work groups for education and process with provider network and continue OPT/PHP work group.	August - September 2022	Assess prioritize funding needs post-CMHSBG grant which ends June 30, 2023.	The priority will be included in the County MH Adult Work Plan and reviewed in supervision with the Deputy MH Administrator.
4. Create process charts for inpatient transitions to			

AOT as well as street AOT petitions/processes.	August-November 2022		
5. Develop AOT Manual for providers and materials for participant education.	September - November 2022		Periodic reviews will occur between the Deputy MH Administrator and the MH/A/DP Administrator.
6. Continue to reach out to Court Judge, MHRO, Solicitor and Public Defenders offices.	Ongoing		
7. Establish new timelines for implementation and AOT launch	December 2022 and on-going		

2. (Identify Priority) – Enhance provider capacity to address suicide screening in uniform manner.

New Priority

a. Narrative including action steps: QPR training was provided for all case management and crisis intervention supervisors with the expectation that all direct care and line staff will be trained during FY 22-23.

Steps	FY22-23 Timetable	Fiscal/Other Resources	Priority Tracking
1. Identify candidates from CMU, Crisis and MHADP to be trained.	Completed in March 2022	None	Crisis and CMU will report on training in monthly reports.
2.Complete train the trainer training.	Completed in March 2022		
3.Train all Crisis and CMU case workers and case managers.	In process and will be on going with new staff.		
4.Determine what routine suicide screening training is conducted in all residential services and assess need for QPR training.	Determine needs of residential provider staff for QPR training by 12/22.		
5.Schedule QPR training for residential staff as needed.			

3. **(Identify Priority) – Enhance Crisis Intervention and Case Management capacity to address crises in a uniform manner and engage individuals in treatment planning by implementing de-escalation training for all case management and crisis intervention staff.**

   New Priority

a. Narrative including action steps: CPI (Crisis Prevention Institute) train the trainer training was completed in early June 2022 with the expectation that all case management.

Steps	FY22-23 Timetable	Fiscal/Other Resources	Priority Tracking
1. Identify candidates from CMU, Crisis and MHADP to be trained. 2.Complete train the trainer training. 3.Train all Crisis and CMU case workers and case managers. 4.Determine what routine suicide screening training is conducted in all residential services and assess need for QPR training. 5.Schedule QPR training for residential staff as needed.	Completed in May 2022 Completed in June 2022 In process and will be on going with new staff. Determine needs of residential provider staff for CPI training by 12/22.	No.-Financial need in FY22-23 will be re determined as well as source for funding.	Crisis and CMU will report on training in monthly reports. Adult MH staff will track need for additional training in residential services.

d) <u>Existing County Mental Health Services</u>

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

Service		
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
Behavioral Health Rehabilitation 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
Additional Services (Specify – add rows as needed)		
Mobile Psychiatric Nursing	☒	☐ County ☒ HC ☐ Reinvestment
Extended Acute Care Inpatient	☒	☒ County ☒ HC ☐ Reinvestment

Note: *HC= HealthChoices; **Funded in the County but not with MH Dollars

e) Evidence-Based Practices (EBP) Survey*:

(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	80	TMAC	Perform Care CABHC	Annual	Yes	Yes	Small Urban Team
Supportive Housing	Yes	137	No	NA	NA	NA	No	Providing Supportive Housing since 1980's
Supported Employment	Yes	102	SAMHSA Toolkit	Agency Program Director	Annual	Yes	Yes	**# Employed 38**
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	150	Hazeldon Patient Rating Scales	Agency Program Director	Day 1-30-60-90	No	Yes	Two (2) OPT D & A Providers
Illness Management/ Recovery	Yes	10	SAMHSA IMR Toolkit	Group Leader	After grp completion	Yes	Yes	Five (5) providers
Medication Management (MedTEAM)	No	NA	NA	NA	NA	NA	NA	Mobile Psychiatric Nursing/HC
Therapeutic Foster Care								**Therapeutic Foster Care is not evidence-based treatment.**
Multisystemic Therapy	Yes	40	Therapist Adherence Measure	Provider MST, Inc.	Weekly	No	Yes	Two (2) certified providers
Functional Family Therapy	Yes	20	Clinical Service Systems FFT Global Therapist Rating	FFT LLC	Weekly	No	No	One (1) certified provider
Family Psycho-Education	Yes	15	SAMHSA Toolkit	Class Leader	After grp completion	Yes	Yes	NAMI Family-to-Family

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

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

f) Additional EBP, Recovery-Oriented and Promising Practices Survey*:
(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. in FY2020**
Compeer	**No**	**NA**	
Fairweather Lodge	**Yes**	**8**	**Two (2) Community Lodges**
MA Funded Certified Peer Specialist (CPS)- Total**	**Yes**	**98**	
CPS Services for Transition Age Youth (TAY)	**NO**		
CPS Services for Older Adults (OAs)	**Yes**		
Other Funded CPS- Total**	**Yes**	**18**	
CPS Services for TAY	**Yes**	**12**	**Available through CAPSTONE only**
CPS Services for OAs	**Yes**		
Dialectical Behavioral Therapy	**Yes**	**12**	**One (1) certified provider; also trained in DBT – A; DBT lite programs not included**
Mobile Medication	**Yes**	**57**	**Mobile Psychiatric Nursing**
Wellness Recovery Action Plan (WRAP)	**Yes**	**10**	**Residential, psych rehab, peer support, IP**
High Fidelity Wrap Around	**No**		Active Multi-system interagency teams
Shared Decision Making	**Yes**	**27**	CAPSTONE (FEP)
Psychiatric Rehabilitation Services (including clubhouse)	**Yes**	**4**	One (1) licensed provider Site & Mobile County funded data only
Self-Directed Care	**No**		
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**	**7**	**One (1) certified provider**
Sanctuary			
Trauma-Focused Cognitive Behavioral Therapy	**Yes**	**9**	**One (1) certified provider**
Eye Movement Desensitization and Reprocessing (EMDR)	**Yes**	**12**	**Two (2) certified providers**
First Episode Psychosis Coordinated Specialty Care	**Yes**	**27**	**NAVIGATE Model**
Other (Specify)			

*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.

