

LM 7/14/2021
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HUMAN SERVICES BLOCK GRANT PLAN 2021/22

Submitted by:

J. Scott Burford
Chief Clerk

Dauphin County Human Services Block Grant Coordinator
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Harrisburg, PA 17101

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Dauphin County Commissioners

Appendix A
Fiscal Year 2021-2022

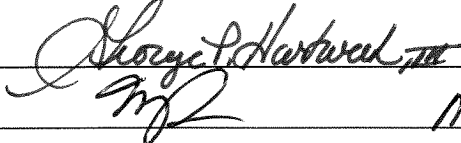
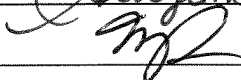
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Dauphin

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signature(s)	Please Print Name(s)	Date:
	George P. Hartwick, III	7.19.21
	Mike Pries	7/19/21
		Date:

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

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

I. MISSION

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

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

II. PURPOSE AND SCOPE

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

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

III. RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

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

IV. TERMS OF UNDERSTANDING

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

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

Authorization

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

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

FOR CMU:



Greg McCutcheon
CMU Executive Director

7/5/19

Date



Daniel E. Sausman
CMU Developmental Services Director

7/1/19

Date

FOR DAUPHIN COUNTY CRISIS INTERVENTION:



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

7/1/19

Date



David DeSanto
Dauphin County Crisis Intervention Director

6/27/19

Date

Appendix B
Dauphin County Human Services Plan FY 21-22

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 2021-01.

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

Dauphin County is thankful to have a Block Grant coordinator leading 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, past or present and a children and Youth family member. We also have active participation from 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, the Director of Human Services Initiatives, and the 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. 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, as well as, unmet needs being captured at the agency and the Human Service Director's Office's (HSDO) attention by individuals, families and community members, we continue to select each service carefully, to meet the needs of our residents 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. Through the HSBG we have supported remodeling of the Coordinated Entry system and support increased housing support services for the most underserved communities. 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 incarcerated, Plans of Safe Care, and the Cross-Systems Supervisor's Group, to name a few.

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, 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, and the Director of Human Services Initiatives which includes 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, and the human services coordinated and provided within the Northern Dauphin County Human Services Center. Additionally, starting this fiscal year and with the addition of the Director of Human Services Initiatives, HSDO oversees the Homeless Assistance Program and other grants related to the Housing Initiative including those through the Emergency Solutions Grant and Emergency Rental Assistance Program. 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, Area Agency on Aging, and Drug and Alcohol Services go to that office for review, compilation and submission to the PA Department of Human Services. Our fiscal officers and directors across all systems work collaboratively in the production of HSBG fiscal and outcomes reports.

PART II: PUBLIC HEARING NOTICE

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

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s). Attachment 1A and 1C
 - b. When was the ad published? 12/13/2020
 - c. When was the second ad published (if applicable)? 06/10/2021
2. Please submit a summary and sign-in sheet of each public hearing. Attachment 2

PART III: CROSS-COLLABORATION OF SERVICES

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.

Housing:

During the 20-21 Fiscal Year we have implemented a Dauphin County Housing Initiative. Within this process we have brought all Housing and Homelessness-related Grant programs and activities 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).

Dauphin County is committed to increasing housing options and opportunities for individuals, families and our most vulnerable populations, including chronically homeless. Although Dauphin County has always been working collaboratively with the Capital Area Coalition on Homelessness (CACH), over the past 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 all shelter services, bridge housing services, supportive housing services, Christian Churches United's HELP Office leaders and case managers among various housing and homeless related stakeholders. Although CACH is servicing needs across Dauphin County, the actual service locations are almost entirely focused within the city of Harrisburg. Dauphin County developing a Housing Initiative is important to ensure services are available throughout the county.

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

oversee 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

a) Program Highlights: (Limit of 6 pages)

Much of the Mental Health narrative within is based upon FY19-20 information. Much like many other years things were pretty much the same – persons receiving services, issues to address and collaborate on until March 2020. After the State and County emergency was declared due to the COVID-19 virus pandemic, there were many changes - how persons got their basic needs met, enjoyed community living, received mental health services, and even how staff worked. Whereas only four (4) months in FY19-20 were impacted, the results were multifold - new information, new attention to safety, and numerous changes in traditional practices. Throughout FY20-21 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.

Reductions in funding and a lack of a Cost of Living Allowance (COLA) will continue to decrease the quality and quantity of MH services in our community, and it will decrease timely access and exacerbate 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. Low direct care staff salaries in provider agencies are a critical issue. The FY12-13 budget cuts totaling \$1,931,200 have never been restored and new demands from other systems cannot be addressed through service integration, data systems or coordination strategies. State allocations for direct care staff salaries are much needed. The system lacks the flexibility and resources to meet those demands/needs. Mental health consumers are the largest population of County residents served through the Block Grant.

FY19-20 is the most recent full year of mental health programs operations for data analysis in the Block Grant Plan. The mental health funds were 94% expended for services to County residents. Expenditures are closely tied to funding levels. Six percent (6%) are administrative costs. In the MH program, there was a decrease in the number of persons served primarily due to eligibility for HealthChoices (managed Medical Assistance) funding.

Table 1 – Comparison of Persons Served FY16-17 through FY19-20

PROGRAM AREA	PERSONS SERVED FY16-17	PERSONS SERVED FY17-18	PERSONS SERVED FY18-19	PERSONS SERVED FY19-20
Mental Health	3,958	3,041	2,779	2,298
Crisis Intervention	3,346	3,291	4,136	4,043

Outcome data was received from MH providers according to timely requirements. The Block Grant Outcomes established in FY 14-15 for the MH system are comprehensive and inclusive of all MH cost centers. Funds directly managed by Dauphin County Mental Health include state allocated, CHIPP, federal non-Medicaid, Forensic funds, and County matching funds.

Access to other funding such as Medicaid/PerformCare and Medicare impacts how State allocated County funds are used by residents registered in the system. The availability of funds is another factor impacting numbers of persons served and dollars expended. Elimination of the State's Medicaid fee for service system for behavioral health would improve funding to providers since BH-MCO rates are significantly more in line with actual costs. It is a two-step process for persons eligible for MA. First is MA fee-for service, which has rates well below costs and an incomplete menu of services; then MA HealthChoices. This process is not consumer-friendly nor timely. Additionally, there are some types of PA Medical Assistance in which a person never becomes eligible for HealthChoices services.

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

MH Cost Center	2016-2017	2017-2018	2018-2019	2019-2020
Administrators Office	\$926,834	\$1,022,492	\$1,292,539	\$1,256,734
Assertive Community Treatment	119,769	139,135	\$83,402	\$89,838
Administrative Case Management	1,520,315	1,520,943	\$1,514,851	\$1,161,033
Community Employment	245,641	243,678	\$243,740	\$257,718
Community Residential	10,969,105	10,788,632	\$10,912,594	\$12,251,717
Community Services	368,616	332,496	\$352,397	\$360,633
Consumer-Driven Services	153,739	161,474	\$149,856	\$154,386
Emergency Services	616,037	546,602	\$692,099	\$692,481
Family-Based Services	0	0	\$5,925	\$0
Family Support Services	69,614	47,180	\$54,590	\$35,369
Housing Support	1,098,078	1,157,322	\$1,150,350	\$1,072,810
Crisis Intervention	999,887	1,005,557	\$1,181,578	\$1,380,249
Outpatient	285,390	299,102	\$337,491	\$570,144
Partial Hospitalization	235,034	192,795	\$210,077	\$182,034
Peer Support Services	36,426	43,772	\$32,162	\$54,842
Psychiatric Inpatient Hospitalization	6,942	65,943	\$253,367	\$130,480
Psychiatric Rehabilitation	439,013	70,228	0	\$59,978
Social Rehabilitation	603,355	618,322	\$606,740	\$613,891
Targeted Case Management	834,319	1,023,827	\$1,065,001	1,078,452
COUNTY MENTAL HEALTH TOTAL	\$20,048,114	\$19,279,500	\$20,142,674	\$21,402,780

Table 2 captures the use of State allocated County funds for four (4) fiscal years by cost center. YWCA Supported employment had an increase due to CAPSTONE, a First Episode Psychosis Coordinated Specialty Care program. An increase in Community Residential is noted for facility enhancements in FY19-20. Family support services were decreased due to the COVID pandemic eliminating many summer camp/respite options for families. An outpatient increase can be attributed to the newest Forensic Co-occurring Outpatient program and recovery center, LiveUP! Recovery. Increases in psychiatric hospitalization services are directly related to the use of Extended Acute Care for which Medicare does not pay for and consumers do not qualify for medical assistance/Health Choices funding. A comparison between four (4) fiscal years on the number of County funded persons served is illustrated in Table 3 using service type or cost centers. The Base Service Unit operated by CMU initiated an effort to review every person receiving administrative case management and reassess with the consumer their needs for the service.

