



# **DAUPHIN COUNTY** **HUMAN SERVICES BLOCK GRANT PLAN**

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## I. INTRODUCTION

### A. Dauphin County Philosophy of Integrated Human Services

#### Vision Statement:

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

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

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

#### Operating Principles:

- We will hold our service to the community as our highest value and priority.
- We will involve consumers, family members and our community in the development of services/resources.
- We will be innovative, strengths-based and solution-focused in our interactions with each other and our community.
- We will measure outcomes in all that we do and be efficient in the use of our resources.

## **B. Dauphin County Block Grant Goals and Objectives**

**GOAL I:** Support children, adults and families to remain safely in their own homes and communities whenever possible

We believe that it is critical for the stability, well-being and ultimate success of everyone we serve that they stay closely connected to positive loved ones and to their communities whenever possible. We continuously strive to equip both the families we serve and our staff with the skills and support needed to achieve this goal.

**GOAL II:** Families will be engaged as Equal Partners

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

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

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

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

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

**GOAL V:** Facilitate a collaborative partnership between the formal child and family serving systems and the informal family and community systems.

It is critical to empower families through identifying their natural support network that can include extended family, friends, neighbors, the faith based community, schools, etc. that can often avoid the need for a family to become involved with the formal systems.

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

A key objective is ensuring that all human services representatives at all times model strengths-based, solution-focused practices in our work with children, adults and families.

### **C. County Planning Team**

Dauphin County has multiple venues through which we involve the public, providers and clients in all of our planning. Dauphin County has and will continue to utilize the forum of our Integrated Human Services Planning Team (IHSP) meetings as well as other existing initiatives to involve the public, providers and clients in our ongoing planning process. Dauphin County's IHSP steering committee is comprised of about 30 members representing Children and Youth Services, Juvenile Probation, Adult Probation, Mental Health/Intellectual Disabilities, Early Intervention, Aging, the Case Management Unit, Drug and Alcohol Services, the Human Services Directors' Office, Systems of Care (parents and consumers), the faith-based community, providers and school district representatives.

A priority of the county is the continued outreach to the faith-based community to include them in our planning. This has been accomplished every year through an annual faith-based summit that brings together over 200 people (government leaders, judges, human services representatives, community members, faith-based leaders, youth and parents) to expand our "network of faith." Through this network, services and supports for families available through the county's places of worship have been identified and coordinated with an outreach to those in need. The faith-based community is seen as a critical partner in our planning as we moved forward.

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

### **D. Public Hearings**

Act 80 of 2012 requires the selected counties to hold two public hearings under the auspices of the Sunshine Act, 65 P.S. §701 *et. seq.*, prior to submission of the Human Services Plan to the Department of Public Welfare. Dauphin County held such public hearings on October 16<sup>th</sup> and October 24<sup>th</sup>, 2012. The hearings were properly advertised as required by the Sunshine Act and attached as Exhibit C is a copy of the proof of publication.

At each hearing specific information was presented regarding the planned delivery of services based on the allocations available to Dauphin County. Public comment was taken at each hearing. Combined, over 80 people representing a broad array of stakeholders including providers, consumers, advocates, and the general public, attended a hearing.

## **II. NEEDS ASSESSMENT**

Dauphin County has utilized various tools and forums in assessing the local need. Through community forums, summits, focus groups and numerous cross-systems work groups, the county regularly asks for input and feedback from youth, adults, families and the community in terms of

how we can improve services and where there are gaps in services. This information is taken seriously and is often the basis for new initiatives and programming to meet a specific need. In addition, Dauphin County tracks a significant amount of data that informs our practice. Specific examples of how we collect and use consumer input as well as data will be detailed in the following plan.

### **III. HUMAN SERVICES NARRATIVE**

#### **A. Mental Health Services**

**Services to be provided:** Mental health services in Dauphin County are essential services in a recovery and resiliency-oriented system and the narrative follows the Cost Centers for County - Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012. In FY 2011-2012, County managed funds for children, adults, and older adults with a serious mental illness, co-occurring disorders and an emotional disturbance served 4, 495 persons. Budget cuts are being implemented and have resulted in waiting periods for services and waiting lists impacting service access.

#### **Assertive Community Treatment (ACT)**

Assertive Community Treatment (ACT) Team is an Evidenced-Based Practice model designed to provide treatment, rehabilitation, and support services to adults with serious mental illness whose needs have not been met by the more traditional mental health services. Northwestern Human Services Capital Region transformed from a Community Treatment Team (CTT) to the evidence-based ACT in 2011. The ACT Team is multi-disciplinary mental health staff, including a peer specialist. The team provides services directly to an individual that meet the person's specific needs. The NHS Capital Region ACT, organized as an urban team model, has a capacity of 100-110 persons who meet specific criteria for the service. The service is funded with County managed funds and Medicaid. County funds may support an estimated 25 persons. The NHS Capital Region ACT Team meets fidelity and licensing requirements annually.

#### **Administrator's Office**

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

The protection of consumer rights in the mental health system is integral to daily operations and touches every aspect of our administrative roles. While directed by the MH/ID Administrator and Deputy MH Administrator, many quality activities are carried out by a Mental Health Quality Assurance Specialist. The goal of Quality Management is to guarantee a standard basic level of care and the protection of basic rights in the mental health system. QA activities

resolve individual complaints and work with person-specific teams for resolution on a host of issues.

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

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

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

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

### **Administrative Management**

The CMU is the Dauphin County Base Service Unit (BSU) and is responsible for all regulatory functions, and the CMU operates a satellite location in northern Dauphin County, as well as in Harrisburg. Access is assured through a walk-in availability four days per week from 9:00 a.m. to 3:00 p.m., Mondays through Thursdays. Scheduled appointments, evening appointments, and off-site intake interviews are also available. Core services include identification of presenting concerns, strengths and need assessment, psychosocial history including other system involvement or needs; mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning including freedom of choice, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management, or any other level of case management services. Real-time electronic authorizations for County-funded services are coordinated through the BSU and County office for all services with the service provider network and case management entities. Administrative case management is solely funded through County managed resources and is expected to serve 3,300 individuals in FY 2012-2013.

## **Adult Development Training**

These services are not available in Dauphin County's mental health services array.

## **Children's Evidence-Based Practices**

Children's Evidenced-Based Practices have evolved as services specifically for children in the Juvenile Probation and/or Children and Youth systems. Start-up funding is occasionally available through CYS or through grants. Once implemented, the services are largely funded by Medicaid Health-Choices funding. Multi-Systemic Therapy (MST) was first approved as a BHRS exception service in Dauphin County in January 2005. The service is designed to increase family functioning through improved parental monitoring, reduced family conflict, and improved communication. In 2010, Pennsylvania Counseling Services was added as a second MST provider in Dauphin County. MST-Problem Sexual behavior (PSB) is a clinical adaption of MST. This was implemented in FY2011-2012.

Multi-Dimensional Therapeutic Foster Care (MTFC) is an evidence-based blueprint program that serves delinquent youth with mental health issues. Dauphin and Cumberland Counties combined resources in working with CYS, JPO, MH and CBHNP/CABHC to identify Children's Home of Reading (CHOR) as the MTFC provider to serve Dauphin and Cumberland Counties in 2010. The program closed September, 2012 due to oversaturation of foster/treatment home agencies, referrals, and staffing issues. A Functional Family Therapy (FFT) program was implemented several years ago under a PCCD grant and was discontinued due to a lack of funds for provider administrative support locally. Children's EBPs are considered to be effective in preventing the inappropriate use of Medicaid funded residential treatment.

