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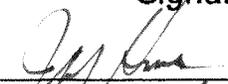
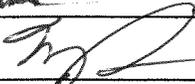
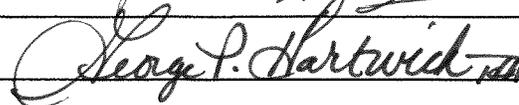
Appendix A
Fiscal Year 2019-2020

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Dauphin

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Date: 8/21/19
	Date: 8/21/19
	Date: 8/21/19

DAUPHIN COUNTY

2019/20 Human Services Block Grant Plan

Submitted by:

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Dauphin County Commissioners

Jeff Haste

Mike Pries

George P. Hartwick, III

Appendix B County Human Services Plan Template

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

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

Dauphin County is thankful to have a Block Grant Coordinator leading all aspects of managing the Human Services Block Grant. Dauphin County continues to be supported by a Human Services Block Grant Planning and Advisory Committee that consists of the following: a member of the Dauphin County Mental Health/Autism/Developmental Programs Advisory Board; a member of the Dauphin County Children and Youth Advisory Board; a member of the Dauphin County Drug and Alcohol Services Advisory Board; a Mental Health provider; a Developmental Program service provider, a Dauphin County Drug and Alcohol Services provider, a Dauphin County Mental Health/Autism/Developmental Programs consumer (currently vacant), past or present; a Dauphin County Drug and Alcohol consumer, past or present, and a children and Youth family member. We also have active participation from Tri County Community Action, Christian Churches United, and our regions Weatherization Services. Members ex officio include the Dauphin County Human Services Director, the Dauphin County Children and Youth Administrator, the Dauphin County Mental Health/Autism/Developmental Programs Administrator, the Dauphin County Drug and Alcohol Services Administrator (currently vacant), the Area Agency on Aging Director, the Director and Assistant Director of Quality Assurance for the Human Services Directors Office, and the Block Grant Coordinator.

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

Dauphin County makes all attempts to serve individuals and families in their own communities and when possible, the neighborhoods in which they reside, across all service systems. Through the HSBG we were able to support a dual diagnosis treatment provider in the most underserved part of Harrisburg City. This provider then became one of two COEs in our County. Numerous cross-systems' planning processes exist to ensure the least restrictive and most appropriate services are provided, based on the individual and family's needs. Some examples include the Cross-Systems Team Meeting Protocol, Team MISA to address SMI concerns for individuals incarcerated, Holistic Family Support for families involved with both Children and Youth and Drug and Alcohol Services, to name a few.

Dauphin County has a human services structure that supports the communication and collaboration necessary to ensure quality administration of this block grant, as well as other grants, initiatives, and integrated cross system services. The Dauphin County Human Services

Director's Office oversees the Human Services Departments of Area Agency on Aging, Drug and Alcohol Services, Social Services for Children and Youth, and Mental Health/Autism/Developmental Programs which includes Early intervention and Homeless Prevention Grants as well as Quality Assurance and process improvement across each of the categorical agencies. The Human Services Director's Office is a link between these departments and the Dauphin County Board of Commissioners.

The Block Grant Coordinator, Block Grant Advisory Committee, and the Human Services Director's Office is responsible for human services planning and coordination, program development, and grant management. The Human Services Directors Office is also responsible for issues related to access to services. The Human Services Director's Office oversees the Human Services Development Fund, State Food Purchase Program, Family Center Grant, Fatherhood Initiative Grant, as well as the human services coordinated and provided within the Northern Dauphin County Human Services Center. In accordance with this structure already in place, management of the block grant is conducted by the Block Grant Coordinator and the Human Services Director's Office with oversight by the Board of Commissioners. All reporting generated by Mental Health/Autism/Developmental Programs, Area Agency on Aging, and Drug and Alcohol Services go to that office for review, compilation, and submission to the PA Department of Human Services. Our fiscal officers and directors across all systems work collaboratively in the production of HSBG fiscal and outcomes reports.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below). **COPY ATTACHED, ATTACHMENT 1a-1b**
 - b. When was the ad published? 08/30/2018
 - c. When was the second ad published (if applicable)? 6/6/2019
2. Please submit a summary and/or sign-in sheet of each public hearing. **ATTACHED are the Meeting minutes and a sign-in sheet for 9/14/18 and 06/21/2019 .**

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

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

Dauphin County has developed an Integration Plan across all human services and related departments. The human services departments who are part of the integration process include: Area Agency on Aging, Social Services for Children and Youth, Drug and Alcohol Services, and Mental Health/Autism/Developmental Programs. The Human Services Director's Office provides cross-system direction and oversight to each human service's categorical department. In addition, the human services departments work very closely with related systems such as Probation Services, the Judicial Center (Centralized Booking), Work Release, the Prison, Victim/Witness, and Pretrial Services. The plan for Human Services Integration continues to be a top priority across all human services' departments to provide improved, cost effective customer-service oriented services, processes, and programs. Full integration will take years to complete but Dauphin County is committed to accomplish numerous steps annually.

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

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

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

Integration among similar purposed positions across human services departments began in January of 2017 and is projected to incrementally continue through the next four to seven years until full integration is achieved. Human Services' Departments work in a truly collaborative manner to assist the individuals and families they serve. Integration, however, is well beyond collaboration. It requires staff to work together in new spaces and workgroups toward common goals within and across all systems in a new, intensive manner. Each department will be building new forms of strong inter-departmental relationships over the next several years as we strive towards full integration.

Dauphin County will continue making steps towards full integration over the next four to seven years. As a result, the County will continue to expand the process of integration within Human Services and related departments and services. To that end, we will develop procedures that serve customers in a holistic manner and provide services to an individual and family efficiently and effectively, treating all aspects of their diagnosis and assistance needs as permitted by law and regulations. The Human Services Block Grant will be critical to ensure flexible funding throughout the integration process. The following Vision, Mission and Common Goals will drive this process within:

Dauphin County Human Services

VISION:

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

MISSION:

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

HUMAN SERVICES COMMON GOALS:

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

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

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

Human Services Areas of Integration (First concurrent steps):

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

Two areas of integration that began in 2017:

1. Quality Assurance (QA) and Continuous Process Improvement Process: The Quality Assurance Unit is centralized within the Human Services Director's Office. This unit conducts an internal case review process within Children and Youth and, in the future, across each human services department. Each case review is scored. Once scored staff, supervisors, and Administration are notified of results. In addition, the Commissioners, Human Services Director, or Department Administrators receive and will be able to request reports, including trend analysis, at any time. QA for Children and Youth has produced its second annual report and is currently under review in a draft form.

QA have analyzed processes within each human services department and created a detailed QA procedure for each area examined across the human service departments during the 2018-19 Fiscal Year. Several processes have been improved and new ones created, specific to each department's needs.

2. A Cross-System Community Outreach, Education, and Communication Team (Outreach Team) has been developed over the past 3 years. There have been dozens of coordinated events, activities, and discussion sessions throughout the community. The Outreach Team remains decentralized within this integration process. Representatives from each department are a part of the Outreach Team. Each department created a plan that communicates and coordinates all efforts within the scope of Community Outreach, Education, and Communications.

This team will provide information gathered within the community and communicate it back to the agency administration, as well as the QA Unit. Outcomes and effectiveness of these efforts will be tracked, and changes to the type of events will be implemented in accordance with data measurements. The work of this team is ongoing, and data is collected at each event for attendance, questions needing follow-up, and areas of interest.