Table 3 – Service Types by Numbers of County Registered Persons

Service Type	2016-2017	2017-2018	2018-2019	2019-2020
Assertive Community Treatment	15	13	13	11
Administrative Case Management	3,174	2,088	1,603	1,198
Community Employment	79	93	138	140
Community Residential Services	396	399	393	364
Community Services	1,196	1,183	1,169	799
Consumer-Driven Services	197	97	101	80
Emergency Services	1,815	1,692	1,753	1,717
Family-Based Mental Health Services	0	0	1	0
Family Support	103	51	32	9
Housing Support	201	219	168	137
Crisis Intervention	2,359	2,489	2,371	2,326
Outpatient	197	192	114	69
Partial Hospitalization	41	33	28	30
Peer Support Services	27	30	24	14
Psychiatric Inpatient Hospitalization	1	1	5	3
Psychiatric Rehabilitation	102	12	0	12
Social Rehabilitation	123	119	129	141
Targeted Case Management	748	901	852	633

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. This data displays the impact of the COVID pandemic during the last quarter of FY19-20 when the mental health system was figuring out how to best serve persons in the community and keep their staff and persons in service safe.

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 type of service, number of persons served and expenditures. In FY18-19 11,821 persons receives services totaling \$ 53,464,261.

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

Type of Mental Health Service	Persons Served	Dollars
Inpatient psychiatric, includes Extended Acute Care	1,010	\$18,715,624
Partial Hospitalization	323	\$1,711,071
Outpatient	9,988	\$8,026,711
Intensive Behavioral Health Services (aka BHRS)	1,443	\$11,392,819
Residential Treatment	28	\$2,324,737
Crisis Intervention	1,351	\$603,356
Family-Based MH Services	312	\$4,174,766
Targeted MH Case Management	1,784	\$4,335,690
Peer Support Services	74	\$123,069
Other MH, includes Assertive Community Treatment, Specialized treatment, Traditional Tele-psychiatry, Psychiatric Rehabilitation	1,168	\$2,284,832
MANAGED CARE MH TOTAL:	11,753	\$ 53,692,676

Partial hospitalization services are at a standstill in Dauphin County because the single provider cannot expand to serve children and teens on a wait list in need of this level of care. A Request for Proposals is planned to be issued in July 2021 but was delayed due to COVID. Compared to other Counties, Dauphin County continues to be a low user of Peer Support services for adults and teens. Dauphin County has requested PerformCare and CABHC to identify more Peer Support providers in Dauphin County, especially to serve teens. No action has been taken in FY19-20 and FY20-21.

Program highlights and initiatives include:

Dauphin County’s Efforts to Improve Care for Children with Complex and Multi-system Needs

Services to children and their families are almost entirely funded by PerformCare, the Behavioral Health Managed Care Organization (BH-MCO) contracted by the County of Dauphin. Dauphin County MH is focused on reducing the use of Residential Treatment (RTF), because out-of-home treatment is not evidence-based nor community-based care. Children with unique needs in addition to serious emotional disturbances often must access RTF services a great distance from Dauphin County, and sometimes in other States. Concerns that children are at risk due to the high number of critical incidents including allegations of abuse by staff are real, traumatic and need greater attention. The use of restraints are also a concern due to the likelihood of injury. Issues of this nature compound children and teen’s ability to develop resiliency. Twenty-eight (28) children received RTF level of care in FY19-20.

The data indicates a decrease in recommending out-of-home treatment. However, the reasons are complex due to an overall decrease in Statewide RTF availability, high incidents of harm to children in these settings, and a lack of programming for complex youth with MH and ID, autism, and highly aggressive behaviors. Unfortunately,

alternatives in local communities have not met the needs of complex and multi-system youth. The five-county managed care group did select a provider to develop a small community-based (within one of the five counties) Residential Treatment Facility. Reinvestment funds will be used for start-up costs associated with residential service development, but just recently a site in Lancaster County was identified. 44.4% of the recommendations for RTF were not approved by the BH-MCO or not pursued due to parental choice.

Many referrals are made to identify an RTF to accept a child, and families wait long periods of time with their children in inpatient psychiatric care waiting for an RTF acceptance and an actual admission. Unless a family is involved with Children and Youth, parents/guardians retain custody and care responsibilities for their child/teen in an RTF. Families have been known to abandon waiting and use other in-home types of services like Family-Based MH Services or partial hospitalization. Access can be periodically limited in FBMHS and is extremely limited for partial hospitalization services. The County MH system provides full disclosure to families on issues at RTFs such as incident reporting of abuse, restraints, and injuries to children and teens.

There was an average length of stay (LOS) of 358 days or about one year for all person in RTF during FY19-20. Two (2) youth with LOS over 500 days remained in RTF throughout FY19-20. When they are excluded from the calculation, the average LOS was 297 days among children in the RTF level of care. These lengths of stay, typically without the benefit of parent/caregiver involvement, are counter productive to the child's mental health.

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, participation in complex case meetings at an interagency team level, coaching support to the Case Management Unit (CMU) staff. A tracking database is in place to facilitate County oversight. A Monthly *Challenging Youth* meeting convened by Dauphin County CYC also has County MH/A/DP and HSDO staff participation. During FY20-21 other collaborative groups at a management level convene to look at options for children with complex needs.

MH/A/DP is Engaged in Forensic Initiatives

Dauphin County continues to implement recommendations from the comprehensive Stepping Up Technical Assistance project report published in April 2018. Key initiatives in the Mental Health system include developing a short term CRR for persons with serious mental illness (SMI) released from Dauphin County Prison or state correctional facilities and development of a specialized treatment program for persons with SMI, who are co-occurring and involved with the criminal justice system. Property was purchased in June 2020. Services began in January 2021. Dauphin County continues to offer Crisis Intervention Team (CIT) training for police/security officers. The number of Co-responders funded by OMHSAS in FY19-20 is expanding with local police department funding. Dauphin County continues dedicated efforts 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 through Team MISA. A Re-Entry Team began collaborative meetings for those person completing sentences at Dauphin County Prison. LiveUp! Recovery has been serving persons since August 2019 with an Intensive COD Outpatient program coupled with a recovery center.

Dauphin County Undertakes Quality Assurance Activities

Quality assurance activities conducted by the MH/A/DP Mental Health staff are numerous and include formal and informal support, problem-solving, and monitoring. Program staff are involved in contracting and assuring contract requirements and timelines are met. Fiscal staff monitor the contract supporting documents throughout the contract year. Every provider has a risk assessment completed during the contracting process. Level of service monitoring, work groups, and provider specific meeting are on-going throughout the year. County MH staff work through a formal work plan which includes priority activities related to monitoring providers' services delivery as well as many other issues. Incident reporting and management is one aspect of quality assurance monitoring. Block grant reporting on all cost center and numerous variables is completed on time and is comprehensive. Mental health providers use at least two unusual incident reporting systems. There were 363 Adult Unusual Incident Reports (UIRs) reviewed and entered in the Dauphin County database in FY19-20, shown in Table 5 (below). This is a decrease of 28.1% from the previous year. The onset of the COVID-19 Pandemic may have impacted incident reporting in areas other than health concerns.

Table 5: Adult Unusual Incident Reports FY19-20

Types	#	%
Serious Illness	118	32.5
Criminal Event Involving Police	205	56.4
Death	17	4.7
Serious Acts of Violence	11	3.0
Abuse by Staff	0	0.0
Homicide/Actor	0	0.0
Homicide/Victim	1	0.3
Misuse of Funds	1	0.3
Unexplained Absence	1	0.3
Fire or Other Disaster	0	0.0
Impingement	0	0.0
Unsafe Residential Facilities	1	0.3
Significant Property Damage	0	0.3
Outbreak of Disease	8	2.2
Total	363	100.0

In the DHS HCSIS EIM reporting system, there were 85 reports. The categories of report were similar to those above, and there was a reporting decrease by 17.9% from FY18-19 to 19-20.