## **Children's Psychosocial Rehabilitation Services**

Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of children and teens from 0-21 years of age. Most services for children 0-school age are provided to children with Autism Spectrum disorders, other developmental disorders and/ or trauma-related disorders of childhood. All BHRS is funded solely under the HealthChoices behavioral health managed care program. Mobile Therapy is the most commonly requested and authorized service for children, including older teens and young adults with the second most frequently service being Summer Therapeutic Activities Programs (STAP). Other types of State-approved BHRS services include Behavioral Specialist Consultants and Therapeutic Staff Support. Dauphin County has nine (9) BHRS providers. This is an area of opportunity for assessment and realignment with treatment outcomes in FY 2012-2013.

## **Community Employment and Employment Related Services**

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

Transitional employment is paid work training provided at employer locations. This service focuses on improving interpersonal relationships, work habits, and attitudes to prepare individuals for competitive employment. Transitional employment is a valuable service in that it

creates a work setting with less intense supervision to provide individuals with the opportunity to develop skills toward becoming self-sufficient in a competitive environment.

Competitive employment, including supportive employment as an evidenced-based model, is available for individuals on the job at the employer's location to provide support in the employment experience. It may also involve job finding. Support decreases as the individual gains competitive employment skills. Staff makes individual and employer contacts and may accompany individuals to interviews to support them through a hiring process. Follow-up contacts are provided to resolve work-related issues and needs in a timely manner. Dauphin County estimates that 12 persons will benefit from transitional and competitive employment in 2012-2013. The YWCA of Greater Harrisburg is a federal supportive employment grant recipient. Using the supported employment model, many persons using mental health treatment and rehabilitation services have also been served through the YWCA's SAMHSA federal grant.

### Community Residential Services

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

All adult CRR services are solely funded by County-managed funds. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County for adults:

**Table 1– Adult Community Residential Rehabilitation (CRR) Programs 2012-2013**

<b>CRR Program</b>	<b>Characteristics</b>	<b>Capacity</b>	<b>Provider</b>
Crisis and Diversion CRR - Windows	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services started March 2011	12 (2 Crisis/10 Diversion) <b>Proposed addition 1 MH/ID bed</b>	Northwestern Human Services Capital Region
Crisis and Diversion CRR- Adams Street	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services	14 (2 Crisis/12 Diversion) <b>Proposed addition 1 MH/ID bed</b>	Community Services Group, Inc.
New View	<b>Proposed change to moderate care</b> Therapeutic Community model; D&A education; 12-Steps; Double Trouble	8 (8 single bedrooms)	Gaudenzia
Gibson Blvd	Full care Therapeutic Community model; D&A education, 12-Steps, jail diversion/re-entry	16	Gaudenzia
Lakepoint Drive	Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system	10 (5, two-bedroom cluster apartments)	Keystone Community Mental Health Services
Taylor Park	Staff supportive Scattered apartments in urban area; private bedrooms; individual &	14 (7, two-bedroom	Keystone Community

	transitional; continuous staffing and on-call system	scattered apartments)	Mental Health Services
The Brook	Staff intensive Clustered apartments in suburban area: separate bedrooms	12 (6, two-person apartments)	Keystone Community Mental Health Services
Third Street	Staff intensive apartment building in urban setting; private bedrooms	16 (8, two- bedrooms shared apartments)	Elwyn

**The New Community Residential Rehabilitation (CRR) Initiative** is a collaboration between the Intellectual Disabilities Program and the Mental Health Program and will develop 2 crisis diversion beds in existing short-term CRR programs to support individuals with the dual diagnosis of Intellectual Disabilities and Mental Health. The program will be a 24/7 support to individuals in crisis needing diversion from hospitalization, step down from inpatient treatment, short-term respite and assessment to help address individual needs. Program services are provided by CSG and NHS crisis diversion programs and will support approximately 10 individuals in fiscal year 2012/13.

There are additional types of community residential services available to adults in Dauphin County. Each offers a uniqueness that has grown and evolved from individualized needs. Long-Term Structured Residences (LTSR) are licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS) or effective in 2012-2013 by the Office of Administration, Bureau of Human Services Licensing under the Adult Residential Licensing as Personal Care Homes/Specialized Care Residences.

In previous fiscal years there has been two (2) Long-Term Structured Residences (LTSRs) in Dauphin County: one operated by NHS Capital Region and the other operated by Keystone Community Mental Health Services. NHS Capital Region is working with the County, individuals, and other service providers to convert its LTSR to a CRR Program with 15 beds.

Specialized Care Residences (SCRs) are licensed as Personal Care Homes (PCHs), but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. SCRs have a licensed capacity for 37 individuals. Four (4) SCRs have an eight (8) bed capacity and one (1) SCR has a five (5) bed capacity.

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

## **Children's CRR Host Homes and Residential Treatment Facilities**

CRR services for children, teens and young adults persons are licensed as CRR Host Home programs and are solely funded by Community behavioral Healthcare Network of Pennsylvania (CBHNP), the behavioral health Medicaid managed care organization. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. CRR Host Homes have undergone a re-examination among local counties, the BH-MCO, families, and other child-serving systems. Dauphin County mental health is implementing a new type of CRR Host Home called Intensive Treatment Program (ITP) during 2012-2013.

Residential Treatment Facilities (RTFs) are a level of care only available under the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for children from 0-21 who meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County and no County managed mental health funds are used for residential treatment. Residential MH Treatment is an overused resource that will never be evidenced based in serving children and teens with a serious mental illness. Dauphin County's mental health system is a strong leader within the MH system and with other child-serving agencies in reducing the use of RTFs and improving community-based EBPs and locally based treatment services. Children and adolescents do not "age out" of residential treatment based upon their birthdate or eligibility for other mental health or other child-system or adult serve system eligibility. Like all mental health treatment, active treatment in an RTF setting ends when goals are attained, clinical benefit ends, a reassessment of concerns occurs and /or the persons voluntarily withdraws from treatment. Therefore, one of Dauphin County's RTF reduction strategies is to monitor the length of stays in RTF for active treatment and do cross-system planning so that the child/family needs are addressed in the least restrictive, but most clinically appropriate level of treatment.

## **Community Services**

Information and referral self-help is offered via telephone through CONTACT Helpline, a 24-hour listening, information and referral service for residents of Dauphin County. CONTACT Helpline services aid all residents in their use of community health and human services. Listening actively and sensitively enables callers to talk through their concerns and identify their needs for listening, problem solving and/or referral. Providing the caller with the key information (agency name, address, telephone number, eligibility requirements, fee schedules, program services, service delivery sites, handicapped accessibility and other pertinent information) on agencies that can respond to the caller's need.

The Student Assistance Program (SAP) is designed to identify students experiencing behavior and/or academic, which pose a barrier to their learning and success in school. The program is a vehicle for intervening and referring students to appropriate school and community resources when mental health issues impede school success. Student Assistance is an intervention, not a treatment program. It is also an avenue for promoting prevention activities and positive mental health.

Mental Health Consultants serve as liaisons to Students Assistance teams in public middle, junior high, and high schools in Dauphin County. In addition to supporting these teams, Student

Assistance staff provide consultation regarding mental health issues to school personnel, students, families, and community members.