Employment:

Dauphin County has a Project Search Program which provides internship opportunities for adults with Intellectual Disabilities or who's diagnosis are included on the Autism Spectrum to learn job skills and build their resume. The County is beginning the fourth year, and participants are obtaining employment across our community making minimum wage or more, some even prior to graduation from the program. Our County Commissioners and county designees are actively engaged with our local Workforce Investment Board (WIB) as well as Harrisburg Area Community College to ensure training and education opportunities are available across the County. There are education and training efforts to expand the opportunities for citizens returning to the community from incarceration. Additionally, Dauphin County continues to coordinate with the YWCA of Greater Harrisburg and Goodwill Industries for supported employment and education services. Significant increases in community employment reflect a change from facility-based services and complete implementation of licensed psychiatric rehabilitation services.

Housing:

Dauphin County plans to create a new Housing Coordinator position this upcoming fiscal year. The plan is to share a position and needed funding across all human services departments. There is also potential to include Dauphin County Community and Economic Development in supporting this position. Initially the focus of this Housing Coordinator will be to serve re-entrants from Dauphin County Prison and across our Criminal Justice systems. The goals of this new position will include:

- Respond to referrals of new clients in timely manner, including completing the intake form and assessment of the client's needs and preferences.
- Communicate regularly and effectively with the client, service coordinators, service providers, and support personnel to ensure that clients meet house application requirements and maintain housing when secured.
- Identify and present housing options for clients that fulfill their specific location, size, and affordability requirements.

- Assist clients in qualifying for housing. This can require: making community referrals for credit counseling/legal assistance, assembling letters of support, and helping them apply for eligible financial assistance.
- Organize regular client community workshops.
- Regularly communicate with property managers/affordable housing developers in order to maintain a current and accurate list of affordable housing/rental properties which are accepting applications for a wait list. Additionally, keep current application forms and other requirements for being places on the wait list.
- Identify opportunities for housing advocacy and collaborate with Housing Authorities and Executive Directors in pursuing them.

Despite funds continuing to diminish, Dauphin County has continually made progress in addressing housing issues. We recognize that mental health and substance use disorders impact housing resources for individuals as well as domestic violence, poor money management, job loss, and other concerns.

Societal, economic, and system failures such as the increasing cost of housing, lack of affordable housing, and difficulties with service access can be barriers in addition to lack of employment, lack of obtaining a living wage, poor credit, criminal history, etc. While existing supportive services are valuable, the needs, at times, outweigh the system's ability to support clients in need. Timely connections with individuals seeking housing or shelter are a must so that we can locate and continue communication. In conjunction with the Capital Area Coalition on Homelessness (CACH), Dauphin County Human Services and all its categorical departments will continue to make funding decisions based on data, trends, and needs analysis. CACH continues to be the lead agency to leverage funds while collaborating with its many private and public partners to obtain and maintain housing resources for the Dauphin County community at large. Dauphin County has a network of services to support individuals and families with housing concerns. Decreased amounts of HSDF funding support CACH coordination and the Shalom House Shelter. HELP Ministries through Christian Churches United provides emergency shelter resources, rental assistance, and links individuals and families to community partners that may help individuals address substance use and/or mental health needs. Outreach services, drop-in centers, and coordinated case management is offered at Downtown Daily Bread and Bethesda Mission.

Dauphin County Commissioners agreed to use other funding to support a homeless overnight winter shelter at Downtown Daily Bread which reinforced the HSBG-supported homeless efforts. Dauphin County offers transitional housing opportunities as well as rapid rehousing resources. The Dauphin County Mental Health/Autism/Developmental Programs continues to assist consumers with supportive housing as well as Shelter Plus Care and offers Prepared Renters classes. Continued implementation of Bridge Rental Housing with the Dauphin County Housing Authority is an opportunity for additional services. Dauphin County will continue to research initiatives and opportunities in housing across all high-risk populations.

Leadership within Dauphin County Human Services and all human services' categorical departments are represented in CACH and are encouraged to accentuate county-wide coordination and continually grow and develop the role of CACH through collaborative efforts within the community. Currently the Human Services Director, CACH Leadership, MH Leadership and the QA Unit from HSDO are developing a new process utilizing a LEAN model for process mapping, service process, and the client experience to improve the current coordinated entry practice and simplify the process for all entities involved. Additionally, preserving the full range of

safe and affordable housing options to meet the needs of the County continues to be at the forefront of concerns; as funding continues to diminish, services continue to lack resources, and vulnerable populations continue to grow and have increased needs.

Dauphin County Human Services, in its continued goal of integration, remains committed to promoting best practice efforts to assure access to supportive services and focuses on improving cross-systems coordination and providing timely access to treatment, referrals, and addressing the underlying causes of housing issues while strengthening Mental Health and Drug and Alcohol case management to maximize coordinated efforts.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights: (Limit of 6 pages)

Dauphin County changed the name of the County program to Department of Mental Health/Autism/Developmental Programs.

Flat funding for eight years after a 10% decrease in funding will continue to reduce the quality and quantity of MH services in our community, will impede timely access and exacerbate staffing issues. Few resources exist to create funding options, particularly for Adults with a Serious Mental Illness (SMIs) and/or co-occurring disorders. Low direct-care staff salaries within provider agencies are a critical issue. The FY12-13 budget cuts totaling \$1,931,200 have never been restored, and new demands from other systems cannot be addressed through service integration, data systems, or coordination strategies. Dauphin County’s Mental Health system has benefitted from the Human Services Block Grant process in the past, but those opportunities have diminished. Direct service funds are the best way to serve persons on waiting lists, and those who need individualized care are growing. The system lacks the flexibility and resources to meet those demands/needs.

FY17-18 is the most recent full year of mental health programs operations for data analysis in the Block Grant Plan. The mental health funds are 95% expended for services to County residents. Expenditures are closely tied to funding levels. Five percent (5%) are administrative costs. In the MH program, there was a decrease in the number of persons served primarily due to eligibility for HealthChoices (managed Medical Assistance) funding.

Table 1 – Comparison of Persons served FY14-15 through FY17-18

PROGRAM AREA	PERSONS SERVED FY 14-15	PERSONS SERVED FY15-16	PERSONS SERVED FY16-17	PERSONS SERVED FY17-18
Mental Health	4,537	4,208	3,958	3,041
Crisis Intervention	3,185	3,230	3, 346	3,291

The Block Grant outcomes for the MH system are comprehensive and timely. Baselines were established for cost areas in FY14-15. The cost areas are formatted to reflect Block Grant reporting categories. Funds directly managed by Dauphin County Mental Health include state-allocated, CHIPP, federal non-Medicaid, and County matching funds.

Access to other funding such as Medicaid/PerformCare and Medicare impacts how State-allocated County funds are used by residents registered in the system. The availability of funds is another factor impacting numbers of individuals served and dollars expended. Table 2 captures the use of State-allocated County funds for two fiscal years by cost center. Dauphin County Crisis Intervention program is at full staffing capacity. Increases in psychiatric hospitalization services are directly related to the use of Extended Acute Care for which Medicare does not pay, and consumers do not qualify for medical assistance/Health Choices funding. Targeted Case Management (TCM) costs have increased due to the variability of adult consumers' eligibility for HealthChoices. When eligibility changes but needs remain, the County funds cover the costs of the service. Elimination of the State's Medical Assistance (MA) fee-for-service system for behavioral health would decrease County costs for TCM. It is a two-step process for persons to become HealthChoices members: eligibility for MA fee-for service first, which has rates well below costs and an incomplete menu of services, then eligibility for MA HealthChoices second. This process is not consumer-friendly or timely.