There were 28 children's unusual incident reports for a mean of 1.4 per child (n=20). There were no children with 5 or more incidents reported. This is a substantial decrease in reporting due to changes made by PerformCare over several years. Reporting on the use of restraints is not comprehensive. Restraint use is reported only when combined with injury in 24/7 care programs. Dauphin County MH/A/DP continues to advocate for

greater transparency regarding the use of seclusion and restraints particularly for children in RTF's due to the associated trauma and potential for serious injury. Most incidents are reported in Residential Treatment and inpatient settings and BHRS (Behavioral Health Rehabilitation Services). The County policy and procedure on incident reporting, seclusion and restraints and role with PerformCare will be rewritten in FY21-22. Recently PerformCare has drafted some improvements in reporting to Counties on restraints and seclusion.

b) Strengths and Needs by Populations: (Limit of 8 pages)

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 as well as emerging issues and 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.

Opportunities are limited to address the needs and demands of Dauphin County residents and responsibly manage the funds allocated. Plans to implement any needs under County auspices are dependent upon the restoration of \$ 1.9 million dollars lost in allocation FY12-13 and COLA increase on MH funds.

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

Strengths	Opportunities
Person-centered planning with AAA Geriatric Psychiatric IP resources Older Adult OPT Clinic Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources Coordination of psychiatric and medical concerns Use of Older Adult Protective Services Act process, when needed Use of Nursing home referral guidelines established in 15-16 with AAA Experience with Community HC and modified OBRA process	Collaboration with Skilled Nursing facilities Limited access to skilled nursing homes/services for forensic/older adults Expand LOA with Danville State Hospital for readmission from Nursing homes when County resident transferred to another County's facility Improve relationship/understanding on the use of SMRC Training on appropriate use of guardianship services Training on risks associated with taking pain medications and psychotropic medications.

• **Adults (ages 18 to 59)**

Strengths	Opportunities
<p>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) free-standing Peer Specialist programs 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 County Prison Forensic short-term CRR 1/2021 NAMI Dauphin County Family-to-Family and Peer-to-Peer Program Restructured Forensic CRR Program SAMHSA-model Supported Employment Services Transitional CRR Programs for Crisis and Diversion Sex Offender Outpatient Services CAPSTONE, an FEP program with CPS Three (3) Permanent Supportive Housing programs and Prepared Renters program Classes Shelter Plus Care Behavioral Health RED Program at PPI in collaboration with PerformCare Site and mobile Psychiatric Rehabilitation services also MA funded. EAC diversion from Danville State Hospital Long-Term Structured residence (14 beds) Use of Adult Protective Services reporting and processes to improve services to victims Expanded Extended Acute Care beds at Mt. Gretna/Ephrata Philhaven. Improved Coordinated Entry process linked to Shelter Plus Care</p>	<p>Continued Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County Local MH & Forensic access to South Mountain equal to DOC access for hard to place individuals in nursing home settings under age 60 Improve timeframes of IST dispositions from evaluation completion to legal action. Improve compliance with Court order for CST inpatient evaluations with TRFC CSP Leadership Training Continue identification of persons for PRA 811, HCV, and Mainstream vouchers with CACH, HACD, & MH providers Suspension of Medicaid benefits while in SMH rather than terminated from benefits comparable to DOC arrangement with DHS. Expansion of Certified Peer Support providers/understand causes for lack of growth. Sustainability planning with PerformCare for FEP FEP Outreach Plan to increase Referrals Young Adult Individualized Support for 1:1 Crisis Support Enhancements at Short-term CRR</p>

• **Transition-age Youth (ages 18-26)- including Persons Transitioning from Residential Treatment Facilities**

Strengths	Opportunities
<p>Evidenced-based outpatient clinic services (DBT-Teens, DBT, CBT, TF-CBT, Co-Occurring MH D&A Outpatient and EMDR) IBHS Expanded Dauphin County providers Transition Planning to Adult Services by TCM</p> <p>The JEREMY Project Transitional Adult Program –CRR CRR Host Home- Intensive Treatment Program – Life Support CAPSTONE FEP program PREP Classes and Three (3) Permanent Supported Housing programs The JEREMY Project – transition to high-risk population model for children with only MH diagnoses Continue management/administrative cross-system meetings for complex, multi-system persons in RTFs.</p>	<p>Expansion /Strengthening of existing CRR-ITP program Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs Explore small 3800 CYS group home with Intensive IBHS supports. Identify funding source for JEREMY – like project for transitioning teens with autism with A/DP Continue to identify eligible persons for PRA 811, 811 HCV and mainstream vouchers with Local Lead Agency – CACH and MH providers. Reduce use of restraints for all children Expand free-standing Certified Peer Specialist programs.</p>

• **Children (under age 18) including Persons Transitioning from Residential Treatment Facilities**

Strengths	Opportunities
<p>Open Access Clinic Guiding Good Choices County and Public-School District meetings on MH system improvements Annual SD training on applying for MA/HC School-based Mental Health Outpatient IBHS provider Expansion Respite Multi-systemic Therapy Functional Family Therapy CRR – Host Home Intensive Treatment Program Coaching and support to CMU Children’s Supervisors Human Services’ Supervisors Group County cross-system protocol for collaboration PCIT and DBT-A FBMHS Team expansion</p>	<p>Expand capacity & Strengthen CRR-HH/ITP Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs Reduce the use of restraints for children Engage County A/DP staff in reducing length of stay in RTFs. Continue Resiliency in Action training Implement Circles of Security Continue to address strategies with PerformCare on over authorization and long-term use of IBHS among older teens Advocate for CRR-Group Homes Explore small 3800 CYS group home with Intensive IBHS supports. Monitor CAP5 RTF implementation Explore use of teen warm lines</p>

<p>VALLEY STRONG initiative in Northern Dauphin County Transition Planning to Adult Services by TCM CAPSTONE (FEP) MH consultation to Student Assistance Program MH services at Schaffner Youth Center Continue management/administrative cross-system meetings for complex, multi-system persons in RTFs. The JEREMY Project</p>	<p>PerformCare to implement Intensive-Attachment Based Family Therapy and Intensive- Aggression Replacement Training and Therapy Expand capacity of child partial hospitalization Expand adolescent Certified Peer Specialist Identify new providers to deliver school based OPT services Identify /implement 1-2 child & adolescent Partial Hospitalization programs. Explore use of urgent care/Engagement Center to reduce reliance on ERD's Expand SAP in elementary schools</p>
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• **Individuals transitioning from state hospitals**

Strengths	Opportunities
<p>CRR and Domiciliary Care programs Long Term Structured Residence (14 beds) Specialized Care Residences (PCH-Licensed) WRAP and IMR Evidenced-based OP clinic services (DBT, CBT, TF-CBT, Co-occurring MH/D&A, EMDR) Assertive Community Treatment (ACT) Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family and Peer-to-Peer Programs SAMHSA-model Supported Employment 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 LTR and MH Residential programs Expanded EAC beds at Mt. Gretna and Ephrata for SMH diversion Two (2) Free-standing CPS Programs</p>	<p>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. Expand free-standing Certified Peer Specialist programs. Support recruitment and retention strategies among provider network.</p>

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

Strengths	Opportunities
Guiding Good Choices 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 Forensic MH/D&A 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 Add additional Forensic care navigator to LiveUP! IOP and Recovery Center

• **Criminal justice-involved individuals (Older Adults, Adults and Transition-age Adults)**

Strengths	Opportunities
County-level State Hospital Diversion/Coordination Team MISA and Re-Entry Team Extended Acute Care access CRR and Domiciliary Care programs Long-Term Structured Residence Specialized Care Residences (PCH-Licensed) WRAP and IMR Evidenced-based OP clinic services (DBT, CBT, TF-CBT, Co-Occurring MH & D/A and EMDR) Center-based/Individualized Social Rehabilitation Three (3) PSH programs and PREP Classes Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family and Peer-to-Peer Program SAMHSA-model Supported Employment services Transitional CRR programs for Crisis and Diversion Sex Offender Outpatient Services	Use data-driven information to educate other systems on role/responsibilities of MH system Limited access to skilled nursing homes/services Continued use of Forensic Contingency Funds 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 Monitor Forensic CRR implementation MH Court planning Add additional Forensic care navigator to LiveUP! IOP and Recovery Center Continued implementation of STEPPING UP recommendations

CJAB Member Coordination with DOC Forensic MH& D/A IOP with Recovery Center Short-term Forensic CRR	
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• **Children with Juvenile Justice Involvement**

Strengths	Opportunities
Student Assistance Program MH Consultation School-based Mental Health Outpatient IBHS licensing and expansion Multi-Systemic Therapy & FBMS Functional Family Therapy CRR – Host Home Intensive Treatment Program Human Services’ Supervisors Group County cross-system protocol for collaboration DBT Teen with two (2) OP providers Tele-therapy at selected RTFs VALLEY STRONG initiative in Northern Dauphin County Triage Group at Schaffner Shelter to access needed services MH services at Schaffer Youth Center TCM Transition strengths and needs assessment conducted annually beginning at age 16 Direct communication at case specific level with assigned dependency and delinquency judges Continue management/administrative cross-system meetings for complex, multi-system persons	Expansion /Strengthening of CRR-HH/ ITP Continue to address strategies with PerformCare on over authorization and long-term use of IBHS among all children Continued MH consultation with BH-MCO on transition issues/service needs Expand capacity of child and adolescent partial hospitalization in Dauphin County Expand Certified Peer Support services to adolescents in Dauphin County.