Keystone Children and Family Services provide Student Assistance Program (SAP) services to each secondary school in Dauphin County. Dauphin County has over 40 SAP teams. SAP liaison services were cut to align with the State allocation for SAP mental health consultation.

### **Consumer-Driven Services**

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

### **Crisis Intervention**

The Dauphin County Crisis Program (CI) is the only direct service offered at MH/ID that provides 24-hour, 7 days per week telephone, walk-in, and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities – CMU, Keystone Community MH Services Intensive Case Management, and NHS Capital Region’s ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system. Crisis services are funded by CBHNP, as the HealthChoices BH-MCO and County managed funds. An estimated 2,500 persons will use Crisis Intervention services in FY 2012-2013.

### **Emergency Services**

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

### **Facility-Based Vocational Rehabilitation Services**

Facility-Based Employment provides work experience for those individuals who require intensive support to be successful in competitive employment. The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment. Persons in facility-based vocational services are consistently assessed for transitioning to more independent work experiences. In FY 2012-2013, we anticipate 20 persons will receive services.

### **Family-Based Mental Health Services**

Family-Based Mental Health Services (FBMHS) are a combination of intensive family therapy with support coordination and family support services in a team-delivered service. Dauphin

County has six (6) licensed FBMHS providers. These services are funded primarily through CBHNP as a Medicaid service. There are many issues being assessed about FBMHS in Dauphin County in full partnership with CBHNP, the BH-MCO, and the five-county oversight agency, Capital Area Behavioral Health Collaborative (CABHC).

### **Family Support Services**

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

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

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

### **Housing Support Services**

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

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

Other Supportive Living Services provide support to people experiencing mental illness in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. The types and lengths of services are very flexible, according to the person's needs. Supportive Living provides “transitional housing” to approximately 10 percent of the 200 consumers served by Keystone each year. Supportive living services may continue after independent housing is obtained.

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

**Other**

Dauphin County is not using this new cost center at this time.

**Outpatient**

Dauphin County has nine (9) contracted and licensed outpatient psychiatric clinic providers and all offer medication management, outpatient therapies and psychiatric evaluations to children & teens, adults, older adults with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. We estimate 800 persons will receive outpatient services funded with County managed funds. The table below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics.

**Table 2 – Contracted Outpatient Service Providers 2012-2013**

<b>Provider</b>	<b>Satellites</b>	<b>Unique characteristics</b>
Catholic Charities of the Capital Region		Homeless Clinic and works with Mission of Mercy. No Medicare.
Community Services Group	Primary clinic in Lancaster; Dauphin County is satellite	Dauphin County site opened in Fall 2010.  Groups for adolescents.
Commonwealth Clinical Group		Specialized offender and at-risk offender services to adults and teens. No Medicare.
Northwestern Human Services Capital Region (formerly Edgewater)	Community-based sites & northern Dauphin County site	Primary clinic co-located with CMU, Physician assistant model; telepsychiatry began in March 2011.
Pennsylvania Psychiatric Institute (PPI)	Community-based sites including Hershey location	Culture specific –Hispanic and geriatric clinics, Clozaril and dual diagnosis (MH/ID) clinics, adolescent intensive outpatient programs.
Pennsylvania Counseling Services	Community-based sites,	Also a D&A outpatient provider.

	including school-based sites	
Pressley Ridge	School and community-based sites	Staff trained Play Therapists,
TW Ponessa and Associates	Primary clinic in Lancaster; Dauphin County is a satellite	Also a D&A outpatient provider.

### **Partial Hospitalization**

Partial hospitalization services are available for all target populations with some programs focusing on acute care, brief intensive treatment model and others on recovery models which can range from five (5) days per week to two (2) days per week depending upon individualized need of persons seeking care. Northwestern Human Services Capital Region (NHS), Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. These include services to adults with serious mental illnesses, including persons with co-occurring disorders – substance use and intellectual disabilities, children and teens. The total number of persons expected to receive services in 2012-2013 are about 67 based upon previous expenditures. CBHNP also funds partial hospitalization services.

### **Peer Support Services**

Peer support has been defined by OMHSAS as “a specialized therapeutic interaction conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community integration,” according to a Medical Assistance Bulletin revised effective October 1, 2009, establishing peer support as an MA-funded service in Pennsylvania. Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports. Peer support allows individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness. There are three approved CPS providers in Dauphin County: CMU, Philhaven and Keystone Community Mental Health Services. In 2011-12, Aurora Social Rehabilitation and NHS Capital Region ACT programs embedded peer specialists in their services.

The Capital Area Behavioral Health Collaborative (CABHC) has provided extensive leadership, support and financial assistance through scholarships for training/certification for individuals interested in being a certified peer specialist in the five-county region. In Dauphin County, individuals are interested in peer support as a recovery-oriented service that supports persons as a component of their plan to move toward more independent living and community integration. Dauphin County is interested in continuing to expand peer support services, as they are truly a catalyst for moving the mental health system toward recovery and resiliency and for supporting individual recovery and resiliency. An approved reinvestment service will start-up peer support service in psychiatric inpatient settings.

## **Psychiatric Inpatient Hospitalization**

Psychiatric inpatient hospitalization is comprehensive care on a 24 hour/7 day basis either as a unit within a general medical facility or as a free-standing psychiatric center. There are two types of inpatient care available for Dauphin County residents.

One type is acute inpatient care at the Pennsylvania Psychiatric Institute (PPI) in Harrisburg. PPI is a joint venture between PinnacleHealth Hospitals and the Milton S. Hershey Medical Center/PSU College of Medicine. Inpatient psychiatric services include 14-16 beds for children and adolescents, 20 adult geriatric beds, 20 general adult psychiatric beds and 20 adult high-acuity psychiatric beds.

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

The second type of inpatient care available to Dauphin County residents and in close proximity to the County is extended care located at Philhaven's Extended Acute Care program in Mt. Gretna (Lebanon County). The 22-bed Extended Acute Care offers a beneficial diversion from State Hospital use at Danville State Hospital. The majority of the beds (13 of 22) are managed by Dauphin County. This program is primarily funded by CBHNP and some Medicare managed care programs.

Five persons received County-funded inpatient care in FY 2011-2012 and that is a reasonable projection for the current fiscal year.

## **Psychiatric Rehabilitation**

The Dauphin County MH Program does not use the cost center of psychiatric rehabilitation. Elements of psychiatric rehabilitation are found within many other services in Dauphin County's mental health array. There are no approved regulations supporting this service. We are encouraging providers to support staff training and document staff certification.

## **Social Rehabilitation Services**

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

Patch-n-Match is a consumer-run organization with a full-time director and two full-time staff. It is a reintegration program that assists people to recapture or gain skills necessary to function

independently in the community. Patch-n-Match, Inc., also provides educational, social and recreational opportunities for participants, both at the center and in the community. The program is open one Saturday every month.

Aurora Social Rehabilitation Services provides social rehabilitation services for adults with severe mental illness at a community-based center in Harrisburg. Aurora is open seven days per week and provides daily hot lunches as well as breakfast. The program employs a certified peer specialist as part of their staff complement, which has had a huge impact on how services are delivered in the program.

Aurora provides the Transitional Life Skills (TLS) designed to help members maintain their independence and wellbeing through the development of life skills and social supports. Aurora's Hispanic Life Skills Program is designed for members who are Spanish speaking with limited or no English language skills. Activities include daily activities at the drop-in center, weekly individual socialization, bi-weekly group support and team building activities.