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices.   https://www.samhsa.gov/ebp-resource-center

g) 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

Name and email of county CPS Point of Contact (POC)	Frank Magel, Adult MH Program Specialist 2 fmagel@dauphincounty.gov
Total Number of CPSs Employed	**8 (3 FTE among free-standing CPS)**
Average number of individuals served (ex: 15 persons per peer)	**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)	**5**
Hourly Wage (low and high)	$ unknown
Benefits (Yes or No)	**Yes**

h) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
    ☒ No, chose to opt-out for all of CY2021
    ☐ Yes, AOT services were provided from date: _____ to date: _____ after a request was made to rescind the opt-out statement
    ☐ Yes, AOT services were available for all of CY2021

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 CY2021 (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 CY2021:
   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 AOT/IOT 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. **IOT services column:** if no one has been served in the last year, enter 0. (Row V) Administrative costs of AOT and IOT

	i. AOT	**ii. IOT**
I. Number of individuals subject to involuntary treatment in CY2021	0	566
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021	■	Estimate 4
III. Number of AOT modification hearings in CY2021	0	■
IV. Number of 180-day extended orders in CY2021	0	Estimate 30
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	0	$539,999

i) CCRI 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 a Member. 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 validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar 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 2021 been reported to the state as a pseudo claim? ☐Yes ☒ No, The Dauphin County CCRI data reporting is being adjusted to assure in FY22-23 that pseudo claims will be filed for Student Assistance Programs services (consultation to school teams not persons) and consumer-driven services, such as the drop-in center.

INTELLECTUAL DISABILITY SERVICES

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

Continuum of Services Narrative:

Individuals enrolled in the Intellectual Disabilities/Autism system 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. CMU is dedicated to helping people become connected and remain connected to their community. The CMU of Dauphin County is a private, 501(3) (c) non-profit agency, which was incorporated in 1990 to provide comprehensive case management services for residents of Dauphin County who need mental health, autism, intellectual disability, or early intervention services. CMU provides conflict-free supports coordination services under contract with the Dauphin County Department of Mental Health/Autism/Developmental Programs and the Department of Human Services. Regardless of funding stream or funding availability, each person will develop a plan 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.

Individuals 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.

	Estimated Number of Individuals served in FY 21-22	Percent of total Number of Individuals Served	Projected Number of Individuals to be Served in FY 22-23	Percent of total Number of Individuals Served
Supported Employment	6	<1%	15	1%
Pre-Vocational	0	0	0	0
Community participation	1	>1%	1	>1%
Base-Funded Supports Coordination	79	6%	90	7%
Residential (6400)/unlicensed	4	>1%	3	>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	100	8%	150	12%

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 partner counties (Cumberland and Perry), a stakeholder group of job seekers, professionals, autism and intellectual disability employment providers, parents, community organizations, and school district representatives, is 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 membership in the community, 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. 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. Through Employment 1st, outreach continues 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 have joined Dauphin County in recognizing businesses that are hiring a diverse workforce.

4. Local funding is prioritized to support the employment needs of Dauphin County residents with autism and/or intellectual disabilities.

5. Continue collaboration with area school districts:
    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.
    c. Business Champion event with schools and local businesses.

6. An annual Transition Fair is typically scheduled in Spring of every year and was held it virtually this year again due to ongoing concerns with COVID-19. 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. Events in the fall are scheduled to provide transition information to parents of younger students.

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 participates 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. ODP can also assist by continuing to

develop new service definitions that allow providers to work with those folks with a higher level of need as it relates to employment.

11. Dauphin County will continue to 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.

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

    Dauphin County is not an Employment Pilot County.

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. CMU, Dauphin County's SCO has hired Support Coordinators that are bilingual/fluent in Spanish. Interpreter services are utilized for individuals and families that do not speak English or Spanish.
2. Dauphin County has established a Regional Collaborative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". Training has occurred for Support Coordinators, as well as families in understanding this new way of doing business. Dauphin County Department of Mental Health/Autism/Developmental Programs and CMU have identified a Supports Coordination Supervisor to lead the effort to integrate LifeCourse Framework principles, values, and tools into supports coordination practices in Dauphin County. Some activities include:
   - Trainings for Supports Coordinators and SC Supervisors in using the Integrated Star.
   - Training for EI Supervisors and Service Coordinators.
   - Providing Charting the LifeCourse training for all new Supports Coordinators as a component of their new staff orientation process.
   - Facilitating PATH planning for individuals on a case-by-case basis, including support for individuals transitioning from one residential provider organization to another.
   - Training with intake staff including orientation to the Charting the LifeCourse Framework and process for introducing the LifeCourse Framework at intake. Reviewing for development of a tool to use during intake process as well as direct support from the LifeCourse Supervisor during intake meetings.
   - Development of an Integrated Star in conjunction with the Individual Transition Guide distributed by ODP. The Integrated Star was provided for IDD Supports Coordination staff to support conversations with individuals, families, and teams related planning. Integrated Star was also saved to Microsoft Teams for remote access by staff and to encourage sharing and contribution of new ideas to the document by those using it.
   - Participation, collaboration, and skill development by the LifeCourse Supervisor through participation in local and statewide Community of Practice Activities. The LifeCourse Supervisor has become a member of the Charting the LifeCourse in Action private group on Facebook and completed the Ambassador series through the Charting the LifeCourse Team at UMKC IHD: 1) Person Centered Planning and 2) No Wrong Door System

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

1. The county and the SCO meet on a weekly basis to review the waiting list and prioritize waiver and other funding opportunities. This ongoing communication will continue. When service gaps exist, the SCO works with the county program to identify providers and other community resources to meet service needs. Concerted efforts to identify and attract new residential providers continue.
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.
3. The county and the SCO have developed a tool that assists the SCO/Support Coordinators in sharing information about residential services (6400 licensed facilities) with local teams. The goal is that teams consider the needs and preferences of the individuals and consider natural supports prior to use of these highly restrictive and costly service options.
4. Dauphin County has increased funding for Family Driven Supports Services in recent years and plans to offer these services to all individuals not enrolled in an ID/A waiver in the 22/23 fiscal year.