• **Veterans and their families**

Strengths	Opportunities
Non-service-connected veterans and their family members may 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	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.

<p>Ongoing commitment at County and BH-MCO to developing and sustaining clinical expertise in trauma –related evidenced based interventions and provider/clinician certification.</p> <p>Dauphin County Veteran’s Court may coordinate services with the MH system as needed.</p>	<p>Keep case management entities updated on Veteran services in treatment, housing, etc.</p>
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• **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**

Strengths	Opportunities
<p>Provision of training available on routine basis for all types of services/professionals</p> <p>Alder Health Care (formerly the AIDS Community Alliance) has an established mental health psychiatric clinic co-located and integrated with their health services, includes tele-psychiatry</p> <p>Informal knowledge and resource sharing between clinical services and crisis/case management entities.</p>	<p>Continue commitment and participation to the items listed as Strengths</p> <p>Maintain information and linkages to new developments in treatment and supportive services unique to MH system and in community at-large.</p>

• **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP) - All Persons Experiencing Racial/Ethnic and Health Disparities in the MH System**

Strengths	Opportunities
<p>Community-wide Diversity Forum participant</p> <p>Two (2) Provider Agencies convene internal Diversity/Cultural awareness Committees</p> <p>Agencies recruit and retain staff representative of diverse community</p> <p>The relationship between health and mental health are fully understood and prioritized among persons registered with the MH system.</p> <p>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.</p> <p>On-going commitment to wellness activities for children and adults in MH system.</p> <p>Emphasis on coordination and communication between primary care, specialized care, and behavioral health.</p>	<p>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.</p> <p>Maintain role in County level planning for county funded as well as BH-MCO funded services.</p> <p>Continuation of active Quality Management</p> <p>Continue learning curve on Community HealthChoices</p> <p>Develop task force on cultural diversity in MH/A/DP system</p>

<p>BH-MCO has multi-year priorities identified on PH/BH integration.</p> <p>Active Quality Assurance Management in County MH Program in addressing chronic/preventable health issue among adults and children with MH concerns.</p> <p>Advocacy with BH-MCO and OMHSAS on needs related to dual eligible (Medicaid and Medicare)</p> <p>Medication Reconciliation Toolkit from PerformCare</p> <p>Natural Support Toolkit from PerformCare</p> <p>Nurse Navigator program at Merakey</p> <p>Using BH-MCO Social Determinants of Health Protocol</p>	
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• **All Persons with Language and Linguistic Support Needs in MH system**

Strengths	Opportunities
<p>Policies and procedures at County and BH-MCO in place to address provision of language and linguistic support needs in MH service access.</p> <p>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 publically funded MH system.</p> <p>Contract with the International Services Center for ethnically specific support services, typically recent immigrants of Asian descent.</p> <p>Use of Language Line available through Crisis Intervention Program and among other service providers when staffing is not representative of population in services.</p> <p>CMU and Keystone Human Services maintain on-going cultural competency taskforces.</p> <p>Renewed Court processes for interpreters for MHPA commitment hearings</p> <p>Established outpatient resources for Bhutanese population</p>	<p>A comparative survey of workforce demographics has not been conducted since the 1990's among County MH system.</p> <p>Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs.</p> <p>Work with International Service Center as needed on program modifications for specific target groups.</p>

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

Strengths	Opportunities
<p>Policies and procedures at County and BH-MCO in place to address provision of support needs in MH service access.</p> <p>Use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise.</p> <p>Participation in training when identified/available on issues of persons with deaf and hard of hearing needs.</p> <p>Use of technical support to enhance participation in MH system.</p> <p>Contract with PAHrtners for deaf-specific services in CRR and targeted case management FY14-15</p> <p>BH-MCO credentialing of PAHrtners for deaf-specific MH services in 2015.</p>	<p>Continued use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise.</p> <p>Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs.</p> <p>Use of technical support to enhance participation in MH system.</p> <p>Continued identification of resources for deaf-specific services both County-funded and BH-MCO funded.</p>

• **Other: All Persons with Complex and/or Chronic Physical Health Needs in MH System**

Strengths	Opportunities
<p>Cross-system interagency team meetings at person-specific and administrative levels</p> <p>Crisis intervention and targeted case management linkages with physical health providers</p> <p>BH services embedded in FQHC Alder Health as also a Behavioral Health Services provider</p> <p>Continue Nurse Navigator Program</p> <p>Using BH-MCO Social Determinants of Health Protocol</p>	<p>Continue learning on Community HealthChoices.</p>

c) **Strengths and Needs by Service Type:**

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

Yes No

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 FY21-22.

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

Yes No

Dauphin County MH/A/DP has not undertaken any additional efforts in DEI. With support from the Human Services Director's Office, MH staff, and members of CACH, MH supported a renovation of the Coordinated Entry System 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 identified social determinants of health and risk factors in initial intakes and service plan reviews. Efforts to link persons registered with Mental Health services to community resources are on-going. Referrals are made to the Hamilton Health Center (HHC), 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.

Does the county currently have any suicide prevention initiatives?

Pre-COVID, MH/A/DP worked with Derry Township School District, PerformCare and a parent-led coalition. The coalition was focused on raising awareness about MH concerns in school-age youth and preventing suicide. Activities have included the development of a We Matter Student Club at Hershey High School. They offered monthly QPR training and other related activities. Though this is no longer operating, three (3) school districts, Halifax, Upper Dauphin, and Williams Valley, have Aevium (suicide prevention) student clubs. The 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 for risk assessments for SAP providers. MH/A/DP plans to use GLS grant to expand this to all the school-based Outpatient clinics in every public school building. We have had introductory contact with both PLEASE LIVE and Prevent Suicide PA. Both have Dauphin County contact information on their websites. MH/A/DP worked with the American Foundation for Suicide Prevention to offer materials and training (*More Than Sad Train the Trainer*) in school districts in the Fall 2019.

Employment First

The *PA Act 36 of 2018 The Employment First Act* requires county agencies provide services and supports to individuals with a disability to support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law. For further information on the Employment First Act 36 of 2018, see the [Employment-First-Act-three-year-plan.pdf](#).

1. Name and contact information for Dauphin County employment point of contact.
Name: Rose Schultz, Deputy MH Administrator Email address: rschultz@dauphinc.org

2. 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.

3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data		
Data Requested	County Response	Notes
Total Number Served	93	
# served ages 14 up to 21	13	
# served ages 21 up to 65	80	
# of male individuals served	56	
# of females individuals served	37	
# of non-binary individuals served	N/A	
Non-Hispanic White	41	
Hispanic and Latino (of any race)	2	
Black or African American	45	
Asian	5	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	
Two or more races	0	
# of individuals served who have more than one disability	N/A	
# of individuals served who have more than one disability	N/A	
# working part-time (30 hrs. or less per wk.)	47	
# working full-time (over 30 hrs. per wk.)	20	
Lowest earned wage	\$7.25/hour	
Highest earned wage	\$18.50/hour	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	N/A	

Supportive Housing:

DHS' five- year housing strategy, Supporting Pennsylvanians Through Housing is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with 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.

SUPPORTIVE HOUSING ACTIVITY *includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify program activities approved in FY20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY20-21, until the submission of next year's planning documents.)***

1. Capital Projects for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)	Year Project first started
Sunflower Fields	FY 13-14 Reinvestment	\$0	\$0	6	5	5	30 years with option to own	FY14-15
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		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started
Housing Authority of the County of Dauphin	FY12-13 Reinvestment	\$118,185	\$108,475	18	12	18	\$509.24 per voucher is the average monthly subsidy	1 in FY17-18 2 in FY18-19 5 in FY19-20 1 in 20-21	FY14-15
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.									

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

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

	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
	FY12-13 Reinvestment	\$ 208,213	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.