Housing support services were cost neutral, and psychiatric rehabilitation funded by HealthChoices was implemented in FY17-18 for PerformCare members.

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

MH Cost Center	2016-2017	2017-2018
Administrators Office	\$926,834	\$1,022,492
Assertive Community Treatment	119,769	139,135
Administrative Case Management	1,520,315	1,520,943
Community Employment	245,641	243,678
Community Residential	10,969,105	10,788,632
Community Services	368,616	332,496
Consumer-Driven Services	153,739	161,474
Emergency Services	616,037	546,602
Facility-Based Voc. Rehab.	0	0
Family-Based Services	0	0
Family Support Services	69,614	47,180
Housing Support	1,098,078	1,157,322
Crisis Intervention	999,887	1,005,557
Outpatient	285,390	299,102
Partial Hospitalization	235,034	192,795
Peer Support Services	36,426	43,772
Psychiatric Inpatient Hospitalization	6,942	65,943
Psychiatric Rehabilitation	439,013	70,228
Social Rehabilitation	603,355	618,322
Targeted Case Management	834,319	1,023,827
COUNTY MENTAL HEALTH TOTAL	\$20,048,114	\$19,279,500

A comparison between two fiscal years is illustrated in Table 3 using service type or cost centers. There is some relationship between decreased costs and persons served in FY 17-18. The Base

Services Unit initiated an effort to review every person receiving administrative case management and reassess with the consumer their needs for the service.

Table 3 – Service Types by Numbers of County Registered Persons

Service Type	2016-2017	2017-2018
Assertive Community Treatment	15	13
Administrative Case Management	3,174	2,088
Community Employment	79	93
Community Residential Services	396	399
Community Services	1,196	1,183
Consumer-Driven Services	197	97
Emergency Services	1,815	1,692
Facility-Based Vocational Rehabilitation	0	0
Family-Based Mental Health Services	0	0
Family Support	103	51
Housing Support	201	219
Crisis Intervention	2,359	2,489
Outpatient	197	192
Partial Hospitalization	41	33
Peer Support Services	27	30
Psychiatric Inpatient Hospitalization	1	1
Psychiatric Rehabilitation	102	12*
Social Rehabilitation	123	119
Targeted Case Management	748	901

*Primary funding started through HealthChoices/PerformCare

The table above includes duplicated service use by type since persons may use multiple services at the same time and a variety of services throughout the year. MA enrollment status may also be intermittent due to employment or an inability to maintain enrollment or eligibility re-certifications due to their disability.

Medical assistance managed care or HealthChoices Behavioral Health services are managed locally in a five (5) county collaborative through the Capital Area Behavioral Health Collaborative (CABHC) and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth Caritas. Table 4 shows the type of service, number of persons served and expenditures. In FY 16-17 11,732 persons expended \$52,885,633 in treatment and rehabilitation costs. In FY17-18 11,769 persons were served, and expenditures for treatment and rehabilitation services were \$53,331,613.

Table 4- Dauphin County HealthChoices FY17-18 Mental Health Services by Number of Persons / Costs

Type of Mental Health Service	Persons Served	Dollars
Inpatient psychiatric, includes Extended Acute Care	1,083	\$18,613,148
Partial Hospitalization	425	1,447,397
Outpatient	10,140	7,954,836
Behavioral Health Rehabilitation Services (BHRS)	1,564	11,454,788
Residential Treatment	42	2,213,158
Clozapine/Clozapine Support	2	497
Crisis Intervention	1,384	563,076
Family-Based MH Services	303	3,999,288
Targeted MH Case Management	2,149	4,758,598
Peer Support Services	115	155,194

Other MH, includes Assertive Community Treatment, Specialized treatment, Tele-psychiatry	900	2,141,633
MANAGED CARE MH TOTAL:	11,769	\$ 53,331,613

Costs increased in most areas due to rate increases. The number of persons using Family-based Mental Health Services, ACT, and tele-psychiatry showed increases. Approximately 549 persons received their outpatient services through tele-psychiatry. Decreases are documented in Behavioral Health Rehabilitation Services (BHRS) and Residential treatment (children only). Compared to other Counties, Dauphin County is considered to be a low user of Peer Support services for adult.

Program highlights and initiatives include:

- **Forensic Issues**

Dauphin County continues to implement recommendations from the comprehensive Stepping Up Technical Assistance project report published in April of 2018. Key initiatives the in Mental Health Program include developing a short-term CRR for persons with serious mental illness (SMI) released from Dauphin County Prison or State Correctional Facilities and development of a specialized treatment program for persons with SMI who are co-occurring and involved with the criminal justice system. Dauphin County is also developing a Crisis Intervention Training (CIT) for police officers in the fall of 2019 and is developing a proposal for a co-responder model that will be part of the Dauphin County Judicial Center, the County’s central booking facility. Dauphin County MH continues dedicated efforts to identify, track, and develop early release plans for all eligible persons with SMI entering Dauphin County Prison. Dauphin County MH also participates on the newly formed prison treatment team review process called “Team MISA,” which targets planning for inmates with mental illness and substance use disorders.

In fiscal year 17-18, 218 people with SMI were eligible for early release from Dauphin County Prison. The average length of stay for those eligible persons in Dauphin County Prison was 85 days.

- **Dauphin County collaborates with experienced professionals to improve outcomes for special populations.**

FY 18-19 marked the second full year of implementation for CAPSTONE, a first episode psychosis (FEP) program funded by OMHSAS with federal Community Mental Health Block Grant dollars for persons ages 16-30 experiencing an initial diagnosis of a psychotic disorder. The partners include: Pennsylvania Psychiatric Institute for team leadership and clinical services, YWCA of Greater Harrisburg for supported employment and education services, and CMU (Case Management Unit) for targeted case management and certified peer support services (CPS). Effective April 2019 the CMU ended their certified peer support services, and plans are underway to embed CPS with the clinical services at Pennsylvania Psychiatric Institute.

- **Dauphin County engages persons using mental health services in system improvements.**

Persons using services, family members, MH/ID Advisory Board members, MH program staff, and other stakeholders were included in developing the Block Grant narrative. Dauphin County Community Support Program (CSP) Committee is a conduit for receiving input and tapping into

ideas, skills, and expertise in an evolving recovery-oriented system. Dauphin County continues to support providers trained and credentialed in Mental Health First Aid curriculums for children and adults. Manuals are purchased for providers conducting training in Dauphin County for first-responders.

Dauphin County anticipates the approval of the Certified Family Peer Specialist services in the Commonwealth as an in-plan or supplemental service under HealthChoices. Family engagement is a genuine challenge in the MH system, and families often need emotional support from those who have similar experiences. Family involvement may provide essential protective factors for children and teens, and families may provide children and teens with severe mental health issues the only environment upon which to build their own resiliency skills. Households are economically and emotionally stretched. Families may be unaware of the harm done to children and teens in congregate settings as well as the disconnectedness and trauma children and teens experience while in out-of-home treatment settings. Individuals and families benefit from providers and community supports that assist them in promoting resiliency and help them recover from the challenges they face, recognizing protective traits for individuals, families, schools, and communities, and assessing environmental factors to provide a comprehensive plan to include all supports, formal and informal, in all levels of treatment and reduce out of home placements.