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

1. The County has engaged providers in adding Support Broker to their service array. This is a service option that will enhance the work of Support Coordinators as individuals and families explore the use of community resources and community integration. In addition, multiple individuals currently living in licensed community homes, are seeking to live on their own. This service provides the support to develop a plan for this to become a reality.
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.
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.

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.
2. Dauphin County staff are active on the Statewide LifeSharing Coalition, which seeks to overcome barriers and enhance outreach to local communities.
3. SCs receive annual training specifically targeted to understanding Life Sharing, the options, the benefits, etc. They are also encouraged to view the Dauphin County video on this service option and share with families.
4. Dauphin County holds a provider forum regularly, directly targeting Residential and Supportive Living providers to increase capacity of these services. Information about the number of consumers currently in need of residential services is shared to assist providers in planning.
5. The County staff and SCO staff meet on a weekly basis to review the waiting list and individuals in need of residential services. For individuals that have shown a willingness/desire to explore Lifesharing, referrals are sent to all local providers when funding is available.

6. Dauphin County staff regularly reach out to providers in neighboring counties and across the state to inform them of the need for additional services in Dauphin County and encourage them to consider expansion to meet these needs.

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

1. Housing market concerns with overpriced houses and apartments that are unsustainable for providers and individuals
2. 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.

- 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. The County would like a statewide listening tour to explore what is working; What is needed; What are the barriers to expanding this service opportunity.
2. The County would like a coordinated effort to share success stories. Dauphin County has a video that is shared with families which has been helpful and look forward to expanding opportunities to share successes.
3. The County would like ODP to continue to offer stipends to residential providers who successfully transition individuals to Lifesharing or Supportive Living.

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 support individuals more fully with multiple needs, especially medical needs.

1. The County and engaged stakeholders are focusing on areas of everyday life that reduce dependence on the formal system. We believe that if people are engaged in their community, their safety is enhanced. In addition, working adults rely less on formal support systems. Training and resource development have focused on employment and respite care. Emphasis will focus on Participant Directed Services again this coming year.
2. Providers are engaged in county initiatives as presenters, participants, attending meetings, etc. Regular provider meetings are held to keep the provider network informed of local, state, and national requirements and practices.
3. The County is exploring additional options to support individuals to live in their community (i.e., supportive living, transitional housing). Transitional housing would assist the individual, their family, and the SC to better identify formal and informal support needs.

4. Another focus for Dauphin County is ensuring that every individual has an effective method of communication. The County program will provide access to technical assistance to develop provider expertise in this area. In addition, the use of communication technology is emphasized.

5. Individuals with complex needs are offered support and assistance to access other services that may be available to them through the county MH system, PerformCare, EPSDT, Office of Aging, etc.

6. The County prioritizes individuals with complex needs for waiver funding; however, if an individual is not waiver eligible, 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.

- 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. The County has established a Regional Collaborative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". The County coordinates efforts with the SCO so that Support Coordinators are involved in this process, as well as increase their competencies through training and materials developed related to this practice. Training has occurred for Support Coordinators, as well as families in understanding this new way of doing business. In addition, the County office and SCO have been sharing information about the Community of Practice with local school districts.

2. The Capital Area Employment 1st Coalition seeks to get information via school districts, out to families of younger children through sharing of information, attendance at school fairs, workshops and other events that engage both schools and families.

3. 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.

- 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. During this past year, the County office, and other cross-system agencies, have formalized and are implementing its mandate for cross-system collaboration. Communication and collaboration with Mental Health partners continue to be enhanced. Cross-system team meetings occur when individuals have autism and/or ID, as well as mental health challenges. Just as important, planning for systemic change is occurring at the management level.

2. One (1) diversion bed, specifically for individuals with autism or intellectual disabilities, is utilized with Community Services Group. The bed is used to divert a person's stay at a psychiatric hospital or as a step down when they leave the hospital. In addition, these opportunities can be used to learn more about a person and their abilities when a person is new to the ID system and requesting residential support services.

3. Dauphin County has focused efforts to enhance communication, collaboration, and teaming on behalf of individuals having both an ID and a mental health diagnosis. This has resulted in increased understanding and partnerships between the systems. In addition, High Level Reviews are used as a tool/support as well.

4. The County Mental Health/Autism/Developmental Programs has a Memorandum of Understanding (MOU) with the Dauphin County Area Agency on Aging. This MOU outlines collaborative practices and cross system communications.
5. The County (both ID and MH) has engaged in active conversation, training, and collaboration to support individuals having multiple needs.
6. The County holds a bi-monthly meeting with representatives from the following county departments: Children and Youth, Mental Health, Autism and Developmental Programs, and the Human Services Director's Office.
7. The Dauphin County MH/A/DP department funds a program specialist position within Dauphin County Children and Youth to assist with cross-systems concerns and issues.