	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Staff FTEs in FY19-20	Year Project first started
						0.75 FTE	ongoing
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, and Mainstream vouchers. Coordination conducted through monthly meetings and on-going person-specific follow-up as well as coordination/planning with CES system.						

5. Housing Support Services (HSS) for Behavioral Health		<input checked="" type="checkbox"/> 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.							
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Staff FTEs in FY19-20	Year Project first started
	Block Grant	\$928,458	FY 20-21 \$329,302 FY 21-22 \$952,694	136	200	125	199 (BASE) & 2006 CHIPP
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 hope to have an additional part-time Housing Locator resources in FY20-21 due to demand. 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. * COVID/staff recruitment issues.						

6. Housing Contingency Funds for Behavioral Health		<input checked="" type="checkbox"/> 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.							
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Average Contingency Amount per person	Year Project first started
	Block Grant, PATH (homeless MH), Reinvestment FY 13-14 (forensic)	\$21,390 \$4,724 \$14,759	\$40,489 \$6,446 \$20,000	98	140	\$500	1990s
Total:		\$40,873	\$66,935				
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		<input checked="" type="checkbox"/> 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 .						
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Year Project first started
Community Lodges (2)	Reinvestment for (1) Lodge start-up	\$0	\$0*	0	10*	2011
Totals						
Notes: *Previous funding for a Community Lodge start-up have been exhausted. Annual support for the Lodges is 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.						

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

1. Provide a brief summary of the progress made on the priorities listed in the FY20-21 plan.
 - a. Priority 1: Persons 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
 - 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.
 - c. Priority 3: The benefits of of a therapeutic structured environment contribute to an individual’s continued MH recovery. Adult MH residential is a transitional program and persons are reassessed for transition in two (2) years. Waiting lists for all residential programs are constant so a lack of referrals is not the problem. During COVID this assessment was suspended due to issues related to the pandemic in consumer health and safety as well as housing issues. A policy and procedure in 2020 as well as contract performance standard was implemented in MH residential contracts for FY21-22. Short-term CRR for crisis and diversion are not included.
 - d. Priority 4: Certified Peer Support is a valuable resource for persons working on their MH recovery but there have been on-going issues to the stability and success of the service. CPS marketing needs reconfigured in the MH service network among clinical and rehabilitative professionals and among consumers.
 - 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. Based upon the service, there must be a willing and bale discharge resource since weekends are spent in the discharge resource home with clinical support.

1. Persons 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 New Priority

Steps	FY21-22 Timeline	Fiscal /Other Resources	Priority Tracking
1. Chart current process for homeless outreach among MH providers and identify MH services unique to MH homeless population as well as homeless welcoming.	July - August 2021	No additional financial resources are needed to implement Steps 1,3, and 4.	This priority will be tracked through County MH staff meetings, which occur every two weeks and the weekly Adult MH Team meetings.

<p>2. Design and conduct outreach survey among homeless MH population to identify their experiences in seeking MH support.</p>	<p>August 2021</p>	<p>In Step 2, modest funds may be needed to stipend existing Certified Peer specialist as volunteer surveyors to conduct survey among homeless MH population.</p>	<p>The priority will be included in the County MH Adult Work Plan and reviewed in supervision with the Deputy MH Administrator.</p>
<p>3. Identify gaps and needs in MH system and prioritize. Identify priority populations such as residents/non-residents, etc.</p>	<p>September 2021</p>	<p></p>	<p>Periodic reviews will occur between the Deputy MH Administrator and the MH/A/DP Administrator.</p>
<p>4. Meet with MH contracted providers to identify interest in expanding target population, changing current practice and implementing new service models.</p>	<p>October-November 2021</p>	<p>Fiscal input on existing potential to implement new service models in FY21-22 and how to sustain services in subsequent years.</p>	<p></p>
<p>5. Review potential for contract amendments and funding sources to implement 1-2 priorities.</p>	<p>November 2021</p>	<p></p>	<p></p>
<p>6. Monitor homeless experience for adult population with SMI.</p>	<p>On -going</p>	<p></p>	<p></p>
<p>7. Reassess and plan for 2022-2023 contracting. Monitor referrals, etc.</p>	<p>December 2021 and on-going</p>	<p></p>	<p></p>

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.

An expanded capacity in 18-19 did not improve accessibility for Dauphin County children and teens. Wait times to access partial remained an issue in 2019-20 for all age groups and was consistently the longest for the elementary group. 20-21 was impacted by COVID. Expanding child and teen partial hospitalization programming in Dauphin County has been identified as a

priority for PerformCare and CABHC at Dauphin County's request in 19-20. A Request for Proposals should be issued in mid-2021.

Continuing from prior year New Priority

Steps	FY 2021-22 Timeline	Fiscal /Other Resources	Priority Tracking
1. Review RFP draft and Comment to finalize. Also Review section criteria and review tool for comment as well.	May- June 2021	No additional financial resources are needed for Steps 1,2,3, 4 and 6.	This priority will be tracked through County MH staff meetings, which occur every two weeks.
2. Identify Dauphin County reviewers and prepare proposal reviews.	July-August 2021	At the time a provider is selected MH program and fiscal staff will assess availability of funds for County-funded child/teen partial services.	The priority is included in the County Child MH Annual work plan and reviewed in supervision with the Deputy MH Administrator 1-2 times per month.
3. Identify top three ranked proposals for discussion with BH-MCP/CABHC.	July-August 2021		Monthly implementation meetings with provider will be conducted or attended by County MH staff lead. Periodic meetings with County-wide School District administration will include feedback on partial.
4. Request service amendments as needed and identify funding and implementation timeline.	August-September 2021		Periodic reviews will occur between the Deputy MH Administrator and the MH/A/DP Administrator.
5. Establish County MH lead for implementation and identification of space and County-wide school district communication.	September-October 2021 and on-going		
6. Monitor implementation with provider and MH provider network and with school districts.	Ongoing		

3. The benefits of a therapeutic structured environment contribute to continued MH recovery. Adult MH residential is a transitional program and persons are reassessed for transition in two years. Waiting lists for all residential programs are constant so a lack of referrals is not a problem. During COVID this assessment was suspended due to issues related to the pandemic in consumer health and safety as well as housing issues. A policy and procedure in 2020 as well as contract performance standard was

implemented in MH residential contracts for FY21-22. Short-term CRR for crisis and diversion are not included.

Continuing from prior year New Priority

Steps	FY 2021-22 Timeline	Fiscal/Other Resources	Priority Tracking
1. County MH policy and procedure on occupancy standards are part of each MH residential providers performance standard. Service description already include occupancy standard language.	July 2021	No additional fiscal resources are needed, and discharge planning will rely upon exiting housing support and consumer support funds with case management entity contracts.	This priority will be tracked in Adult MH team meetings held weekly.
2. Based upon occupancy rates for FY20-21 select providers will be identified for a review of admission and discharge practices to determine an action plan in FY21-22	July - August-2021		The priority will be added to the Adult Annual Work Plan will be reviewed in supervision with Deputy MH Administrator.
3. County staff will identify priority persons for discharge in FY21-22 and establish monthly team meeting for discharge planning purposes.	August - September 2021		The MH Residential Coordinator (PS1) will have primary responsibility for implementing monthly discharge -focused team meetings.
4. County will bring existing resources to assist providers and consumers in implementing discharge plans.	September 2021 on-going		Periodic reviews will occur between the Deputy MH Administrator and the MH/A/DP Administrator.
5. Reassess status of discharges.	December 2021		

4. From our experience, Certified Peer Support is a value resource for persons working on their MH recovery but there have been on-going issues to the stability and success of the service. CPS marketing needs reconfigured in the MH service network among clinical and rehabilitative professionals and among consumers.

Continuing from prior year New Priority

Peer support services were initially funded in Dauphin County as a reinvestment service with one provider in the CAP-5 area. When Certified Peer Support became a free-standing MA reimbursable service in 2006, two additional providers offered services. In 2018-2019, Dauphin County was identified by OMHSAS as having a low enrollment of persons involved in CPS. In 2019, a statewide CPS agency approached Dauphin about CPS enrollment and there was discussion with CABHC about expanding the CPS provider choices. In April 2019, a Dauphin County CPS program closed. Teens CPS has not been available except through CAPSTONE (FEP). In FY19-20 expanding CPS in Dauphin County was an identified need by PerformCare and CABHC.