- **Dauphin County needs partners, including OMHSAS, to address the need for intensive short-term out-of-home treatment options which can incorporate individualized care, evidenced based treatment, and be located within a supportive community.**

Dauphin County MH is focused on reducing the use of Residential Treatment Facilities for youth, because it is not evidence-based or community-based care. Yet, Dauphin County believes RTFs have a value in a comprehensive system, but should be used on a short-term basis. Other options such as CRR-Group Homes should also be developed. The RTF census in 2017-2018 totaled 42 unduplicated children and teens. CRR – Host Homes and Intensive Treatment Programs are not available to children and youth deemed appropriate/medically necessary for out-of-home treatment in CRR level of care. A new provider was added in FY18-19, but access to this service is very limited. Children with unique needs in addition to serious emotional disturbances often must access RTF services that are a great distance from Dauphin County, sometimes in other States. These children are in acute inpatient settings for many, many months or in shelter care settings which are not designed for their specific needs. Teams try to piece together a variety of services and supports to accommodate them; however, there are limited resources to address this. Children involved with the CYS system may have limited discharge resources that are able to address their specific needs and, like children with an Intellectual Disability and/or Autism, tend to remain in RTF settings for disproportionate periods of time which may lead to institutionalization of children.

The impact of extensive lengths of stay in RTFs, as well as congregate care, versus specialized treatment in RTF settings, has been a local, State and national issue for several years. The Building Bridges Initiative (BBI) is supported by the federal Health and Human Services, Substance Abuse and Mental Health Services Administration. The current children's MH system in PA does not support Counties, BH-MCOs, and providers in developing more outcome-oriented programming in local communities in a timely manner. New RTF regulations remain in draft form.

Reinvestment funds were approved to develop a small RTF within the five-County managed care area. The review process for two proposals is underway at this time. Diverting youth from RTF into

community-based treatment, reducing the length of stay in RTFs, and preventing readmission to an RTF remain very active goals in children's mental health services.

- **The role of Dauphin County Mental Health is to provide Technical Assistance and expertise in Behavioral Health Managed Care.**

Dauphin County MH/A/DP's HealthChoices Behavioral Health partners are PerformCare and the administrative oversight agency of PerformCare, Capital Area Behavioral Health Collaborative (CABHC). County roles include monitoring and administrative functions and person-specific involvement. County Mental Health has the lead responsibility for an analysis of inpatient and services data, investigating the root cause of high (over 10%) psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of an inpatient discharge. A real time notification system for persons with 2 or more 30-day inpatient readmissions was established in FY13-14 and continues. Positive results are within reach. County MH hosts meetings with inpatient providers, case management entities, and other interagency team members within the MH system to strategize on changing the overuse of inpatient care at a person and cross-system levels.

The Mobile MH/ID Behavioral services team has continued reinvestment funding, but no determination has been made if it, in fact, reduces use of higher cost services for adults with MH-ID diagnoses. The implementation of a modified Re-Engineering Discharges program (RED) at Pennsylvania Psychiatric Institute has begun. A Common Ground Decision Support Center has been implemented with one outpatient provider which includes services for homeless persons. A Nurse Navigator program is underway in Dauphin County with Merakey. The Respite Management service has a long waiting list but continues to serve the same families for multiple years and struggles to identify respite providers for the persons waiting for respite for many years.

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

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

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

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

Strengths	Opportunities
<ul style="list-style-type: none"> · Person-centered planning with AAA · Geriatric Psychiatric IP resources · Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources <ul style="list-style-type: none"> · Coordination of psychiatric and medical concerns · Use of Older Adult Protective Services Act process, when needed · Training on guardianship issues by AAA <ul style="list-style-type: none"> · Use of Nursing home referral guidelines established in 15-16 with AAA 	<ul style="list-style-type: none"> · Collaboration with Skilled Nursing facilities <ul style="list-style-type: none"> · Limited access to skilled nursing homes/services for forensic/older adults · Expand LOA with Danville State Hospital for readmission from nursing homes when County resident transferred to another County's facility · Understand Community HealthChoices and its impact on MH system

• **Adults (ages 18 to 59)**

Strengths	Opportunities
<ul style="list-style-type: none"> · Homeless Outpatient Clinic weekly access <ul style="list-style-type: none"> · WRAP and IMR · Evidenced-based outpatient clinic services (DBT,CBT, TF-CBT, Co-Occurring MH & D/A and EMDR) · Boundary Spanner at Dauphin County Pre-Trial Services · Certified Peer Specialists imbedded in inpatient units · Consumer Operated Drop-in Center · NAMI Dauphin County Family-to-Family and Peer-to-Peer Program · Restructured Forensic CRR Program <ul style="list-style-type: none"> · DBT-focused Adult CRR program · SAMHSA-model Supported Employment Services · Transitional CRR Programs for Crisis and Diversion <ul style="list-style-type: none"> · Sex Offender Outpatient Services · CAPSTONE an FEP program with CPS services <ul style="list-style-type: none"> · Three (3) Permanent Supportive Housing programs and Prepared Renters program Classes · Shelter Plus Care 	<ul style="list-style-type: none"> · Continued Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County · Local MH & Forensic access to South Mountain equal to DOC access for hard to place individuals in nursing home settings under age 60 · Continue identification of persons for 811 vouchers with Local Lead Agency – CACH · HACD vouchers & identification of 15 recipients delayed by Government shutdown/PAIR/PHFA · Mainstream voucher implementation · Suspension of Medicaid benefits while in SMH rather than terminated from benefits. <ul style="list-style-type: none"> · Growth in Certified Peer Support providers and to understand causes for lack of growth. · Expansion & restoration of Extended Acute Care beds via Wellspan Mt. Gretna/Ephrata · Add three (3) Dauphin County beds to LTSR complement with CHIPP funds

<ul style="list-style-type: none"> · Behavioral Health RED Program at PPI in collaboration with PerformCare · Common Ground Decision Support Center in Outpatient Clinic also serving homeless population. <ul style="list-style-type: none"> · Site and Mobile Psychiatric Rehabilitation services also MA funded. · EAC diversion from Danville State Hospital · Long-Term Structured residence (11 beds) · Use of Adult Protective Services reporting and processes to improve services to victims 	
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• **Transition-age Youth (ages 18-26 including Persons Transitioning from Residential Treatment Facilities)**

Strengths	Opportunities
<ul style="list-style-type: none"> · Evidenced-based outpatient clinic services (DBT-Teens, DBT, CBT, TF-CBT, Co-Occurring MH D&A Outpatient and EMDR) <ul style="list-style-type: none"> · Flexible Outpatient · Transition Planning to Adult Services by Targeted Case Management <ul style="list-style-type: none"> · The JEREMY Project · Transitional Adult Program –CRR · CRR Host Home - Intensive Treatment Program <ul style="list-style-type: none"> · CAPSTONE FEP program · PREP Classes and three (3) Permanent Supported Housing (PSH) programs · Access to Homeless Outpatient Clinic for Valley Youth House teens/young adults. 	<ul style="list-style-type: none"> · Expansion of existing CRR-ITP program <ul style="list-style-type: none"> · Establish a CRR-ITP model for CYS/JPO youth to decrease length of stay in RTFs · Identify funding source for JEREMY – like project for transitioning teens with Autism with A/DP · Continue to identify eligible persons for 811 vouchers with Local Lead Agency – CACH <ul style="list-style-type: none"> · Implement Mainstream voucher program · Minimize use of mechanical restraints for all children · The JEREMY Project – transition to high-risk population model for children with only MH diagnoses.