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

The Indochinese Support Services program, provided by the International Service Center (ISC), assists persons with serious mental illnesses in acquiring the skills needed to perform the necessary activities of daily living, including health maintenance and personal hygiene, consumer education and management of household finances, shopping and public transportation. The goal of overcoming the barriers of isolation and interest in developing specific social skills will support persons in establishing satisfying interpersonal relationships and community integration. Activities include friendly visiting for homebound persons and/or supportive telephone reassurance.

Ethnic rehabilitative services, offered at the International Service Center (ISC), assist Vietnamese-speaking persons with serious mental illnesses, including older persons; develop appropriate social behavior and interpersonal communication skills to enhance daily living. Persons are supported in a learning environment intended to address different cultural experiences and minimize the adjustment to change. Services and activities reinforce an individual's primary culture while exposing the person to community events, resident benefits and opportunities for English and civic/social integration.

## **Targeted Case Management**

### Intensive Case Management

The CMU (Case Management Unit) and Keystone Community Mental Health Services are the two intensive case management (ICM) providers in Dauphin County. The two agencies provide services to adults and older adults with serious mental illnesses and co-occurring disorders as

well as other eligible persons according to State regulations. ICM services include a comprehensive needs assessment with 24-hour, seven days a week, on-call accessibility. Face-to-face contact with the case manager is individualized and occurs every other week or more frequently based upon the needs of the individual. ICM services assist eligible persons in gaining access to needed resources, including medical, social, educational and other services. Service activities include assessment and service planning, informal support network building, use of community resources, linking with services, monitoring of service delivery, outreach, and problem resolution. Three ICMs work as Forensic ICMs coordinating service delivery with adults, families, law enforcement, and the criminal justice system. ICMs Intensive Case Managers have a caseload of no more than 30 individuals.

### Blended Case Management

Blended Case Management (BCM) is available at the CMU for adults, older adults, transition and all children & teens that meet State eligibility criteria. BCM also meets the case management needs of persons with serious mental illnesses and co-occurring substance abuse disorders. BCM includes a comprehensive needs assessment with 24-hour, seven days a week on-call accessibility. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family, and may offer limited adaptive skill training. Face-to-face contact between individuals and case managers should be individualized, but at a minimum of every other week. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services. The Blended case manager assists individuals regardless of whether their needs decrease or increase.

Intensive case management and Blended case management are funded by the county and CBHNP. The county anticipates services for about 560 persons in either ICM or BCM during 2012-2013.

### Resource Coordination

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

### **Transitional and Community Integration Services**

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

## **Collaboration**

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

Collaboration improves efforts to better serve residents and contributes to efficiencies and improvements in management of the mental health system. Collaboration has also proven to better identify needs and direct specific treatment or interventions in the mental health system. FY 2012-2013 will build upon efforts in the previous fiscal year to improve services for adults with an intellectual disability and a co-occurring mental illness. The intellectual disabilities (ID) program and mental health program will work with two service providers to create capacity for short-term stabilization in a community residential rehabilitation program. A brief request for proposals has been issued and providers are responding. Coordination, authorization and staff training will follow. This collaboration between MH and ID systems will improve our response to the person-specific needs for assessment, crisis de-escalation, therapeutic interventions, and planning without relying upon hospital or institutional care on a short-term basis.

## **Community Data and Indicators**

### **Requested data/indicator: Persons served in State Hospital setting:**

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

**Table A - Census, admissions, and discharge data FYS 08-09, 09-10, 10-11 and 11-12**

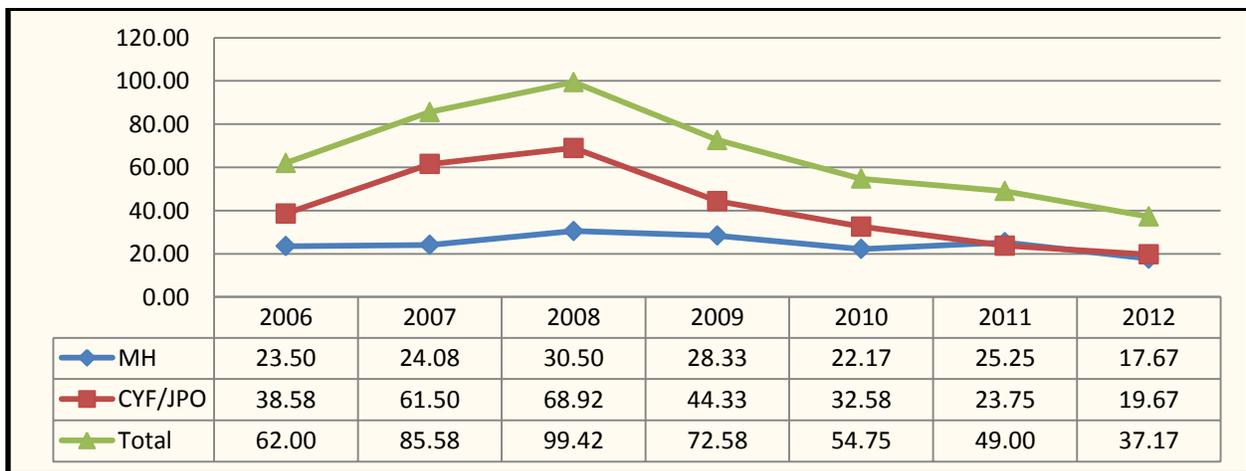
Fiscal Year	Census 7/1 of FY	Admissions	Discharges	Census 6/30 of FY
08/09	33	19	13	39
09/10	39	11	14	35
10/11	35	14	25	24
11/12	24	21	8	37
Totals		65	60	

**Requested data/indicator: Children in Residential Treatment**

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

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

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



The mental health system has been working from a plan first drafted in 2009, which strategically involves a wide range of stakeholders and activities, including families at the direct-service level through interagency team meetings and planning committees. During the FY 2012-2013, we will be focusing on family engagement and reducing length of stays in RTFs, as well as monitoring children and families that have multiple RTF treatment stays. Implementing tele-therapy for families to engage in treatment while children are in RTFs many miles away from their homes and communities is one strategy using reinvestment funds. Another strategy is the use of social media to inform families about the benefits of community-based services in Dauphin County. It is anticipated the mental health system in Dauphin County will continue its leadership among other child-serving systems, including the Courts, and agencies and its collaborative partnership with Medicaid managed care components of the system.

**Optional data/indicator:**

HealthChoices Medicaid managed care, particularly for children and families, has had a positive impact in Dauphin County over more than 10 years. And yet, we continue to work toward improving the management and quality of the services.

The county system has been evolving for adults with serious mental illness and co-occurring disorders over nearly twenty years in partnership with DPW to reduce institutional care, offer quality treatment and supports to individuals who do not always have insurance or income. Locally, we have done the work, improved the local system and changed people’s lives in the process. Recent years of budget adjustments have been managed successfully by the Dauphin County system along with our provider network and advocacy partners to promote services reflective of the supports many vulnerable persons need. At this time, we are implementing more budgetary cuts. We are identifying opportunities, working to instill continued hope for thousands of Dauphin County residents that benefit from services that will be closed or change in terms of accessibility, capacity and intensity/frequency, and supporting a network of professionals and provider agencies that have worked with us to build a community-based system. The County Mental Health Plan submitted in May 2012 to OMHSAS details the efforts we will work on to manage our system based upon a continued analysis of many trends and factors: transformation to a resiliency and recovery-oriented system; inpatient use and readmissions; jail diversion and Mental Health Court; limited outpatient services, especially for Medicare recipients; homelessness; permanent housing; employment; and integrating behavioral health with physical health.