Steps	FY21-22 Timeline	Fiscal /Other Resources	Priority Tracking
1. Reengage Performcare/CABHC in expanding peer support services in Dauphin County and assisting with better marketing of the service among prescribers and consumers.	July 2021	Will assess availability of any County funds for non-MA eligible registered consumers (adults and teens).	This priority will be tracked in MH staff meetings held every two weeks. The priority will be added to the Adult Annual Work Plan will be reviewed in supervision with the Adult MH Program Specialist 2 and Deputy MH Administrator.
2. Assist with the RFP development & review to include teen peer support services.	July-August 2021		
3. County participation in proposal review and recommendation process leading to selection.	July-August 2021		
4. Develop implementation plan with selected provider in Dauphin County and monitor.	September 2021		Periodic reviews will occur between the Deputy MH Administrator and the MH/A/DP Administrator.
5. Work with providers on Outreach plan to consumers and prescribers and implement.	October 2021 & on-going		

5. In feedback on the FY19-20 Block Grant, OMHSAS requested Dauphin County 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. Based upon the service, there must be a willing and bale discharge resource since weekends are spent in the discharge resource home with clinical support.

Continuing from prior year New Priority

Dauphin County has 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

PCL XL error
Error: IllegalOperatorSequence
Operator: 0xcb
Position: 24258

Attachment 1A



The Patriot News
LEGAL AFFIDAVIT

AD#: 0009821730

Commonwealth of Pennsylvania,) ss
County of Cumberland)

Sheryl Leggore being duly sworn, deposes that he/she is principal clerk of PA Media Group; that The Patriot News is a public newspaper published in the city of Mechanicsburg, with general circulation in Cumberland and Dauphin and surrounding counties, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

The Patriot News 12/13/2020


Principal Clerk of the Publisher

Sworn to and subscribed before me this 15th day of December 2020


Notary Public

Commonwealth of Pennsylvania - Notary Seal
Crystal B. Rosensteel, Notary Public
Dauphin County
My commission expires June 27, 2024
Commission number 1299212
Member, Pennsylvania Association of Notaries

Public Notice
Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled a public meeting for the purpose of developing and receiving public input regarding Dauphin County's Human Services Block Grant Plan. The next meeting will take place on December 18, 2020 at 10 a.m. to be held virtually. To obtain a copy of the virtual meeting link, please contact Kacey Crown at kcrown@dauphinc.org or 717-760-6296.
BY ORDER OF THE DAUPHIN COUNTY BOARD OF COMMISSIONERS
Chad Saylor, Chief Clerk/Chief of Staff

26683 - 2

PA Media Group
1900 Patriot Dr
Mechanicsburg, PA 17050



The Patriot News

DAUPHIN COUNTY COMMISSIONERS, RANDY
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PO BOX 1295
HARRISBURG, PA 17108

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AD#: 0009821730

Remit Payment to:
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Dept 77571
P.O. Box 77000
Detroit, MI 48277-0571

Page 1 of 2

Date	Position	Description	P.O. Number	Ad Size	Costs
12/13/2020	Meeting Notices PA	Public Notice Notice is hereby given that the Dauphin County Human	2021 Public Meetins	1 x 19 L	
				Affidavit Notary Fee - 12/13/2020	\$5.00
				Basic Ad Charge - 12/13/2020	\$103.77
				Total	\$108.77

FOR QUESTIONS CONCERNING THIS AFFIDAVIT, PLEASE CALL 717-255-8119

109.562020.803203.00000

Attachment 1C



The Patriot News
LEGAL AFFIDAVIT

AD#: 0010002051

Commonwealth of Pennsylvania,) ss
County of Cumberland)

Sheryl Leggore being duly sworn, deposes that he/she is principal clerk of PA Media Group; that The Patriot News is a public newspaper published in the city of Mechanicsburg, with general circulation in Cumberland and Dauphin and surrounding counties, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

The Patriot News 06/10/2021


Principal Clerk of the Publisher

Sworn to and subscribed before me this 15th day of June 2021


Notary Public

Commonwealth of Pennsylvania - Notary Seal
Crystal B. Rosensteel, Notary Public
Dauphin County
My commission expires June 27, 2024
Commission number 1269212
Member, Pennsylvania Association of Notaries

Public Notice
Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled a public meeting for the purpose of developing and receiving public input regarding Dauphin County's Human Services Block Grant Plan. The next meeting will occur virtually on June 18, 2021 at 10:00 a.m.. Please contact Kacey Crown at kcrown@dauphinc.org or 717-780-6296 for a link to the meeting.
By ORDER OF THE DAUPHIN COUNTY BOARD OF COMMISSIONERS
Chad Saylor,
Chief Clerk/Chief of Staff

PA Media Group
1900 Patriot Dr
Mechanicsburg, PA 17050



The Patriot News

DAUPHIN COUNTY COMMISSIONERS, RANDY
BARATUCCI
PO BOX 1295
HARRISBURG, PA 17108

AD#: 0010002051

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AD#: 0010002051 *HSBG*

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Detroit, MI 48277-0571

Page 1 of 2

Date	Position	Description	P.O. Number	Ad Size	Costs
06/10/2021	Meeting Notices PA	Public Notice Notice is hereby given that the Dauphin County Human	Quote	1 x 18 L	
				Affidavit Notary Fee - 06/10/2021	\$5.00
				Basic Ad Charge - 06/10/2021	\$84.76
				Total	\$89.76

FOR QUESTIONS CONCERNING THIS AFFIDAVIT, PLEASE CALL 717-255-8119

109.562020.803203.00000

Attachment 2

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

June 18, 2021

AGENDA


- I. Introduction of Committee Members
- II. Old Business
 - A. County Updates
 - HSDF-----April Rudick
 - HAP (Homeless Assistance Programs) -----April Rudick
 - MH/A/DP -----Andrea Kepler
 - Drug and Alcohol-----Kristin Varner
 - B. Other Related County Department Updates
- III. New Business
 - A. Emergency Rental/ Utility Assistance Program (ERAP)
April Rudick
- IV. Comments from the Committee
- V. Public Comment
- VI. Adjournment

2021 Meeting Dates:

September 17, 2021

December 17, 2021

HUMAN SERVICE BLOCK GRANT MEETING DATE: 5/19/2021

6-18-21


Last Name	First Name	Organization	Address	Phone	email	Initial
Bartlett	Glen	MHADP Advisory Bd.	441 E. Chocolate Ave. Hershey, PA 17033	717-421-2120 cell	gsbmdkids@gmail.com	
Boyer	Paul	SCCAP	200 First Street Millersburg, PA 17061	952-0389	paulboyer@sccap.org	
Burford	Scott	Dauphin County Assistant Chief Clerk	2 S. 2nd Street, 4th Floor, Harrisburg PA 17101	780-6300	sburford@dauphinc.org	X
Burns	Robert	Dauphin County AAA Administrator	2 S. 2nd Street, 3rd Floor, Harrisburg PA 17101	780-6315	rburns@dauphinc.org	X
Cambria	Rocco	Provider-Retired CEO of AHEDD	117 Sunset View Drive New Cumberland, PA 17070	503-0317	rcambria@verizon.net	X
Crown	Kacey	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	kcrown@dauphinc.org	X
Deal	Rev. Phillip	Beulah Baptist Church	100 Livingston Street, Steelton, PA 17113	717-939-5880	pastorhill@comcast.net	X
Kepler	Andrea	Dauphin County MHID Administrator	100 Chesnut Street, 1st Floor Harrisburg, PA 17101	780-7050	akepler@dauphinc.org	X
Lighy	Fred	Dauphin County Solicitor	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	flighy@dauphinc.org	X
McClellan	Marisa	Dauphin County C&Y Administrator	1001 North 6th Street Harrisburg, PA 17101	780-7200	mmcclellan@dauphinc.org	X
McAlister	Beth	Provider-Merakey	460 W. Perry St. Enola, PA 17025	368-0446	bmcalister@merakey.org	X
Paige	Florence "Sam"	Provider-Gaudenzia	2930 Derry St. Harrisburg, PA 17111		fpaige@gaudenzia.org	X
Rudick	April	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	arudick@dauphinc.org	X
Iannacone	Nitarah	Assistant Administrator Dauphin County Department of Drug & Alcohol	1100 S. Cameron Street Harrisburg, PA 17104	717-635-2254	nianmacone@dauphinc.org	
Armstrong	Bill	Dauphin County TT	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6262	barmstrong@dauphinc.org	
Reinford	Darryl	CCU	413 S. 19th St. Harrisburg, PA 17104	238-2851	dreinford@ccubg.org	X
Slavik	Francine	ARC	2743 North Front St. Harrisburg, PA 17110	(717) 238-7101 ext. 134	francine.slavik@arcfamily.com	
Singer	Todd	D&A Advisory Board	1030 6th Avenue Steelton, PA 17113	986-1171	toddstringer@gmail.com	
Varner	Kristin	Dauphin County Department of Drug & Alcohol	1100 S. Cameron Street Harrisburg, PA 17104	717-635-2254	kvarner@dauphinc.org	X

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

June 18, 2021

In attendance:

Scott Burford, Kacey Crown, Beth McAlister, April Rudick, Rocco Cambria, Andrea Kepler, Fred Lighty, Robert Burns, Darryl Reinford, Kristin Varner, Marisa McClellan, Jen Wintermeyer, Heather Quick.