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 program follows the Planning and Managing Unanticipated Emergency Bulletin.
2. The County follows the necessary procedures to file incidents, filing with Child Protective Services, Adult Protective Services, Older Adult Protective Services, as well as local police departments.
3. Crisis Intervention Services are available 24 hour a day/7 day a week.
4. Whenever possible, the County provides funding to prevent or mitigate emergency situations and provide necessary supports to ensure the health and safety of the individual.
5. Dauphin County Autism and Developmental Programs department maintains a reserve of emergency funds for individuals that lack basic needs such as housing, food, clothing, utilities, etc.

- 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?
    - All funding, community resources, and family resources are considered when an individual has an emergency need.
    - Base dollars are utilized to meet emergency needs, as available.

  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.
    - All funding, community resources and family resources are considered when an individual has an emergency need.
    - Base dollars are utilized to meet emergency needs as available.
    - Due to the high need for some individuals for very costly ID/A services, it is likely that some people will go without services until waiver funding is made available. Dauphin County complies with the ODP requirement that individuals served first are those individuals designated in Emergency Status on the PUNS. While individuals are waiting for funding, base dollars are used for respite care, habilitation, and other low-cost services. If an individual meets the ODP criteria for an unanticipated emergency, additional waiver capacity would be requested from ODP to meet the individual's needs.
    - 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. An agreement exists between the SCO and Crisis for 24-hour service. If a person would need residential or respite care outside of their home, planning for this can occur

> outside normal business hours when needed. This is managed through the 24-hour service.
>   - For individuals needing alternative living arrangements, residential programs are utilized when a vacancy is available for short term respite and emergency care. If the person is not enrolled in one of the waivers, base dollars would be utilized to fund this service.

  - Does the county provide mobile crisis services?
  - 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?
  - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
  - Is training available for staff who are part of the mobile crisis team?
  - 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 has a Crisis team that consists of two professionals that assist adults aged 21 years of age and older with serious mental illness and intellectual disability.
    - The team includes a Behavior Specialist and a Registered Nurse who work with the identified individual and the individual's support system. The service interventions include a combination of consultation, observation, assessment, and intervention. We have been in full operation for the past few years and there is much success.

    - Both professionals have a background in ID and mental illness. If additional resources are needed, the team accesses them through their provider agency or other community or state resources. Other professionals have consulted as appropriate to meet the needs of the individual and their support network.
    - Training is ongoing. The MH/ID Mobile Behavioral Service maintains ongoing training and education to enhance the delivery of community based dual diagnosis services. This includes evaluation, assessment and diagnosis of medical, psychiatric, and behavioral disorders, crisis management, functional behavioral assessments and positive behavior supports, Additional training is completed in multiple areas to support the bio-psychosocial model of treatment such as trauma informed care and recovery and resiliency principles, trainings on the DM-ID2 and the DSM-5, understanding dual diagnosis, psychopharmacology, grief and loss in the IDD population, communication disorders and other trainings to assist the Mobile team with the diverse needs of this unique population. Most recently, team members have been certified in administering the Adult Needs and Strengths Assessment for the IDD population.

- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966. Attachment 3

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.
  - The County has established a Regional Collaborative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". The County will coordinate efforts with the Family Advisors and Trainers to offer training and support to families in Dauphin County wishing to explore the Community of Practice tools. Parents from this county have been encouraged to identify as Family Advisors.

- o The same options will be made available to the individuals/self-advocates from this county. The county supports a large and vocal self-advocacy group called Speaking for Ourselves.

- 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.

  - o Continue to explore media options that can be used to share information with families and individuals.
  - o The County will continue to explore remote meeting technology to provide greater convenience to family and individuals in accessing information.
  - o Continue expanding our local online community resource bank for all.

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

  - o Continue to provide Regional and Statewide meetings to share the work occurring in each Regional Collaborative.
  - o Continue to support the work of the PA Family Network and ensure adequate staffing to support the growing number of individuals registered with the ODP system.
  - o Continue to provide ongoing training opportunities and technical assistance upon request.

- 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.

  - o Dauphin County engages with the HCQU during quarterly consortium meetings to review trends of services provided by the HCQU and develop actionable plans to improve the effectiveness of the HCQUs resources. For example, in-person syllabus training was declining. When input was received from residential providers, it was determined that an online-training model would allow for more DSPs to attend. In response to the HCQU piloted, an all-virtual training syllabus for Dauphin County was established and participation increased. Dauphin County also works with the HCQU to see how data from the HRST would benefit future training syllabus.

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

  - o Dauphin County utilized data generated by the HCQU and it is included in the QM Plan. We partner together to review data and themes that pertain to trends in the county – prioritizing on reducing issuing involving health and safety.

- 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.

  - o Dauphin County will utilize the data provided from both the local program and the statewide program to help determine the types of needs in the system. Dauphin County presents this information to all our providers, MH/A/DP Advisory Board, and the ID Committee. We also share the information regularly at our SCO meeting.

- 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.

  - o Please describe how ODP can assist the county's support efforts of local providers. The HCQU presents information regarding ways to support consumers at our bi-monthly Dauphin County Provider Forums.
  - o Dauphin County holds routine individual provider meetings to discuss agency specific concerns. Additionally, Dauphin County supports providers to collaborate through large group meetings such as the Residential Dream Team, which includes participation from the

HCQU and SCO. Providers are assisted to discuss improving the quality of residential services as a large group to share ideas and receive feedback from others. Dauphin County utilizes the Human Rights Committee for oversight of behavioral health services and shares feedback with providers.

o Dauphin County will use retained earnings to support salary increases for the SCO Supports Coordinators to address concerns with high vacancy rates and staff turnover. Supports Coordination is a fundamental service to advocate for individuals with higher levels of need and ensure that they are receiving quality care.