**Table C - Service Type by Numbers of Registered Persons in  
FY 2008-2009, 2009-2010, 2010-2011 and 2011-2012**

<b>Service Type</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
Administrative Management	2929	3389	3500	<b>3304</b>
Resource Coordination	577	475	477	<b>528</b>

Intensive Case Management	628	595	575	<b>563</b>
Outpatient	912	993	970	<b>800</b>
Inpatient	9	6	7	<b>5</b>
Partial Hospitalization	78	70	74	<b>67</b>
Community Residential	410	403	436	<b>413</b>
Community Employment & Employment-Related Svcs.	73	28	22	<b>12</b>
Facility-Based Vocational Rehabilitation	65	36	35	<b>27</b>
Social Rehabilitation	553	504	483	<b>480</b>
Family Support	7	9	8	<b>8</b>
Family-Based Mental Health Services	6	0	0	<b>0</b>
Crisis Intervention	2180	2344	2394	<b>2457</b>
Emergency Services	934	1005	1026	<b>1052</b>

The data suggests that despite the increased costs in delivering services to Dauphin County residents over the years, we have managed with less funds and higher demand to provide the essential safety net of mental health treatment and supports to thousands of resident dealing daily with a serious mental illness or co-occurring disorder.

### **B. Intellectual Disability Services**

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

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

intervention services. CMU provides conflict-free case management services under contract with the Dauphin County Mental Health/Intellectual Disabilities Program.

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

## **2012-2013 Priority Planning Service Areas**

### **1. Employment (Base funded/block grant funding = 50)**

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

As an Employment 1<sup>st</sup> county, available base/block grant funding will be used to support employment services such as: Job Finding, Job Support and Transportation. The county will prioritize base dollars for individuals requesting support to order to work in the community. While many strategies are being implemented, cross-system collaboration includes:

- Collaboration with area school districts: information is shared about Employment 1<sup>st</sup> outcomes with students and families.
- Collaboration with area school districts: identify students of transition age interested in finding employment during the student's non-school hours.
- Children and Youth: identify, at a minimum, 5 students of transition age and provide job finding and job coaching services during non-school hours.
- Collaboration with OVR and other employment systems to support folks with ID in obtaining and maintaining employment.

### **2. Life Sharing (base funded/block grant funding = 0)**

Planning is underway to address the needs of the 10 individuals listed on the emergency PUNS for life sharing. The challenge in serving this group of individuals is in locating individuals/families willing to offer life sharing service in their home. We are exploring other options such as "reverse" life sharing, in which the person's own home is used. In

addition, the county office collaborates with each life sharing provider to support active and ongoing recruitment efforts.

### 3. Emergency PUNS

Additional planning for Fiscal Year 2012-2013 is based on the folks currently listed on both the emergency and critical PUNS. While folks move on and off the PUNS list because their needs change or services are provided, the overall number of folks in both of these categories at any one time, remains relatively the same.

#### A. Special Education Graduates:

<b>Anticipated June 2013 Graduates</b>	<b>Total</b>
17	17
Graduates Currently in PFDS/ Consolidated Waiver	5
Anticipated waiver or base funding needed for 2013 Graduates	12

#### B. EPSDT “Aging-out”: 2

C. Jail/RTF/APS/C&Y: Dauphin County has a number of children that fall into one of these four categories. Supports Coordinators actively serve as team members and assist in identifying local service options as children move back to their home community, including the participation in Family Group Conferences. We anticipate the following numbers in each of the following categories:

<b>Jail</b>	<b>Residential Treatment Facility</b>	<b>Approved Private School</b>	<b>Children and Youth</b>
0	2	0	2

#### D. State Center: 3 (Current Dauphin County State Center Census: 11)

- a. One individual is in the process of moving out of Selinsgrove Center. A provider has been identified. This move will occur during this fiscal year.
- b. One individual is in the process of moving out of Hamburg Center. A provider has been identified. This move will occur during this fiscal year.
- c. Plans are underway to design support for an individual who will be temporarily living at Hamburg Center. The county is in the process of collaborating with MH program and other community services to design supports to meet her unique needs in her home community.

#### E. PUNS (Tuesday, October 09, 2012) (base/block grant funding = 212)

- a. We anticipate serving an additional 20 folks on the emergency PUNS with base/block grant funding to avoid higher level placement costs.

Service Area	Emergency	Critical
Adult Day Supports	18	8
Agency Group Home or Apartment less than 24 hours	12	16
Agency Group Home of Apartment - 24 hour staff	26	20
Assistive Technology	5	10
Community Employment (Supported Employment)	14	30
Environmental Accessibility	8	7
Family Living/Life Sharing	10	11
Habilitation	52	67
Homemaker/Chore Services	1	2
Individual Home Owned/Leased by the person with under 24 hours staff support	5	16
Individual Home owned/leased by the person with 24 hour staff support	4	6
Occupational Therapy	2	9
Other Day Supports – Volunteering	5	8
Physical Therapy	1	7
Post-Secondary/Adult Education	2	10
Pre Vocational Supports	14	22
Respite Supports – less than 24 hours	22	35
Respite Supports – 24 hours	18	30
Senior Supports	3	0
Speech Therapy	3	0
Transportation	31	45
<b>Total</b>	<b>74</b>	<b>125</b>

**4. Community Residential Services:** Base/block grant funding = 28

These are individuals that are not waiver eligible that need funding for residential services

**C. Homeless Assistance**

**Services to be provided** – The Dauphin County MH/ID Program will accomplish the goals of The Homeless Assistance Program (HAP) through annual contracts with six local providers for the following Homeless Services, making available a continuum of services to homeless and near homeless individuals and families in Dauphin County:

- Christian Churches United - Emergency Shelter Eligibility, Assessment, and Referral, Case Management & Rental Assistance Services
- Gaudenzia, Inc. - Case Management Services
- Catholic Charities Interfaith - Emergency Shelter Services
- Shalom House - Emergency Shelter Services
- YWCA of Greater Harrisburg - Emergency Shelter & Bridge Housing Services
- Brethren Housing Association - Bridge Housing Services

Dauphin County MH/ ID projected HAP funded service recipients:

<b>Service</b>	<b>Number of people served</b>
Bridge Housing	79
Rental Assistance	731
Emergency Shelter	1,401
Case Management	1,933

HAP funds have helped Dauphin County ensure that:

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

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

By direct participation in, and leadership on the CACH Coordinating Committee, Dauphin County MH/ID staff partners with CACH members to design, coordinate, and deliver a comprehensive homeless services system that addresses homeless prevention, housing stability, and permanent housing outcomes for homeless service recipients, and that provider members assist recipients in reaching and maintaining self-sufficiency. Leveraging and coordinating these resources has assisted us in mitigating the effects of homelessness on families and individuals through the provision of housing, prevention activities, and case management services. Our

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

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

- Determination of either the client’s destination upon program completion or verification of the client’s establishment in permanent housing.
- Determination of what mainstream system client benefits homeless individuals received as a result of program participation such as health care, child care, SNAP, employment training, and social services.