Called to order at 10:02 a.m.

Meeting was properly advertised with no public participation.

HSDF Update provided by April Rudick, Director of Human Services Initiatives

Food Bank served 1115 clients, to date,

CCU served 424 clients

Contact Helpline, drawn down almost entire contract balance

International Service Center served 228 clients out of a \$1000 contract

Shalom-served 4 clients to date.

Tri CAC-ND Van service, the team has been amazing.

Homeless Assistance Program, provided by April Rudick, Director of Human Services Initiatives

Working on next FY contract, received \$400,000 extra CARES funds, increase some of our grant contracts for FY 20-21 and provided

Added one more provider, Scholars Inc. t/d/b/a Thrive service 18-24 transitionally aged youth population. Hope to increase 10 more youth next FY.

MH/A/DP, Andrea Kepler, Administrator

MHADP Staff Vacancies- 7 including 3 in crisis intervention.

Crisis Intervention continues to see an increase in the use of services including phone, walk in's and mobile. Emergency rooms remain very busy.

In May 2021 85 phone calls were received from under 17-year-olds in comparison to 64 received in May 2020 for the same age group.

More providers have continued to return to pre pandemic services.

The office continues to be busy renewing contracts to assure services on July 1, the beginning of the fiscal year. Many of our providers received CARES ACT monies resulting in a surplus of funds. Some funding was re directed to Homeless Assistance Services however, some will need to be returned to the state per the rules.

MHADP providers are reporting a serious shortage of workers. This is resulting in a slower return to in person services for some including partial services for children and outpatient waiting lists. Residential services are reporting that some ID programs are being staffed with management employees. Some MH residential services have slowed the filling of bed vacancies

until staffing vacancies can be filled. Perform Care has agreed to issue an RFP for at least one more children's' partial program services.

D&A. Kristin Varner, Administrator

Recovery connections court, going very well, begun in April
6 in Courts, seen almost daily.
2 case managers dedicated to that and CRS.

Project LETI-hope to increase referrals to this program,

Warm HandOff-8 months ago, we contracted it out for Just For Today Services and renewing July 1. Unofficial numbers for May referrals is 48, 37 referred to treatment.

Prevention-had a meeting with 11 school districts to work on each school district to personalize programs for each district.
We reduced Prevention staff to 3 from 4.

Opioid Use or Stimulant Use Disorder, there is a program for rent, furniture, etc., referrals can contact Hamilton Health Center, Family Health Council of Central PA, Rase Project or D&A. Increase in undocumented individuals in the office for services.

Have stable Fiscal Department. Thank you to Heather for all her Assistance during transition.

CYS, Marissa McClellan, Administrator

At the end of 2020, we were issued a provisional license, based on a complaint that they received and small investigation, then provided a provisional license. We appealed and demanded an early 3 month review, normally it is 6 months. They did agree to give an early review. they pulled 10 cases randomly, in each Department. After three months, they did full case reviews, then gave us back our Complete license.

We are actively recruiting for vacancies.

AAA, Bob Burns, Administrator

Elder Abuse contacts have increased.
One vacancy in the Department.
Meals on Wheels-volunteers are limited.
Senior Centers are starting now to reopen. Heinz, Friendship, Millersburg and Mohler are open.

Emergency Rental Assistance Programs, April Rudick, Director of Human Services Initiatives

We have over 2075 applications.

Unlike other counties, we are doing case management approach to each application, virtual or by phone, or in person with a case manager to increase referral to services within County.

To date, we have processed 212 applications, 1000 pending, 800 not assigned yet.

We have Increased applications approved each week.

We received State and Federal funds and more for State ERAP 2 and will continue to September 2025.

There are quarterly reviews after initial payments.

Scott Burford, HSBG Coordinator

Scott thanked Jen and Darrel for your help with ERAP.

He has been appointed as Chief Clerk/Chief of Staff. He will transition out of HSBG Coordinator role in the upcoming weeks.

Annual submission of HSBG Plan and deadline is July 26, 2021. At the July 14, 2021 Commissioners Meeting, we will submit for approval to Board of Commissioners.

Broadband-project is now being championed by DCED, with our Intermediate Unit.

Everyone thanked Scott for his service and leadership for HSBG.

Meeting adjourned.

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

December 18, 2020

AGENDA

- I. Introduction of Committee Members
- II. Old Business
 - Project Stadia Update
 - A. County Updates
 - HSDf-----Randie Yeager
 - MH/A/DP -----Andrea Kepler
 - Drug and Alcohol-----Kristin Varner
 - B. Other Related County Department Updates
- III. New Business
- IV. Comments from the Committee
- V. Public Comment
- VI. Adjournment

2021 Meeting Dates:

March 18, 2021
June 18, 2021
September 17, 2021
December 17, 2021

HUMAN SERVICE BLOCK GRANT MEETING DATE: 12/18/2020

Last Name	First Name	Organization	Address	Phone	email	Initial
Bartlett	Glen	MHADP Advisory Bd.	441 E. Chocolate Ave. Hershey, PA 17033	717-421-2120 cell	gsbmdkids@gmail.com	
Boyer	Paul	SCCAP	200 First Street Millersburg, PA 17061	952-0389	paulboyer@sccap.org	
Burford	Scott	Dauphin County Assistant Chief Clerk	2 S. 2nd Street, 4th Floor, Harrisburg PA 17101	780-6300	sburford@dauphinc.org	✓
Burns	Robert	Dauphin County AAA Administrator	2 S. 2nd Street, 3rd Floor, Harrisburg PA 17101	780-6315	rburns@dauphinc.org	
Cambria	Rocco	Provider-Retired CEO of AHEDD	117 Sunset View Drive New Cumberland, PA 17070	503-0317	rcambria@verizon.net	✓
Crown	Kacey	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	kcrown@dauphinc.org	✓
Deal	Rev. Phillip	Beulah Baptist Church	100 Livingston Street, Steelton, PA 17113	717-939-5880	pastorphil@comcast.net	
Kepler	Andrea	Dauphin County MHID Administrator	100 Chestnut Street, 1st Floor Harrisburg, PA 17101	780-7050	akepler@dauphinc.org	✓
Lighty	Fred	Dauphin County Solicitor	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	flighty@dauphinc.org	
McClellan	Marisa	Dauphin County C&Y Administrator	1001 North 6th Street Harrisburg, PA 17101	780-7200	mmccllellan@dauphinc.org	✓
McAlister	Beth	Provider-Merakey	460 W. Perry St. Enola, PA 17025	368-0446	bmcalist@merakey.org	✓
Paige	Florence "Sam"	Provider-Gaudenzia	2930 Derry St. Harrisburg, PA 17111		spaige@gaudenzia.org	
Quick	Heather	HSDO Fiscal	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6290	hquick@dauphinc.org	
Rudick	April	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	arudick@dauphinc.org	✓

Last Name	First Name	Organization	Address	Phone	email	
Reed	Diane	D&A Consumer	4804 Sweetbrier Terrace Harrisburg, PA 17111	576-5780	dirmgrands@comcast.net	
Reinford	Darryl	CCU	413 S. 19th St. Harrisburg, PA 17104	238-2851	dreinford@ccuhbg.org	
Slavik	Francine	ARC	2743 North Front St. Harrisburg, PA 17110	(717) 238-7101 ext. 134	francine.slavik@arcfamily.com	
Singer	Todd	D&A Advisory Board	1030 6th Avenue Steelton, PA 17113	986-1171	toddstinger@gmail.com	✓
Varner	Kristin	Dauphin County Department of Drug & Alcohol	1100 S. Cameron Street Harrisburg, PA 17104	717-635-2254	kvarner@dauphinc.org	✓
Wintermyer	Jen	Tri County Community Action Dauphin County Human Services Director	514 Derry Street, Harrisburg, PA 17104 2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	232-9757	jwintermyer@cactricounty.org	✓
Yeager	Randie			780-6295	ryeager@dauphinc.org	✓
Zeigler Parry	Liz	Dauphin County IT	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6262	lzeigler@dauphinc.org	

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

December 18, 2020

In attendance:

Randie Yeager, Scott Burford, Kacey Crown, Ashley Yinger, Marisa McClellan, Beth McAlister, April Rudick, Kristin Varner, Liz Zeigler Parry, Rocco Cambria, Andrea Kepler, Todd Singer, Jen Wintermyer.