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

    o The HCQU presents information regarding ways to support consumers at our bi-monthly Dauphin County Provider Forums.
    o Dauphin County holds routine individual provider meetings to discuss agency specific concerns. Additionally, Dauphin County supports providers to collaborate through large group meetings such as the Residential Dream Team, which includes participation from the HCQU and SCO. Providers are assisted to discuss improving the quality of residential services as a large group to share ideas and receive feedback from others. Dauphin County utilizes the Human Rights Committee for oversight of behavioral health services and shares feedback with providers.
    o Dauphin County will use retained earnings to support salary increases for the SCO Supports Coordinators to address concerns with high vacancy rates and staff turnover. Supports Coordination is a fundamental service to advocate for individuals with higher levels of need and ensure that they are receiving quality care.

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

    o Risk management meetings are held to review trends, solutions and follow up as needed with providers and teams. Training needs are also identified and resources to access training are made available.
    o Leadership staff at the SCO and County attend weekly meetings to review trends, solutions and follow up as needed.
    o County staff participate in Regional Risk Management meetings hosted by ODP to review aggregate data, trends, themes, sharing of best practices, constructive/solution oriented appropriate to developing competency and promoting systemic improvements.
    o Risk management continues to be a topic at bi-monthly ID Committee meetings and recruitment for the Committee is ongoing.

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

    o ODP could develop family-friendly materials that could be utilized by county, SCOs, providers and advocates to address risk management priorities.
    o ODP can continue to provide technical assistance with Provider Risk Management processes.

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

    o All efforts to assist individuals in locating affordable and safe housing will be utilized.
    o Individuals are assisted with completing applications for subsidized housing and locating local, affordable housing options.

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

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- o Residential providers are requested to submit their emergency preparedness plan to the County bi-annually.
- o All qualified providers are required to develop an Emergency Preparedness Plan. The content of the plan is reviewed during provider quality assessment and improvement activities. Providers that do not have an Emergency Preparedness Plan that meets ODP expectations will be issued a Corrective Action Plan.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.
- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.
- Are there ways that ODP can assist the county in promoting or increasing self-direction?

1. Dauphin County Promotes PDS every year. Increasing Participant Directive Services is a goal included in Dauphin County's Quality Management Plan. Yearly surveys are sent to individuals who utilize traditional services so feedback can be received on whether there is interest in pursuing Participant Directed Services or resume traditional services.
2. The County (as mentioned previously) will offer the services of trained Support Brokers. This service can support individuals receiving PDS.
3. Information will be shared with individuals and families to inform about PDS and encourage PDS participation.
4. It is recommended that ODP:
   a. Continue developing training materials for Common Law Employers (CLEs) and Managing Employers (MEs), including webinars that can be viewed by new and reviewing CLEs and MEs.
   b. Develop an ON-LINE orientation for all new CLEs and MEs.
   c. Provide annual training and updates on employment law.
   d. Statewide Online Forums on PDS including the panel of Directors in the Agency with Choice model and the Vendor Fiscal model should continue to occur and frequently. This will allow for outreach and easy access to receive the information and distribute to consumers and families.

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.
  - o Advocate for increased wavier capacity for individuals that wish to transition to a community setting.
  - o The county and the SCO will conduct a review of the needs of the individuals listed in the data source and continue to advocate for these individuals to be offered opportunities to transition to a community setting.
  - o If an individual in a congregate setting expresses an interest in transitioning, the County and SCO will work to locate an appropriate residential setting and facilitate transition planning.

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. The 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. Recently Dauphin County staff has been involved in several initiatives with CACH including improving the Coordinated Entry System, restructuring the CACH Board and committees, and improving HMIS data collection and reporting.

The average rent in the area continues to increase. Families we serve are finding it increasingly difficult to find and maintain affordable housing which has only been exacerbated by the coronavirus pandemic. The fair market rent for a 1-bedroom apartment in our area is $843/month with few families we serve needing only a 1-bedroom apartment; the average rental unit in the area is actually $1240/month with steady increases since January 2021. Additionally, vacancy rates in PA have steading decreased. Our research shows that three are only 31 affordable and available units for every 100 renter of extremely low income.

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 22-23.
- 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 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 stable housing. Providers are using trauma informed care principles, offering the support of resiliency groups, peer support, and on-site mental health services. A continuing trend is that many consumers with mental health diagnoses and substance abuse issues find it

difficult to maintain their Bridge Housing placement because they are not willing to enroll in mental health and/or substance abuse treatment. If a consumer has a criminal history or poor credit this often creates a barrier in gaining employment and housing. Case managers work with consumers on record expungement, credit repair and housing search to 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 intensive case management as they may not have the skills and resources to live independently. Referrals to benefits such as 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 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 residents to 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. Success 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 21-22, 80% of households were discharged to stable housing, 60% increased their income while in the program, and 83 mainstream resources were obtained.

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 22-23

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 22-23.
- 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 the support vital to securing and successfully maintaining 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 self-sufficiency. 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 significant in helping consumers access safe and affordable housing.

Success of Case Management services is measured through positive housing outcomes and access to mainstream benefits. In the first half of FY 21-22, 29 households were discharged to stable housing and 25 households increased their benefits/mainstream resources while in the program. Additional annual monitoring and fiscal reviews occur and assess service effectiveness.

No changes are planned to Case Management in FY 22-23.

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 22-23.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

Christian Churches United implements 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 21-22, a total of 77 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 can also cause a family to fall behind on their rent. Contributing to this, the average rental rates have been continuously trending upward. What was once affordable may no longer be; therefore, for someone who has a limited or fixed income, re-budgeting and prioritizing spending can be difficult. 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, past evictions, and/or criminal histories. As mentioned previously, establishing ongoing 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 amounts that a consumer may receive, are not adequate - $1,000 (adult-only household) or $1,500 (households with children) to fund landlord requirements.

No changes are planned to the Rental Assistance Program in FY 22-23.