• **Children (under age 18)**

Strengths	Opportunities
<ul style="list-style-type: none"> · Guiding Good Choices · County and Public School District meetings on MH system improvements · Annual SD training on applying for MA/HC · School-based Mental Health Outpatient <ul style="list-style-type: none"> · Flexible Outpatient · Respite 	<ul style="list-style-type: none"> · Expansion of CRR-HH/ITP by one provider. <ul style="list-style-type: none"> · Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs · Reduce the use of mechanical restraints for all children

<ul style="list-style-type: none"> · Multi-systemic Therapy (MST) · Functional Family Therapy (FFT) · CRR –Host Home Intensive Treatment Program <ul style="list-style-type: none"> · Coaching and support to CMU Children’s Supervisors · Human Services’ Cross-Systems’ Supervisors Group · County cross-system protocol for collaboration · PCIT and DBT-A with two (2) outpatient providers <ul style="list-style-type: none"> · FBMHS Team expansion · VALLEY STRONG initiative in Northern Dauphin County · Transition Planning to Adult Services by TCM <ul style="list-style-type: none"> · CAPSTONE (FEP) · MH consultation to Student Assistance Program 	<ul style="list-style-type: none"> · Engage County A/DP staff in reducing length of stay in RTFs. · Continue Resiliency in Action training <ul style="list-style-type: none"> · Implement Circles of Security · Continue to address strategies with PerformCare on over-authorization and long-term use of BHRS among older teens <ul style="list-style-type: none"> · Advocate for CRR-Group Homes · Develop small local RTF · Expand adolescent CPS working with new providers to delivery school-based OPT services
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• **Adults and Older Adults transitioning out of state hospitals**

Strengths	Opportunities
<ul style="list-style-type: none"> · Homeless Outpatient Clinic · Extended Acute Care access for diversion · CRR and Domiciliary Care programs · Long Term Structured Residence · Specialized Care Residences (PCH-Licensed) <ul style="list-style-type: none"> · WRAP and IMR · Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-occurring MH & D/A and EMDR) · Assertive Community Team (ACT) · Consumer Operated Drop-in Center · NAMI Dauphin County Family-to-Family and Peer-to-Peer Programs <ul style="list-style-type: none"> · SAMHSA-model Supported Employment services · Transitional CRR programs for Crisis and Diversion <ul style="list-style-type: none"> · DBT focused CRR Program · Sex Offender Outpatient Services · Three (3) Permanent Supportive Housing programs 	<ul style="list-style-type: none"> · Collaboration with County located Skilled Nursing facilities · Limited access to skilled nursing homes/services when psychiatrically stable · Contract for behavioral training and BCBA consultation in LTSR · Suspension of Medicaid benefits while in SMH rather than terminated from benefits. <ul style="list-style-type: none"> · Growth in Certified peer support providers/understand causes for lack of growth. · Expansion & restoration of Extended Acute Care beds via Wellspan Mt/Gretna/Ephrata · Add three (3) Dauphin County beds to LTSR complement with CHIPP funds.

<ul style="list-style-type: none"> · Shelter Plus Care · Licensed Psychiatric Rehabilitation site-based and mobile Services added to HealthChoices 	
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• **Individuals with co-occurring mental health/substance use disorder**

Strengths	Opportunities
<ul style="list-style-type: none"> · Guiding Good Choices · Harm reduction philosophy · Service provider training, including homeless network · D&A Screening at MH Intakes and Transitions · Referrals/Monitoring of use of D&A Services by TCM · Coordination with Courts and Probation Services <ul style="list-style-type: none"> · Team MISA · Assertive Community Team (ACT) · Integrated COD Outpatient Clinics at two dual-licensed providers · Implement forensic funded MH/D&A IOP and Recovery Center 	<ul style="list-style-type: none"> · Monitoring of MH and SA service use through PerformCare by Co-Occurring identified target population · Assist County D&A with implementing TCM <ul style="list-style-type: none"> · Continued implementation of STEPPING UP recommendations · Short term CRR forensic population

• **Older Adults, Adults, and Transition-age Adults with Criminal Justice Involvement**

Strengths	Opportunities
<ul style="list-style-type: none"> · Homeless Outpatient Clinic · County-level State Hospital Diversion/Coordination · Boundary Spanner at Pre-Trial · Extended Acute Care access · CRR and Domiciliary Care programs · Long-Term Structured Residence · Specialized Care Residences (PCH-Licensed) <ul style="list-style-type: none"> · WRAP and IMR · Evidenced-based outpatient clinic services (DBT,CBT, Co-Occurring MH & D/A and EMDR) · Center-based/Individualized Social Rehabilitation · Three (3) PSH programs and PREP Classes · Consumer Operated Drop-in Center 	<ul style="list-style-type: none"> · Use data-driven information to educate other systems on role/responsibilities of MH system <ul style="list-style-type: none"> · Limited access to skilled nursing homes/services · Continued use of Forensic Contingency Funds <ul style="list-style-type: none"> · Service access for HealthChoices members in DOC-Community Correctional Centers while in DOC custody · Continued to implement Bridge Rental Housing with Housing Authority of Dauphin County · Short-term CRR Forensic only to be implemented

<ul style="list-style-type: none"> · NAMI Dauphin County Family-to-Family and Peer-to-Peer Program · SAMHSA-model Supported Employment services · Transitional CRR programs for Crisis and Diversion <ul style="list-style-type: none"> · Forensic CRR · DBT Focused CRR · Sex Offender Outpatient Services <ul style="list-style-type: none"> · CJAB Member · Coordination with DOC · Forensic services funded: MH& D/A IOP with Recovery Center · Team MISA based upon Prison status 	
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● **Children with Juvenile Justice Involvement**

Strengths	Opportunities
<ul style="list-style-type: none"> · Student Assistance Program MH Consultation · School-based Mental health Outpatient <ul style="list-style-type: none"> · Flexible Outpatient · Respite · Multi-Systemic Therapy & FBMHS <ul style="list-style-type: none"> · Functional Family Therapy · CRR – Host Home Intensive Treatment Program · Human Services’ Supervisors Group <ul style="list-style-type: none"> · County cross-system protocol for collaboration · DBT Teen with two (2) outpatient providers <ul style="list-style-type: none"> · Tele-therapy at select RTFs · VALLEY STRONG initiative in Northern Dauphin County · Triage Group at Schaffner Shelter to access needed services, including psychiatric evaluations and short-term treatment · TCM Transition Strengths and needs assessment conducted annual beginning at age 16 · Direct communication at case specific level with assigned dependency and delinquency judges · Director-level Case Reviews (CYS & JPO cases) 	<ul style="list-style-type: none"> · Expansion of CRR-HH/ ITP · Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among all children · Continued MH consultation with BH-MCO on transition issues/service needs · Re-set process with PerformCare regarding ISPT for youth at SYC

• **Veterans and their families**

Strengths	Opportunities
<ul style="list-style-type: none"> · Non-service connected Veterans and their family members may access MH services based upon eligibility and availability. · Due to gaps in services, Veterans and their families are served by both the MH and VA systems based on their need and eligibility for services. <ul style="list-style-type: none"> · Stand Down · Ongoing commitment at County and BH-MCO to developing and sustaining clinical expertise in trauma –related evidenced based interventions and provider/clinician certification. · Dauphin County Veteran’s Court may coordinate services with the MH system as needed. 	<ul style="list-style-type: none"> · Continue to commitment and participation to the items listed as Strengths · Maintain information and linkages to new developments in treatment, employment and housing initiatives for veterans and their families.