HSDF Update provided by Randie Yeager, Director of Human Services

From July 1, 2020 -December 17, 2020

Central PA Food Bank served 935 unduplicated clients, spent \$5250

Christian Churches United served 57 unduplicated clients, spent \$1455

We are working on the other 5 contracts (Capital Area Coalition on Homelessness, International Services Center, CONTACT Helpline, TriCounty Community Action and Shalom, as we had to wait on the HSBG plan being officially approved.

Special thanks to Christian Churches United who worked tirelessly and assisted over 830 households and 420 landlords with \$2.5 million dollars. They are also working tirelessly on winter overnight shelters. Many thanks to CCU.

MH/A/DP update presented by Andrea Kepler

Crisis:

Recruitment for our 4 vacancies is continuing.

Few walk in's are occurring since the pandemic, but increased phone contacts are occurring along with steady hospital admissions.

The Homeless Specialist continues to be involved with routine canvassing and all coordinated street outreach events in conjunction with CACH. An outreach event was coordinated with CACH on the night of 12/15/20. Information about new winter shelter resources was shared with about 40 homeless individuals mostly seen in encampments.

EI/A/DP:

As an Employment First county, collaboration efforts continue to identify training opportunities. Renewed emphasis on Participant Directed Services has continued.

Cross systems reviews are occurring to consider supports for individuals registered in DP and MH.

Other Human Services Updates:

Randie Yeager provided an update on the Area Agency on Aging-

Protective Services referrals are high. We are adding 3 staff positions and one Supervisor so we can keep caseloads to under 30 per State regulations.

Due to Pandemic, we are working hard with Managed Care groups to provide in home services since nursing facilities are limited due to the Pandemic.

Marisa McClellan, Children and Youth Services

Our staff vacancies are much lower now and in the single digits. Thanks to Jack Wright and Jill Clark for their hard work.

Referrals are up especially truancy, very, very, very high. As of December 17, 2020, we had 133 truancy referrals. Last December was 22. We meet monthly with school districts.

Fatalities in 2020 were 11, in 2019 was 5.

Scott Burford-Block Grant FY20-21

Our Block grant was approved and thank you to April Rudick for her due diligence. Plans and minutes are on the County website.

Probation will be taking over the 7th Floor Conference where we used to meet.

Thank you to our Directors during this challenging year.

Discussion on vaccine. DOH is the lead agency for deployment and the County Public Safety Department is working closely with them in a support role. UPMC and Hershey Med Center are working on a plan for the homeless population deployment.

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

<p>Directions:</p>	<p>Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.</p>
<p>1. ESTIMATED INDIVIDUALS SERVED</p>	<p>Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.</p>
<p>2. HSBG ALLOCATION (STATE & FEDERAL)</p>	<p>Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).</p>
<p>3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)</p>	<p>Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.</p>
<p>4. NON-BLOCK GRANT EXPENDITURES</p>	<p>Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol Programs.</i></p>
<p>5. COUNTY MATCH</p>	<p>Please enter the county's planned match amount in the applicable cost centers.</p>
<p>6. OTHER PLANNED EXPENDITURES</p>	<p>Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.</p>
<p>■ Please use FY 20-21 primary allocations, less any one-time funding and less the MA-ID federal allocation (due to the implementation of the statewide RMTS), if the county received a supplemental CHIPP/forensic allocation during FY 20-21, include the annualized amount in the FY 21-22 budget.</p> <p>■ DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 21-22 are significantly different than FY 20-21. In addition, the county should notify DHS and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
Dauphin						
MENTAL HEALTH SERVICES						
ACT and CTT	11		\$ 105,000	\$ -	\$ -	\$ -
Administrative Management	1,198		\$ 1,180,000	\$ -	\$ -	\$ -
Administrator's Office			\$ 480,000	\$ 10,000	\$ 589,000	\$ 10,000
Adult Developmental Training	-		\$ -	\$ -	\$ -	\$ -
Children's Evidence-Based Practices	-		\$ -	\$ -	\$ -	\$ -
Children's Psychosocial Rehabilitation	-		\$ -	\$ -	\$ -	\$ -
Community Employment	140		\$ 214,000	\$ 105,000	\$ -	\$ -
Community Residential Services	364		\$ 12,404,212	\$ -	\$ -	\$ 3,000,000
Community Services	799		\$ 392,000	\$ 580,000	\$ -	\$ 5,000
Consumer-Driven Services	80		\$ 152,000	\$ -	\$ -	\$ -
Emergency Services	1,717		\$ 674,000	\$ 19,000	\$ -	\$ -
Facility Based Vocational Rehabilitation	-		\$ -	\$ -	\$ -	\$ -
Family Based Mental Health Services	-		\$ -	\$ -	\$ -	\$ -
Family Support Services	9		\$ 74,000	\$ -	\$ -	\$ 15,000
Housing Support Services	137		\$ 937,000	\$ -	\$ -	\$ 129,000
Mental Health Crisis Intervention	2,326		\$ 660,000	\$ 63,000	\$ -	\$ 658,000
Other	-		\$ -	\$ -	\$ -	\$ -
Outpatient	69		\$ 653,000	\$ 234,782	\$ -	\$ -
Partial Hospitalization	30		\$ 182,000	\$ -	\$ -	\$ -
Peer Support Services	14		\$ 8,000	\$ -	\$ -	\$ -
Psychiatric Inpatient Hospitalization	3		\$ 125,000	\$ -	\$ -	\$ -
Psychiatric Rehabilitation	12		\$ 54,000	\$ -	\$ -	\$ -
Social Rehabilitation Services	141		\$ 628,000	\$ -	\$ -	\$ -
Targeted Case Management	633		\$ 1,133,000	\$ -	\$ -	\$ -
Transitional and Community Integration	-		\$ -	\$ -	\$ -	\$ -
TOTAL MENTAL HEALTH SERVICES	7,683		\$ 20,055,212	\$ 1,011,782	\$ 589,000	\$ 3,817,000

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 694,000	\$ 651,397	\$ 230,000	\$ 5,000
Case Management	503		\$ 301,000	\$ -	\$ -	\$ -
Community-Based Services	138		\$ 1,132,768	\$ -	\$ -	\$ 75,569
Community Residential Services	7		\$ 895,000	\$ -	\$ -	\$ 75,569
Other	-		\$ -	\$ -	\$ -	\$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	648		\$ 3,022,768	\$ 651,397	\$ 230,000	\$ 156,138

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
Dauphin						
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	102		\$ 170,000		\$ -	\$ 200,000
Case Management	285		\$ 140,000		\$ -	\$ 20,000
Rental Assistance	690		\$ 250,000		\$ -	\$ 90,000
Emergency Shelter	460		\$ 103,274		\$ -	\$ 90,000
Innovative Supportive Housing Services	-		\$ -		\$ -	\$ -
Administration			\$ 40,000		\$ -	\$ -
TOTAL HOMELESS ASSISTANCE SERVICES	1,537		\$ 703,274		\$ -	\$ 400,000

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	257		\$ 192,795	\$ 854,107		
Inpatient Hospital			\$ -	\$ 2,000		
Inpatient Non-Hospital	120		\$ 462,647	\$ 177,152		
Medication Assisted Therapy	10		\$ 30,500	\$ 142,181		
Other Intervention	2,090		\$ 73,320	\$ 15,000		
Outpatient/Intensive Outpatient	408		\$ 51,000	\$ 276,748		
Partial Hospitalization			\$ -	\$ 7,000		
Prevention			\$ -	\$ 998,847		
Recovery Support Services	130		\$ 85,680	\$ 379,284		
Administration			\$ 135,000	\$ 782,062		
TOTAL SUBSTANCE USE DISORDER SERVICES	3,015		\$ 1,030,942	\$ 3,634,381	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	250		\$ 9,000			
Aging Services			\$ -			
Children and Youth Services			\$ -			
Generic Services	3,000		\$ 9,000			
Specialized Services	1,300		\$ 105,000			
Interagency Coordination			\$ 100,678			
Administration			\$ 24,853			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4,550		\$ 248,531	\$ -	\$ -	\$ -

GRAND TOTAL	17,433	\$ -	\$ 25,060,727	\$ 5,297,560	\$ 819,000	\$ 4,373,138
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