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 22-23.
- 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. Historically, shelter stays were about 30 days with some variance based on the consumer's needs and circumstances; however, the pandemic concerns have lengthened stays, even upwards of 60 days, as those in shelters are not able to access affordable housing options or transition into other supportive housing arrangements, since those in bridge housing aren't able to transition in to permanent housing. The increased rental costs and inflation in basic needs like food and utility costs continue to exacerbate the needs of the episodic homeless and those who are at risk of homelessness. Lack of affordable housing is one major cause of homelessness. Households are not as easily capable of maintaining the proportion of all housing needs. 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 heads 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-one (21) beds.

Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits because of program participation, and housing status at exit as reported in Dauphin County's Block Grant Plan as well as conducting routine monitoring visits. The providers have been extremely successful in linking consumers to mainstream resources. Last fiscal year a total of 451 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 shelter, they are moving into more stable, private housing situations. Emergency shelters are generally seeing the same gaps in services as other HAP components. Waiting lists for transitional 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 22-23.

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 22-23.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

    Dauphin County does not provide Innovation Supportive Housing Services, as there are no additional HAP funds available to Dauphin County to consider these services.

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?

    CACH is the lead agency for the HUD Continuum of Care PA 501 and administers our HMIS using WellSky software. HUD, ESG, and HAP data are entered into the system. We are currently working 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 generate HAP reports through HMIS. With Dauphin County now having an HMIS Administrator on staff, data and reports can easily be monitored and ultimately accuracy of reports will improve.

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

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 51 Treatment Contracts which now includes 5 adolescent (3.5 Level of Care), 9 Prevention Contracts and 5 Intervention, Support, and Recovery contracts. The SCA has 6 Medication Assisted Treatment (MAT) Provider Contracts. We work with all 11 County School Districts, and there is also 1 Center of Excellence (COE) in Dauphin County that is actively working to address the Opioid Crisis.

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 treat individuals based on their needs and determine funding on 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 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. Another function of this unit includes case coordination which assists clients to work on their non-treatment needs.

The SCA contracts with Just for Today Recovery and Veteran Support Services (JFT) to answer treatment related calls during non-business hours and to appear in person to all referral calls originating from a hospital in Dauphin County. Over the last year, the SCA has strengthened its relationship with all 3 local hospitals. Warm Hand-Off referrals have increased on average of 10x the number of monthly referrals received 2 years ago.

The SCA has a satellite office located within Dauphin County's Northern Dauphin's Human Services Building so that individuals in need have easier access to services. This location helps to remove barriers to access such as transportation and time.

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 fiscal year. In addition, The SCA provides a 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. This includes intervention level services for youth with our SCA partnership with Juvenile Probation which instituted the Interrupted Program. 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 the Department of Drug and Alcohol Programs (DDAP) and Department of Human Services (DHS) Medical Assistance (MA) Prison Pilot Project, School-based treatment services, Outpatient, and Intensive Outpatient services onsite at the Dauphin County Work Release Center, and diversion to treatment opportunities at the County's Judicial Booking Center.

In 2021, 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 6 months if the individual participates in case management services and has either an opiate use disorder or a stimulant use disorder. This program provides over 1.5 million dollars of support yearly to residents and the program will continue through fiscal year 22-23.

In October of 2020, The D&A Department, in collaboration with the District-Attorney's Office and Local Law Enforcement began a new front-end diversion initiative for individuals seeking treatment through non-traditional ways. Project LETI's goals are to

    a. Reduce deaths, overdoses, and crime associated with drug addiction by getting individuals with substance use disorders into treatment.
    b. Reduce stigma associated with substance use disorder.
    c. Strengthen police-community relationships by encouraging individuals with a substance use disorder to seek help from law enforcement.
    d. Train law enforcement officers in how better to help individuals suffering from a substance use disorder.
    e. Connect individuals with organizations that are ready, willing, and able to provide help.

The D&A Department intends to further support this initiative through training and continued anti-stigma messaging which will encourage individuals to seek help.

Prevention

In response to changing needs in prevention/intervention/support services as well as treatment and recovery services, the SCA utilizes evidence-based programs and practices and continues to seek out innovative and promising programs and practices. Most recently Dauphin County has been one of the counties nationwide that is focused on addressing the opioid epidemic within the Prevention system, not just within the treatment system. In response to this, a needs assessment has shown that concerns are consistent across all demographics of the county. As part of its prevention plan, this SCA hosted several assemblies, community task forces, and parent meetings that assisted in the development of a program titled "What about my Child" (What every parent should know about drugs, alcohol, signs, symptoms, and the sub-culture).) These groups will start to mobilize their communities at the local community level. The prevention team through community-based process have been providing these groups technical assistance, guidance, and resources throughout the County using the SPF – Strategic Prevention Framework.

The number of SAP assessments for FY 2016-2017 was 132, for FY 2017-2018 was 132, for FY 2018-2019 was 94, and for 2019-2020 was 77. FY 20-21 assessments were 29 (number was significantly impacted by the Covid-19 pandemic). In FY 21-22, SAP assessments increased to 97.

Prevention Risk Factors include: low neighborhood attachment, community disorganization, availability of alcohol, tobacco, and other drugs (ATOD), lack of clear, enforced policy on the use of ATOD, perceived risk/harm of Substance Use, favorable parental attitudes toward ATOD abuse, laws and norms favorable to Substance Use, lack of clear, healthy beliefs and standard from parents, Schools and communities, perceived availability, availability of ATOD in School, favorable attitudes

toward Substance Use, family management problems, and lack of monitoring/supervision. Many of these will change in the onset of the new fiscal year with updates on data and changes to the needs assessment process.