• **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

Strengths	Opportunities
<ul style="list-style-type: none"> · Provision of training available on routine basis for all types of services/professionals · Alder Health Care (formerly the AIDS Community Alliance) has an established mental health psychiatric clinic co-located and integrated with their health services, includes tele-psychiatry · Informal knowledge and resource sharing between clinical services and crisis/case management entities. 	<ul style="list-style-type: none"> · Continue to commitment and participation to the items listed as Strengths · Maintain information and linkages to new developments in treatment and supportive services unique to MH system and in community at-large.

• **Racial/Ethnic/Linguistic Disparities for All Persons - All Persons Experiencing Racial/Ethnic and Health Disparities in the MH System**

Strengths	Opportunities
<ul style="list-style-type: none"> · Community-wide Diversity Forum participant · Two (2) Provider Agencies convene internal Diversity/Cultural awareness Committees <ul style="list-style-type: none"> · Agencies recruit and retain staff representative of diverse community · The relationship between health and mental health are fully understood and 	<ul style="list-style-type: none"> · Continue to triage care due to periodic budgetary cuts and the lack of prior cost-of-living increases not tied to real costs which continue to impact the availability of services and waiting periods to access services. · Maintain role in County level planning for county funded as well as BH-MCO funded services.

<p>prioritized among persons registered with the MH system.</p> <ul style="list-style-type: none"> · County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BH-MCO. · On-going commitment to wellness activities for children and adults in MH system. <ul style="list-style-type: none"> · Emphasis on coordination and communication between primary care, specialized care and behavioral health. · BH-MCO has multi-year priorities identified on PH/BH integration. · Active Quality Assurance Management in County MH Program in addressing chronic/preventable health issue among adults and children with MH concerns. · Advocacy with BH-MCO and OMHSAS on needs related to dual eligible (Medicaid and Medicare) · Medication Reconciliation Toolkit from PerformCare <ul style="list-style-type: none"> · Natural Support Toolkit from PerformCare · Nurse Navigator program at Merakey 	<ul style="list-style-type: none"> · Continuation of active Quality Management · Community HealthChoices in 2020
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• **All Persons with Language and Linguistic Support Needs in MH system**

Strengths	Opportunities
<ul style="list-style-type: none"> · Policies and procedures at County and BH-MCO in place to address provision of language and linguistic support needs in MH service access. <ul style="list-style-type: none"> · Commitment to diversity in workplace/provider hiring for direct care and management services to represent cultural, language, and ethnic demographics of the population of persons in publically funded MH system. · Contract with the International Services Center for ethnically-specific support services, typically recent immigrants of Asian descent. · Use of Language Line available through Crisis Intervention Program and among 	<ul style="list-style-type: none"> · A comparative survey of workforce demographics has not been conducted since the 1990's among County MH system. · Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs. · Work with International Service Center as needed on program modifications.

<p>other service providers when staffing is not representative of population in services.</p> <ul style="list-style-type: none"> · CMU and Keystone Human Services maintain on-going cultural competency taskforces. 	
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• **All Persons with Deaf and Hard of Hearing Needs in the MH system**

Strengths	Opportunities
<ul style="list-style-type: none"> · Policies and procedures at County and BH-MCO in place to address provision of support needs in MH service access. · Use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. <ul style="list-style-type: none"> · Participation in training when identified/available on issues of persons with deaf and hard of hearing needs. · Use of technical support to enhance participation in MH system. · Contract with PAHrtners for deaf-specific services in CRR and targeted case management FY14-15 · BH-MCO credentialing of PAHrtners for deaf-specific MH services in 2015. 	<ul style="list-style-type: none"> · Continued use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. · Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs. · Use of technical support to enhance participation in MH system. · Continued identification of resources for deaf-specific services both County-funded and BH-MCO funded.

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

Strengths	Opportunities
<ul style="list-style-type: none"> · Cross-system interagency team meetings at person-specific and administrative levels · Crisis intervention and targeted case management linkages with physical health providers <ul style="list-style-type: none"> · BH services embedded in FQHC · Alder Health as also a Behavioral Health Services provider · Continue Nurse Navigator Program 	

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

Yes No Plans to implement any Cultural and linguistic Competence Training under County auspices are dependent upon the restoration of \$1.9 million dollars lost in allocation FY12-13 and COLA increases on those funds.

Does the county currently have any suicide prevention initiatives?

Yes No Dauphin County MH collaborates with Derry Township School District, PerformCare, and a parent-led coalition on suicide prevention. The coalition is focused on raising awareness about MH concerns in school-age youth and preventing suicide. Activities have included the development of a 'We Matter' Student Club at Hershey High School. They continue to offer monthly QPR training for the community. They also viewed the documentary *Lift the Mask* and hosted a panel discussion. The coalition launched *Be Kind* merchandise to brand their efforts and uses the proceeds from sales to support coalition activities. County participates in the Garrett Lee Smith Suicide Prevention Grant which provided training for Student Assistance Program (SAP) MH Liaisons on BH-works (suicide risk screening tool). MH Liaisons administer BH-works during informal assessments. We are trying to increase the use of the screening toll with SAP liaisons.

Based on the Governor's Employment First Initiative:

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with SMI?

Yes No Dauphin County contracts with the YWCA of Greater Harrisburg, and they exclusively use the SAMHSA Supported Employment Model which focuses on working in competitive employment settings only. Job search and attaining employment are less successful when person with co-occurring SMI and substance use disorders seek employment and are unwilling to participate in D&A treatment.

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

Yes No Those interested in working with OVR have on-site access at the CMU in Dauphin County. Unfortunately, we have never seen any data to indicate that OVR helps Dauphin County persons with SMI that are referred. Dauphin County agencies use CareerLink to assist individuals with their job searches. Some need additional assistance to use CareerLink services fully.

c) Supportive Housing:

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

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

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

SUPPORTIVE HOUSING ACTIVITY Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 18-19 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY18-19 is not expected until next year)**

1. Capital Projects for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).								
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project first started
			20 (only County MH/ID dedicated funds)					

Sunflower Fields	FY 13-14 Reinvestment	\$500,000	\$0	6	5	5	30 years w Option to own	FY14-15
Notes:	Capital project funds were expended. Rental subsidy is provided by Housing Authority of the County of Dauphin. Dauphin County MH maintain a short waiting list for the Sunflower Fields residences in agreement with the property management agency.							