HAP providers will measure and document these outcomes and others by meeting with recipients, goal planning and linking to services, and documenting those linkages, as well as services received and documentation of self-sufficiency goal status. HAP providers will also utilize CACH’s HMIS providing the ability to track and document HAP recipients services and outcomes, and continued housing stability. Documentation gathered through these measures and utilization of HMIS, will provide information for service planning in Dauphin County. Planning will be further enhanced through active involvement in Dauphin County’s Continuum of Care and locally available information from CACH resources such as the annual point in time survey and the recently updated Blueprint to End Homelessness which contains goals and objectives addressing chronic and episodic homelessness. This combination of resources will create a solid planning foundation for homeless services in Dauphin County, and informs the design and provision of homeless services.

#### **D. Child Welfare**

Dauphin County Children and Youth Services provides an array of services that enhance and support the safety, permanence, and well-being of children and families within the county. There are five primary areas of service included in the block grant and each of these areas focuses on continued efforts to safely reduce the number of children and families engaged in the formal child welfare system. Such outcomes are accomplished through strengthening community partnerships and ensuring youth and families are empowered, have a voice and are considered partners in decision making.

#### **Family Group Conferencing:**

The child welfare portion of the block grant has allocated \$903,478 for Family Group Conferencing with the expectation of serving 575 families (1725 individuals). Family Group

Conferencing is the primary planning mechanism used with families engaged in the child welfare system. Family Group Conferencing is offered to every family, at every level, at every decision making point. This process places the family in the role of informer and decision maker, thereby increasing their engagement in the plan. Outcomes associated with the practice include not only fewer children entering out of home placement, but also enhancement of stability for youth in placement and stronger plans for youth exiting placement. Thus far in 2012, Children and Youth Services has referred 333 families for family group conferences. Over the last three years, Family Group Conferencing has contributed to a 32% decrease in C&Y placements.

### **Family Development Credentialing:**

The amount of \$23,000 has been allocated for Family Development Credentialing (FDC) to train 15-20 community stakeholders. FDC is a professional development course and credentialing program for front line workers to learn the skills associated with strengths-based practice in working with families. This curriculum is supported by the Administrative Office of Pennsylvania Courts as a component of the Permanency Practices Initiative, and Dauphin County has chosen to utilize this curriculum to create a community wide approach to work with children and families. The use of this credentialing program for staff development is expected to enhance the options for families within their own communities, provide fundamental tools to community providers, and to enhance the strength and duration of relationships within the community. Each of these outcomes supports a continuum of care for sustainable change.

### **Housing:**

An allocation of \$235,148 has been directed to housing. Dauphin County is dedicated to safely maintaining children in their own homes and communities and doing so in a manner that is sustainable and prevents re-entry into the system. Through this allocation, we expect to support 120 families (360 individuals). The county is experiencing an increased number of families at risk for homelessness and those who have children often encounter the child welfare system.

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

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

### **Multi-Systemic Therapy:**

An amount of \$290,000 has been allocated for Multi-Systemic Therapy (MST) with the expectation of serving 150 families (450 individuals) engaged with either C&Y or JPO. This evidenced-based intervention targets youth offenders exhibiting criminal and/or anti-social behaviors that often co-occur with mental health issues, substance use as well as family, school, and peer struggles. Anticipated outcomes include an increased number of youth remaining in their own homes and communities, the continued safe reduction in the number of youth in out of home placement and an increase in placement stability for those youth in placement.

### **Alternatives to Truancy:**

An allocation in the amount of \$218,700 has been directed to Alternatives to Truancy. Dauphin County is dedicated to maintaining child welfare staff in the local school districts to help address high truancy rates and student disengagement. By utilizing family and student centered planning options and providing supportive, voluntary services, the agency has begun to combat truancy through the building of community connections. This has resulted in a decreased number of families referred to the agency for formal assessment and services. The allocation supports diversion programs for students and parents seen by Magisterial District Judges, training for staff in Student Assistance and other assessment methods, the utilization of evidenced-based programs in working with students and their families, summer programming for students and the holding of awareness raising events such as truancy summits and school assemblies. Three school districts and approximately 350 students receive support from this allocation.

### **Community Data and Indicators:**

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

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

## **E. Drug and Alcohol Services**

The Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the county charged with providing screening, assessment, referrals, treatment, case management and recovery support services in Dauphin County for the uninsured and underinsured. The SCA is required, per the Department of Drug and Alcohol Programs (DDAP), to conduct a treatment needs assessment and treatment plan for the provision of services including Methadone services every two years with an update of the plan on the years where a plan is not required. Through the planning process the SCA has identified the following:

- The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), an agency of the U.S. Public Health Service in the [U.S. Department of Health and Human Services](#) (DHHS). Prevalence data from the NSDUH shows potentially 32,999 Dauphin County residents may have a substance abuse disorder. Most at risk is the 18-25 age group. Overall, prevalence data shows that approximately 12.7% of Dauphin County residents have, or may have, a substance abuse problem.
- The SCA's Client Information System (CIS) data reflects that, in Dauphin County, alcohol, followed by cocaine and heroin are the most widely abused drugs. In FY 2010-2011, marijuana outpaced alcohol.
- Approximately 65 % of SCA clients have a prior history of use.
- Approximately 73% of consumers are involved in the criminal justice system; either on probation, in prison, awaiting sentencing, etc.
- 52% of SCA clients were between the ages of 18-35; 37% between the ages of 36-64; and 10% between the ages of 15-17 in FY 2010-2011.
- The Administrative Office of the Pennsylvania Courts (AOPC) data shows that that there were 1,939 drug related arrests, 2,144 alcohol related arrests, and 582 underage citations. The Unified Crime Reporting (UCR) data shows similarly that there were 1,435 arrests for drug possession; 2,225 arrests for alcohol violations. This data indicates that the SCA client is typically involved in the criminal justice system at least 70% of the time.

The planning process demonstrates the need and demand for treatment services in Dauphin County. The SCA relies on BHSI and Act 152 funds to service the substance abusing population who are uninsured and underinsured in Dauphin County. The allocated BHSI funds will be utilized for screening, assessment and treatment for clients within the continuum of care. This includes outpatient, intensive outpatient, short and long-term residential, halfway house, and detoxification services. Additionally, BHSI funds are used for clients utilizing medication assisted treatment –specifically Buprenorphine. The Buprenorphine Coordinator Program treatment assists individuals

receiving buprenorphine to access recovery through multi-faceted supports and referral to appropriate treatment. The program coordinates services for individuals through client assessments; referral to and monitoring of appropriate counseling; development of recovery plans to address areas of need; coordination of ancillary services; provision of on-going individual support ; facilitation of support groups specific to MAT patients; and provision of education for physicians and psychiatrists on the use of MAT for opioid dependence.

Act 152 funds are utilized for individuals for non-hospital residential detoxification and rehabilitation services for persons eligible for Medical Assistance. The Department verifies that all persons receiving services are Medical Assistance eligible.

Screening services are provided 24 hours a day, seven days a week in person or by telephone. The purpose of screening is determining the need for emergent care in the areas of detoxification, prenatal care, perinatal care, and psychiatric care and to motivate and refer if necessary for a Level of Care assessment or other services. The screening may also identify psychiatric issues including suicide or homicide risks.