According to 2021 PAYs data, Dauphin County's highest lifetime usage rates were seen in alcohol (31.0% of students in this county, compared to 34.8% at the state level). The next highest lifetime use rate was marijuana, with 11.5% indicating use (compared to 13.1% at the state level). Although lifetime vaping statistics are not gathered, the 30-day use rate of e-cigarettes and other vapor products in the County was reportedly 10.6% (compared to 13.0% at the state level). Students in Dauphin County reported the three highest overall (all grades combined) scores for the following risk factor scales: Low Commitment Toward School (56.9% of students at risk), Parental Attitudes Favorable Toward Antisocial Behavior (51.9% at risk), and Perceived Risk of Drug Use (51.3% at risk)

Prevention Protective Factors include community bonding, community supported substance abuse prevention efforts and programs, availability of constructive recreation, social bonding, reinforcement for pro-social involvement, extended family networks, social competence, and pro-social opportunities.

RECOVERY – ORIENTED SERVICES

Recovery has been an important aspect of the SCA but has lacked a formal framework. In Fiscal Year 2020-2021, 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 has had experience with the criminal justice system, and many of them have had prior experience with treatment services. Research indicates that supporting clients' recovery helps reduce recidivism and makes better use of the limited 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 has been building an elite group of volunteers. These volunteers come from the public and faith-based community and are trained by the SCA to be able to test to become Certified Recovery Specialists (CRS). These volunteers are trained as rigorously as staff and providers, test, and then are deployed, as needed, with the case management unit and within the community as needed.

Along with this initiative, the SCA continues to meet quarterly with its Recovery Orientated Systems of Care (ROSC) group to ensure quality services to help our communities. The SCA continues to support and disseminate information about existing support groups in this community geared to sober living: 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.

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 D&A. All there CRS's work with clients in all Specialty Courts, WHO, and any other referral for support

In addition to helping any Dauphin County community member in need of treatment, Dauphin County D&A will also ensure that there are no barriers to treatment when clients are detained or incarcerated. The SCA Case Managers complete proper level of care assessments using ASAM criteria at the prison, correctional facilities, juvenile facilities, psychiatric units, and at various community locations. The D&A Department will continue to participate on the Drug Court Team, Veterans Court Team, Recovery Connections Court Team, Mental Health Court, and Team MISA, as well as other specialty courts/programs offered within the County.

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): 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 320-Cost est.: $238,040

Inpatient Non-Hospital Services

Medically Monitored Inpatient Detox - A residential facility that provides 24-hour professionally directed evaluation and detoxification individuals suffering from addiction.
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: 130- Cost est.: $165,000

Buprenorphine Coordination Project/MAT - This program uses the tenants of the *Counselor's Guide and Buprenorphine in the Treatment of Opioid Dependence*, American Academy of Addiction Psychiatry (AAAP). Clients in this program receive care coordination from a recovery support coordinator a minimum of one time per week for one hour for the duration of weeks 1-12, two (2) times per month for one hour for the duration of weeks 13-24, and one time per month for 15-minute telephone support from week 25 until discharge. A minimum of 16 participants will be served. The program also provides daily Buprenorphine tablet/films dispensing for up to 6 months, medication management, urinalysis testing, and treatment oversight. All clients involved in the program must be actively participating in some form of drug and alcohol treatment, as further defined by the ASAM (American Society for Addiction Medicine) placement manual as implemented by the Pennsylvania Department of Drug and alcohol Programs.
Total to be served: 9 Cost est.: $20,000

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: 1,630 Cost est.: $15,000

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: 413 - Cost est.: $117,412

PREVENTION

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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 trainings for our community providers. The SCA will continue to offer trainings and curriculum to the providers contracted to provider prevention services.

Total to be served: 1,050 -Budget: $226,239

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: 115 Cost: $197,632

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: minimum of 30 people and to be transferred to HSDF Cost: $ 1,000

Please provide the following information:

1. **Waiting List Information:**

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	1	2
Medically-Managed Intensive Inpatient Services	<5	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

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
70	51	SCA-Agency Model	8

According to the Dauphin County Coroner's report, there had been significant increases in Drug-Related Overdose deaths. The six year data is as follows: 90 in 2016, 104 in 2017, 128 in 2018, followed by a decrease in 2019 of 105 deaths. 2020 rose to 119 and a slight decrease in 2021 of 112. In response to this crisis, Dauphin County D&A 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 the offices "closed" hours. Upon receiving a call, the Medical Bureau provides immediate answering and contacts the contracted provider (Just for Today Veteran's Service) within15 minutes to begin

the process of screening, assessment, if necessary, and/or provide a search to directly connect and refer those in need to a facility to provide withdrawal management.

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	2
3.7 WM	20	1	NA
3.7	0	0	0
3.5	33	3	14
3.1	8	3	1
2.5	2	2	0
2.1	10	10	2
1	11	11	2

The SCA provides a full spectrum of care to adult and adolescent clients. Specialty populations served including 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.

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. Include any expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

As stated in the summary above, Dauphin County D&A contracts with 51 Treatment Providers. The addition of the new Recovery Center in Northern Dauphin County has been a tremendous help in serving the needs of our County. In addition, the SCA is involved in the reinvestment projects through Capital Area Behavioral Health Collaborative (CABHC). This year we saw several outpatient providers add a CRS to their staff complement and almost all providers are now accepting of clients utilizing Medication Assisted Treatment. There is a need in Dauphin County for non-hospital residential treatment to support Pregnant Woman and Women with Children as well as the need for a recovery house and halfway house. In addition, a program that addresses LGBTQ issues, elderly issues, homeless issues, and adolescent inpatient could help to support growing concerns amongst those specific populations. The SCA continues to look for collaborative and grant opportunities to meet these needs. We will also continue seeking ways to expand services to adolescents and women with children. This is the population that represents the lowest percentages of clients that access the D&A Department funding for treatment services. 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). The County receives most of our relevant SUD data and treatment

resources through Perform Care. In addition, reinvestment money is targeted to meet gaps in services to the capital region. 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.