2. Bridge Rental Subsidy Program for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected amount for FY 19-20	Actual or Estimated Number Served in FY17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
Housing Authority of the County of Dauphin	FY12-13 Reinvestment	\$123,682	\$109,760	17	21	17	\$525/mo Many families w/ 2-3 bedrooms	1 in FY17-18 2 in FY18-19	FY14-15
Notes:	Concerns that HACD cannot meet transition requirements to permanent vouchers. There are currently 11 persons/families eligible for a permanent voucher. Meeting planned with HACD.								

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

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

*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Notes: Approval granted by OMHSAS to move Bridge Rental funds to Master Leasing. Not yet implemented due to provider interest, increases in rental prices in Dauphin County.								

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

An agency that coordinates and manages permanent supportive housing opportunities.

*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Staff FTEs in FY 16-17	Year Project first started
Notes: Activities performed by County MH staff						

5. Housing Support Services (HSS) for Behavioral Health Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Staff FTEs in FY 17-18	Year Project first started			
Block Grant	1,029,265	1,033,267	202	200	12 (Twelve)	1990 (Base) & 2006 CHIPP			
Notes:									
Includes one (1) Housing Locator position. Two (2) contracted agencies.									

6. Housing Contingency Funds for Behavioral Health									
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Average Contingency Amount per person	Year Project first started			
Block Grant, PATH (homeless), Reinvestment FY13-14 (forensic)	\$31,574	\$51,447	52	50	\$500	1990's			

Notes: Available for all case management entities and Crisis Intervention Services

7. Other: Identify the Program for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<p>Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>						
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Year Project first started
Community Lodges (2)	Block Grant	\$17,500	\$ 0*	8 in FY17-18 11 in FY 17-18	8	2011
Notes: If funding is available.						

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

1. Reduce the reincarceration rate and the length of stay for persons with SMI at Dauphin County Prison.

Action Steps	FY2019-20 Timeline	Fiscal and Other Resources	Priority Tracking
1) Implement a 14-bed short term CRR Program.	Provider will find and renovate suitable property by January 2020, hire and train staff and open program by April 2020.	Block Grant Funds	This project is tracked by monthly submissions to OMHSAS as part of the ACLU settlement funds reporting and in Dauphin County is tracked by the Stepping Up committee of the CJAB.
2) Implement an IOP program designed to meets the needs of persons with SMI with co-occurring MH and D & A diagnoses and criminal justice involvement.	Provider will hire and train staff by June of 2019, Program will accept referrals by July 2019 and develop full capacity by September of 2020.	Block Grant and HealthChoices funding.	This project is tracked by monthly submissions to OMHSAS as part of the ACLU settlement funds reporting and in Dauphin County is tracked by the Stepping Up committee of the CJAB.

2. Persons in transition between the child and adult Mental Health service system are at high risk for exploitation/victimization, homelessness, criminal activity, not maintaining their Mental Health recovery, and may also lack family or community support.

Individuals (ages 16-22 years) in The JEREMY Project must have a primary mental health diagnosis and be residing in Dauphin County. Youth in RTF are not the JEREMY Project target group. Data collection was completed in FY16-17 and the data analysis was done in FY17-18. A report was reviewed with CMU, CABHC, and PerformCare and by agreement of parties in FY19-20 modification to the target population and activities will be undertaken to enhance the programs ability and effectiveness with at risk youth and young adults.

Action Steps	FY 2019-20 Timeline	Fiscal and Other Resources	Priority Tracking
1. Continue to review literature and best practice information from various sources.	On-Going	No additional financial resources are needed beyond existing staffing at CMU and continued CABHC reinvestment funding.	This priority will be tracked through County MH staff meetings, which occur every two weeks and County MH and CMU management meetings once per month.
2. Meet with CMU and CABHC to develop a strategic plan on target population changes and methods of determining high risk.	July –September 2020		
3. Review and amend as needed Transition Assessment tool introduced at CMU in	September 2020		The priority is included in the County Adult and Child MH Annual work plan and reviewed in supervision with the Deputy MH Administrator.

<p>FY2015-2016 for all registered persons age 16 during transition to adulthood.</p> <p>4. Develop and implement strategies for individualized support to The JEREMY Project participants. Less reliance on group activities.</p> <p>5. Implement new referral and programming with high risk youth/adults. Transition low risk youth/adults to adult supports as needed.</p> <p>6. Standardize on-going service assessment and collaboration with TCM.</p> <p>7. Assess impact of programmatic changes and make adjustments as needed.</p>	<p>July-September 2020</p> <p>October 2019 – June 2020</p> <p>September-October 2020</p> <p>April –June 2020</p>	<p>CMU will use The JEREMY Project Review Report to inform CABHC and PerformCare of changes and status of changes during implementation year FY19-20.</p>
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3. Dauphin County implemented a residential monitoring for all contracted CRR and PCH programs. The monitoring is done by MH staff between annual licensing visits by OMHSAS and is intended to improve the outcome of annual licensing (fewer citations) and also focus on recovery and resiliency skills for CRR and PCH participants.

The purpose of this transformation priority is to improve the quality of CRR and PCH services to adults with a serious mental illness. CRR and PCH is 50% of the MH program budget.

Action Steps	FY 2019-20 Timeline	Fiscal and Other Resources	Priority Tracking
<p>1. County MH will compile the ten (10) most common findings from the monitoring completed in FY18-19 for CRR and PCH providers and these will be categorized as regulatory, programming, & quality related improvements.</p> <p>2. County staff will develop resource materials for providers on recovery and resiliency programming, skill building curriculum, strategies for consumer involvement in provider quality improvements and advancing BBI</p>	July-August 2019	No additional fiscal or staff resources are needed	<p>County MH will conduct one on site follow-up before the annual licensing based upon the provider's plan</p> <p>County will review all licensed inspections for minimum standards and issues.</p>
	August-October 2019		<p>Subsequent monitoring will focus on strategies being implement to address licensing citations.</p> <p>Written plans will identify concerns and providers will identify long term solutions to repeated issues so improvements, quality and</p>

<p>principles into adult services.</p> <p>3. On-site follow-up from the initial monitoring is based on the provider's plan to make improvements. County will share pertinent resource materials in order to better engage provider in continuous improvements.</p> <p>4. County will explore the use of limited financial resource to make recovery and resiliency related program improvements in CRR/PCH.</p>	<p>August 2019 – June 2020</p>		<p>recovery/resiliency are institutionalized.</p> <p>County adult staff meeting and Adult Annual Work Plan will be reviewed twice per month in Adult meetings with Deputy MH Administrator</p>
	<p>October 2019</p>		

4. Child and adult services need to incorporate recovery and resiliency in programming to support young persons and adults by understanding the impact of technology, social media, as well as establishing individualization in program structures. CMU is the largest child and adult MH agency in Dauphin County as the BSU, administrative, and blended case management agency.

Dauphin County Mental Health staff provided contracted agency training in Recovery and Resiliency throughout FY 17-18 and FY18-19. With contracted providers we also undertook a dialogue with providers, both adult and children to understanding the Building Bridges Initiative and need to re-thinking and re-set relationships with persons in service, families, and natural supports.