Assessment services are face-to-face interviews with an individual to determine treatment needs based on the degree of severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history. Assessments must be completed within seven calendar days of the date of initial contact. The Pennsylvania Client Placement Criteria (PCPC) is applied to determine the most appropriate Level of Care. In addition, the PCPC requires that the following be considered prior to placement - mental status, cultural/language considerations, gay/lesbian issues, pharmacotherapy, women with dependent children, women's issues, and impairment e.g., hearing, learning. Further, tuberculosis screening and referral services are a part of the assessment process.

BHSI funds, along with Substance Abuse Prevention and Treatment Block Grant funds, State Base dollars, Act 152 dollars, Act 198 dollars, Gambling treatment funds, DUI fines, CBHNP funds, and County match dollars are utilized to provide the full continuum of treatment services and case management for clients. The SCA is required to provide the full continuum of care which includes:

Level 1 A: Outpatient

B: Intensive Outpatient

Level 2 A: Partial Hospitalization

B: Halfway House

Level 3 A: Medically Monitored Detox

B: Medically Monitored Short Term Residential

C: Medically Monitored Long Term Residential

Level 4 A: Medically managed Detox

B: Medically Managed Inpatient residential

The SCA expects to expend the full allocation of BHSI funds for treatment services for FY 2012-2013. County data reflects the need for services and the SCA has consistently drawn down these funds throughout the past 5 years. The SCA intends to draw down 80% of Act 152 funds for treatment. This amounts to \$215,330.00. The SCA has utilized the hub system for unused portions of Act 152 funds in prior fiscal years. The SCA developed protocol along with the Dauphin County Assistance Office and PCPA, which increased collaboration and decreased the wait time for MA eligibility for D & A services. This streamlined process was developed in 2009 and has impacted the amount of Act 152 funds needed by the SCA as the County is successfully able to transition individuals to MA funding in a short period of time, lessening the demand for Act 152 dollars. To that end, the SCA plans to utilize 20% of Act 152 funds to pay for treatment and case management/recovery support services for Level 1 and 2 offenders ineligible currently for treatment funding through Dauphin County's Drug Court. This presents an opportunity to not only increase the Drug Court's capacity to serve, but also mitigate the numbers of those incarcerated at the County jail.

The proposed Drug Court project enhancement is to identify 10 slots in the program, five (5) of which will go to "Level 2" offenders, and five (5) of which will go to "Level 3-5" offenders who do not fit the criteria for funding under the current Restrictive Intermediate Punishment (RIP) Grant from the PA Commission on Crime & Delinquency (PCCD). "Level" refers to the PA Commission on Sentencing (PCS) Guidelines Form. The current capacity of the program is approximately 60 clients. The caseload is split among 2 Probation Officers who each can carry up to 30 cases.

The RIP grant currently serves as the only source of funding for this program. The dollars can only be used for program participants who are a Level 3 or Level 4 according to the PCS Guidelines. These individuals must also be eligible for an Intermediate Punishment Program. In the past, the Drug Court Program had an additional 3-year grant that allowed the population of the program to expand beyond these restrictions. When that grant ended, the eligible pool of applicants was reduced. In IP programs, the eligibility criteria require a look back at the individual's criminal history for the previous 10 years. There are several offenses that can exclude people from qualifying for treatment dollars through the RIP grant. Thus, even if need for the program is demonstrated, placement in the program is not a likely scenario. Unless other treatment dollars can be allocated to treat those who need it, this cycle will continue. In 2012 alone, approximately 20 individuals have been refused entry into drug court based in part on their guideline level or/and criminal history.

The goal of our Drug Court is to include individuals first and foremost based on the presence of severe substance use, abuse, and addiction.

**Clients will receive:**

- Intensive case management through Dauphin County D&A Services.
- Intensive drug testing via treatment providers and the Dauphin County Drug Court Adult Probation/Parole Officers.

- Funding for program costs that are provided to all other participants in the Drug Court Treatment Program.

### **Drug Court Program Overview**

Initiated in 2008, the Dauphin County Drug Court Program assists in the reduction of the prison population each year; even as the number of individuals committing crimes has continued to increase, the prison population has remained stable for the past 4 years. The Drug Court program is a vital component to the overall strategy of holding offenders accountable while ensuring each has the opportunity to get the treatment s/he needs and the tools to be a productive citizen. The project has had positive effects on recidivism.

The program generally lasts 18 months. The ultimate length of the program depends on the treatment requirements of the participant, compliance with conditions of supervision and the charges for which the person was sentenced to drug court.

Progress through the Court involves moving through three phases, as well as a graduation phase. Phase length varies for each participant, but there are minimum standards for each phase.

According to the most recent data available from the Pennsylvania Commission on Sentencing (PCS) in their "Type of Sentence Imposed during 2010 by Sentencing Guideline Level" report, in Dauphin County, 1,402 Offenders were sentenced at Levels 3 & 4. This number, when compared to the past two years of data, continues to rise slightly each year. When compared to the PCS report completed in 2009, the 2010 statistics represent a 5% increase in the general number of individuals who were sentenced at Levels 3 & 4.

The total number of sentences imposed in Dauphin County in 2010 was 3,091. Also, 45.5% (1,402 of the 3,091 sentences imposed) of the offenders sentenced in 2010 may have been eligible for the RIP program based on their sentencing guideline level. Based on these statistics alone, it is clear that drug use, abuse, and dependence continue to be issues in Dauphin County.

Dauphin County is a third-class county within the Commonwealth of Pennsylvania and is home to 268,100 people. Over the past decade, the annual number of criminal dockets filed in Dauphin County has risen steadily, outpaced by the ratio of drug-related offenses to dockets filed; in 1996, there were 3,807 criminal dockets filed - there were more than 6,000 criminal dockets filed in 2011. The Dauphin County Probation and Parole Department reports approximately 3,991 of 4,951 offenders being supervised (or 81% of offenders) report usage of drugs/alcohol during the period prior to their arrest. Since the program began in 2008, 350 referrals and assessments have been completed. A past funding source for this program allowed individuals lower than sentencing Level 3 or 4 to be included in the participant mix, so it is not certain how many of these referrals were Level 2 offenders. However, based on data in the PA RIP Outcome Data Reporting System, thirty-four Level 3 or 4 offenders are currently active in the program, and a total of 73 individuals who met this level of sentencing criteria have participated in Drug Court. Thirty individuals have graduated since 2008.

As of August, 2012, 30 people have graduated from the program.

**Since July, 1 2008:**

Total Graduates: 35

Total Current Participants: 32

**Estimates based on statistics from 7/1/2010-present:**

- 97 people (conservative number) have been accepted into, or have been in the program.
- 32 People have been terminated from the program.
- 35 People have graduated from the program.
- $32/97 = 33\%$  Termination rate
- $35/97 = 36\%$  Graduation Rate
- The average age of participants is 38 years old.
- Men outnumber women in the program almost 2:1.
- Only 5 participants had education levels that included “some college.”
- The majority have a GED.
- Alcohol, Crack, and Heroin were the most common drugs of choice among participants in the program.

Approximate Number of Jail Days saved: 3,604\* (9.87 Years in jail)

\*This is up from 2,805 days – 7.68 Years in jail – at the time of the last graduation in March, 2012. This number is based on the actual minimum of prison days that could be served from the sentencing guidelines form. Data is only available from 7/1/2010-present. The actual maximum number of days saved is currently 10,050 (27.53 Years in jail).