Reinvestment dollars have provided our County funds for a new female recovery house and a new recovery center. Reinvestment funds have also expanded recovery support services to a woman with children recovery house in Lancaster to serve the Capital 5 counties: Dauphin, Cumberland, Perry, Lancaster, and Lebanon. Certified Recovery Specialists (CRS) services have also been expanded within the outpatient provider network with CABHC support. In Dauphin County, Genesis House previously received a grant to obtain a Certified Recovery Specialist. An RFP submission awarded T.W. Ponessa funds to embed a CRS into their outpatient treatment network. This is yet another step toward having CRS support services closer to being an in-network, billable service within the managed care organization. CABHC Reinvestment funds were also awarded to local Recovery Houses to aid in the transition of certification as required by the Department of Drug and Alcohol Programs to receive federal funding; this mandate took effect on July 1, 2022.

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.

The need for Adolescent services is also understated. Due to parental insurance and additional funding sources, the SCA is most-exclusively involved with the placement of adolescent services when it is related to the Student Assistance Program, or the adolescent is involved with probation services. However, the SCA is particularly aware of the outstanding need for quality adolescent treatment services, especially at the residential level.

Dauphin County has been the recipient of several grants from PCCD that have benefited the SCA network and community. 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 1,000 lock boxes have been distributed, and another 1,000 have been ordered for distribution. PCCD funds also financed an Anti-Stigma Campaign that utilized billboards and bus signs to increase awareness of the Dauphin County Department of Drug and Alcohol Services. This grant also ties into the County's Heroin Opiate Prevention and Education (HOPE) Coalition that brings together various stakeholder from the community to discuss and problem solve various issues related to opiate use. In 2021, Dauphin County received a Housing Grant from DDAP 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.

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.

The SCA received a specialty grant through DDAP to deliver Naloxone Trainings to Dauphin County. So far, an additional 70 individuals have been trained on how to properly administer Naloxone. Any County provider, agency, or community member is encouraged to contact our office to receive Narcan. The County Probation Department, and most recently the Crisis Unit for Dauphin County, is drafting a policy to carry Narcan.

The SCA plans on facilitating two additional trainings for community in 2022 which includes 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 the warm handoff process implementation.

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 Harrisburg and Community Osteopathic Hospitals as well as Penn State Hershey Medical Center). The D&A Department 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 and referral 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, 60 calls each month are answered**.** 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.

Warm Handoff Data:

# of Individuals Contacted	352
# of Individuals who Entered Treatment	249
# of individuals who have Completed Treatment	undetermined

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

Adult Services: Please provide the following:
Program Name: Christian Churches United
Description of Services: Provides service planning and direct case management 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 for this service.
Service Category: 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.

Program Name: The Shalom House Emergency Shelter
Description of Services: Provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization's model is built upon the premise of self-empowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future. We have dedicated $4,000.00 for this service.
Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Aging Services: Please provide the following:
Program Name: **NA**
Description of Services:
Service Category: Please choose an item.

Children and Youth Services: Please provide the following:
Program Name: **NA**
Description of Services:
Service Category: Please choose an item.

Generic Services: Please provide the following:
Program Name: CONTACT Helpline (also our region's 2-1-1 provider)
Description of Services: Provides supportive listening as well as health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. 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 as needed for anonymous callers, as well. We have dedicated $8,000.00 for this service.
Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.
Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☐ CYS ☑ SUD ☑ MH ☐ ID ☑ HAP

Generic Services: Please provide the following:
Program Name: The International Service Center
Description of Services: 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: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.
Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☑ CYS ☑ SUD ☑ MH ☑ ID ☑ HAP

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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: The 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.

Administration: The activities and services provided by the Human Services Director's Office warrant a dedication of $24,853.00 to this area including any management activities pertaining to County Human Services provided by Area Agency on Aging, Children and Youth, Mental Health/Autism/ Development Programs, Drug and Alcohol Services, and Human Services Development Fund. Those management activities include a comprehensive service and needs assessment, planning to improve the effectiveness of county human services categorical programs, analysis of training and interagency training programs, assessments of service gaps or duplication in services, creation and evaluation of collaboratives with community organizations relative to the human services provided across the county, and management activities dedicated to the development and enhancement of organizing the county human service programs. In addition, these areas include partial salary funding for staff members associated with the Human Services Development Fund including those responsible for tracking, invoices, receipts, disbursements, and contract monitoring. Adult Services: 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 a Human Services IT position, the Human Services Director, and those responsible for coordinating 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. In addition, funds support alternative programming like the Summer Youth Programming for kids at risk of entering formal human service and juvenile justice systems. 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. They also provide service coordination to prevent and reduce homelessness throughout the capital region. Dauphin County commits $1,000.00 for those CACH activities. Outreach Materials in the amount of $2,021.00 is used for events and to share information and contacts on all County Human Services departments or trainings including the "Where to Go for Help" booklets widely distributed by the Cross System Community Outreach, Education, and Communication Team. This figure is substantially less than in past years, as funds were used from our retained earnings.

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 in the most effective and efficient manner. These planning processes are identified throughout the year, as needed, across all of Dauphin County. Dauphin County commits $76,627 to these efforts. Additionally, the Human Services Integrated Data System (STADIA): Dauphin County Human Services is at the end of the multi-year funding plan and will now only incur internal IT costs for the integrated dashboards using HSBG and other potential funding this fiscal year to build an Integrated Data System across all Human Service departments and including Booking Center data, Prison data, and Probation Services data. The funds associated with this monthly maintenance is $1600 per month. 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 is crucial, at the local level, to provide holistic services to meet an individual's needs while analyzing program overlaps as well as gaps in services. In addition, the ability to monitor and implement strategic outreach and programming efforts within data identified targeted areas across Dauphin County will aide in customer service. This process will assist consumers in receiving the right services at the right time and aide the teams working across service systems.

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).

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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.