Cost-Benefit Rough Estimate: (DCP cost per day is approximately \$99)

$2,805 \times \$99 = \$277,695$  - As of March 2012

$3,604 \times \$99 = \$356,796$  - As of August 2012

## **Explanation of Data:**

The data set in the statewide RIP system was rebuilt in late 2011. The data above, as a result, does not encompass statistics prior to 7/1/2010. Only the data on individuals who were in the program as of 7/1/2010 is captured. Further, in the past, alternate funding existed for individuals who met the Level 2 sentencing guideline criteria but who met the clinical definition of addiction. This data is not captured in the RIP database because RIP funding cannot be used to support individuals lower than a Level 3 or 4 guidelines. Therefore, these numbers actually underestimate the number of incarceration days saved, for example. When a client is referred to the Drug Court Program, if s/he meets the need but cannot be funded through this funding source, every option is explored to see if that individual may find a means by which to participate in the program.

## **F. Human Services Development Fund/Human Services and Supports**

### **1. Adult Services:**

An allocation of \$38,880 has been directed to Adult Services. Within Adult Services, funding is allocated for the below listed Categorical Services. The providers will all utilize financial support from other sources.

#### **Counseling:**

The PROGRAM for Female Offenders (The PROGRAM) has long provided pre-release counseling, group life skills training, and supportive services to women incarcerated in the Dauphin County prison. Upon release from prison, each woman is encouraged and expected to contact The PROGRAM and continue the process of rebuilding their lives with assistance from the agency's Community Center at 1515 Derry Street, Harrisburg, PA. During the 2012-2013 Fiscal Year, it is estimated that The PROGRAM will assist 50 women.

#### **Home Delivered Meals:**

Dauphin County's Area Agency on Aging (AAA) delivers hot luncheon meals made in their kitchen to qualified individuals every Monday through Friday. This program is commonly known as "Meals on Wheels". During the 2012-2013 Fiscal Year, it is estimated that fifteen individuals will benefit from these daily meals.

#### **Homemaker:**

VNA Private Duty provides high quality, reliable and compassionate services to assist clients in maintaining their independence. Personal care aides make home visits in which they provide bathing, dressing and grooming along with light housekeeping. During the 2012-2013 Fiscal Year, approximately ten persons will receive VNA services.

### **Service Planning/Case Management:**

Christian Churches United offers intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency services include: coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions and utilities assistance. During the 2012-2013 Fiscal Year, approximately 500 persons will benefit from this organization.

### **Emergency Shelter:**

The Shalom House provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization's model is built upon the premise of self-empowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future. During the 2012-2013 Fiscal Year, approximately ten persons will be served by this provider.

### **Community Residential Services:**

Dauphin County's Mental Health/Intellectual Disabilities Program serves adults with serious mental illness who need temporary housing while being referred and processed for eligibility determination for several different housing programs. During the 2012-2013 Fiscal Year, it is expected that one person will be impacted.

**Information and Referral:** CONTACT Helpline provides supportive listening, health and human services information and referrals anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. It is the only 24 hour non-emergency service in Dauphin County with volunteers answering the phones and immediately assisting callers. During the 2012-2013 Fiscal Year, it is anticipated that 6,500 Dauphin County residents will be served.

The International Service Center consists of a bilingual team of part-time staff and volunteers to provide vital information including language support and information and referral (I&R) services to refugees, immigrants and citizens in Dauphin County. Examples of I&R services include adult and child protective services, consumer education, economic development, crime protection/prevention, domestic violence, employment and schooling. During the 2012-2013 Fiscal Year, it is estimated that 250 clients will be served.

**The Capital Area Coalition on Homelessness (CACH)** is the planning body for both Dauphin County and the City of Harrisburg in order to qualify for U.S. Housing and Urban Development Continuum of Care funds. In 2007, the county and the city formally selected CACH as the lead entity for the implementation of "HOME RUN: The Capital Area's 10-Year Plan to End Homelessness". CACH educates and mobilizes the community and coordinates services to prevent and reduce homelessness throughout the capital region. During the 2012/2013 Fiscal Year, the approximately 791 homeless persons in the region will potentially benefit from the work performed by CACH.

**Halifax Communities That Care** works out of Halifax High School and provides programming for pre-school, elementary, middle and high school students. It also provides programs to adults and seniors living in Halifax and neighboring Northern Dauphin communities. Over the past year, their work has expanded to include Upper Dauphin and Millersburg School Districts. Halifax Communities That Care has implemented several nationally recognized researched-based programs such as Supporting School Success, Guiding Good Choices, Life Skills Training and Safe Dates. These programs impact on anti-social behaviors and substance abuse and promote healthy relationships, family bonding and academic success. During the 2012/2013 Fiscal Year, it is estimated that Halifax Communities That Care will serve 2,000 residents.

## **2. Interagency Coordination:**

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

## **3. Specialized Services:**

An allocation of \$93,443 has been directed to Specialized Services.

### **Central Pennsylvania Food Bank:**

This provider is our newest and meets a unique need, which our other categorical programs are unable to satisfy. The Central Pennsylvania Food Bank has established a food pantry in the Northern Dauphin Human Services Center in rural Elizabethville, PA. Since opening in January 2009, the food pantry has serviced an increasing number of households/individuals. During the 2012/2013 Fiscal Year, it is estimated that the food pantry will serve more than 300 households and more than 900 different individuals.

**The Salvation Army's** Bridging the Gap (BTG) program is a youth intervention and prevention educational program offered to school-age children and youth throughout the county. BTG is designed to improve self-esteem, build positive social and job readiness skills, prevent risky behaviors, introduce community resources and how to successfully access them and equip school age youth with the tools they need to make positive choices for their lives. During the 2012-2013 Fiscal Year, approximately 40 persons will benefit from BIG.

## **IV. BLOCK GRANT ADMINISTRATION**

Dauphin County has a human services structure that will support the implementation and administration of the block grant. The Dauphin County Human Services Director's Office oversees the Human Services Departments of Area Agency on Aging, Drugs and Alcohol, Social

Services for Children and Youth, and Mental Health/Intellectual Disabilities. The Human Services Director's Office is a link between these departments and the Dauphin County Board of Commissioners. The office is responsible for human service planning and coordination, program development, and grant management. The Human Services Director's Office is also responsible for issues related to access to services.

The Human Services Director's Office also oversees the Human Services Development Fund, State Food Purchase Program, Family Center, Child Care Network, Homeless Management Information System, the human services provided by the Northern Dauphin County Human Services Center, as well as the county's Integrated Human Services Plan initiative, which focuses on developing a holistic approach to the delivery of human services for children, adults and their families.

In accordance with this structure already in place, management of the block grant will be handled by the Human Services Director's Office with oversight by the Board of Commissioners. All reporting generated by Children and Youth Services, Mental Health/Intellectual Disabilities, Area Agency on Aging and Drug and Alcohol Services will go to that office for review, compilation and submission to the Department of Public Welfare. Our fiscal officers and directors will work collaboratively in the production of fiscal and outcomes reports.

As with much of the training in Dauphin County, training on the block grant will be completed through a cross-systems approach. This way, collaboration will begin at the time of training and carry through to implementation and administration.

**APPENDIX A** – Assurance of Compliance

**APPENDIX B** – Proposed Budget and Service Recipients Table

**APPENDIX C** – Proof of Publication