Action Steps	FY2019-20 Timeline	Fiscal and Other Resources	Priority Tracking
<p>1. County and CMU Management Work Group formed to explore infusion of R/R and Building Bridges Initiative into CMU practice.</p> <p>2. Comments from R/R & BBI training will be reviewed. CMU Admin and BCM training components are also reviewed for complimentary/consistent content.</p> <p>3. Implementation plan developed by Work Group includes: R/R Training frequency, design of RTF prevention training curriculum and implementing BBI</p>	<p>April 2019 and on-going</p> <p>May-August 2019</p> <p>August-October 2019</p>	<p>Use of BBI training and webinars to inform Work Group</p> <p>Explore BBI consultation</p>	<p>Work group recommendations reviewed at County/CMU management meetings monthly</p> <p>Incorporated into Adult MH and Children's MH work plan at County office</p> <p>Reviewed monthly in MH staff meeting with Deputy MH Administrator.</p>

principles into CMU practice. 4. WG will identify resources to address practice problems at unit and staff-level. 5. WG will create discharge planning training for out of home treatment & services and assess participant outcomes for CMU discharges.	August 2019 – ongoing		
	November 2019 – February 2020		

5. Dauphin County is collaborative using the professional experiences of its Provider network. During FY16-17 CAPSTONE, a first episode psychosis program, was established for individuals who are between 16 and 26-years-old in Dauphin County. In FY18-19, the number of individuals enrolled in CAPSTONE was expanded; plus, the program expanded to some adjacent counties, extended the target group to age 30, participated in an internal program review about persons fading out of services, and continued to address barriers and challenges.

The Dauphin County MH/A/DP Program, in collaboration three (3) contracted agencies: Pennsylvania Psychiatric Institute (PPI) (clinical services), CMU (Base Service Unit and blended case management services), YWCA of Greater Harrisburg (supported employment/supported education) implemented CAPSTONE. The year 4 grant proposal was submitted to OMHSAS in April 2019. The purpose of this transformation priority is to continue the relationship with the collaborative entities for education for a successful year 4 and prepare for sustainability.

Action Steps	FY2019-20 Timeline	Fiscal and Other Resources	Priority Tracking
1. Seek feedback from OMHSAS on YR 4 proposal.	June 2019	No additional staff resources are needed at County or among provider partners beyond those identified in proposal to OMHSAS submitted April 2019.	This priority will be tracked through County MH staff meetings, which occur every two weeks. Add to the County Adult Annual work plan and reviewed in supervision with the Deputy Administrator. Communication with Cumberland/Perry
2. Continue Implementation Team every 4-6 weeks to address barriers.	On-going		
3. Continue marketing plan	On-going		
4. Monitor referrals and process through County participation at weekly team meetings.	On-going		
5. Expand to adjacent Counties as feasible with OMHSAS involvement	July 2019 – February 2020.	Engage CABHC and PerformCare & reeducate on referral process.	This will be discussed at CABHC Clinical meetings and OMHSAS monitoring meetings. The MH/A/DP Administrator will report on this priority at Block Grant Advisory
6. Initiate sustainability planning with CABHC and PerformCare for FY20-21	July – December 2019	Identify external consultants and identify resources from CABHC/PerformCare	

7. Embed CPS with PPI Clinical Team	July-September 2019.	CPS will be County funded initially.	meetings, as requested.
8. Develop better engagement strategies including mobile treatment	July 2019 -February 2020	Dialogue with PPI leadership & management group None	MH/ADP administrator and PPI CEO
9. Establish cross-system policies and procedures for CAPSTONE best practice.	September 2019 – April 2020	None	
10. Redesign using feedback and research on model.	January -June 2020		

e) Existing County Mental Health Services:

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

*HC= HealthChoices

** Not a MH Cost Center previously reported under Children's Psychosocial Rehabilitation

*** Not funded with MH funds

f) Evidence Based Practices Survey:

Evidenced Based Practices	Service Available in County	Persons Served in County*	Fidelity Measure Used	Who Measures fidelity	How often is Fidelity Measure done	SAMHSA EBP Toolkit	Staff Trained in EBP	Comments
Assertive Community Treatment	Yes	80	TMAC	Perform Care CABHC	Annual	Yes	Yes	Urban Team
Supportive Housing	Yes	200	No	NA	NA	NA	No	Providing Supportive Housing since 1980's
Supported Employment	Yes	93	SAMHSA Toolkit	Agency Program Director	Annual	Yes	Yes	Number Employed 18
Integrated Treatment Co-Occurring (MH/SA)	Yes	235	Hazeldon Patient Rating Scales	Agency Program Director	Day 1-30-60-90	No	Yes	Two (2) OPT D & A Providers
Illness Management Recovery	Yes	23	SAMHSA IMR Toolkit	Group Leader	After grp completion	Yes	Yes	Five (5) providers
Medication Management (MedTeam)	No	NA	NA	NA	NA	NA	NA	Mobile Psychiatric Nursing/HC
Therapeutic Foster Care	This is not an EBP							Foster care is not treatment
Multi-systemic Therapy	Yes	93	Therapist Adherence Measure	Provider MST, Inc.	Weekly	No	Yes	Two (2) certified providers
Functional Family Therapy	Yes	62	Clinical Service Systems FFT Global Therapist Rating	FFT LLC	Weekly	No	No	One (1) certified provider start 2/2018
Family Psycho-education	Yes	23	SAMHSA Toolkit	Class Leader	After grp completion	Yes	Yes	NAMI Family-to-Family

*Estimate

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery and Resiliency-Oriented and Promising Practices	Service Provided	Number Served*	Additional Information and Comments
Consumer/family Satisfaction Team	Yes	500	CABHC contract with CSS Inc.
Compeer	No	NA	
Fairweather Lodge	Yes	11	Two (2) Community Lodges
MA Funded Certified Peer Specialist	Yes	115	Three (3) Providers
CPS Transition Age Youth (TAY)	Yes	8	FEP 16 -26 year olds
CPS Older Adult (OAs)	Yes		In total number served
Other funded Certified Peer Specialist	Yes	30	
CPS Services for TAY	Yes		Available as needed through FEP
CPS Services for OAs	Yes		In total number served
Dialectical Behavioral Therapy	Yes	DBT 3 DBT-A 26	Two (2) certified providers; also trained in DBT –A DBT lite programs not included
Mobile Medication Services	No	54	Mobile Psychiatric Nursing
Wellness Recovery Action Plans (WRAP)	Yes	13	Residential, psych rehab, peer support, IP
High Fidelity Wrap Around	No	NA	Active Multi-system interagency teams
Shared Decision Making	Yes	8	CAPSTONE (FEP)
Psychiatric Rehabilitation Services (including clubhouse)	Yes	70	One (1) licensed provider Site & Mobile now HC & County funded
Self-Directed Care	No	NA	
Supported Education	Yes	8	CAPSTONE (FEP)
Treatment of Depression in OAs	Yes	366	Older Adult OPT Clinic
Consumer-operated Services	Yes	97	Drop-in service
Parent Child Interaction Therapy	Yes	28	Three (3) certified providers
Sanctuary	Blank	NA	Questionable value; certification does not always lead to practice.
Trauma-Focused Cognitive Behavioral Therapy	Yes	5	Two (2) certified providers in MH
EMDR	Yes	44	Two (2) providers
First Episode Psychosis CSC	Yes	8	NAVIGATE Model
OTHER: The Incredible Years	Yes	4 Parents	One (1) provider in two school districts through school based outpatient; more staff in training
OTHER: Mental Health First Aid Adults and Children	Yes	30	Three (3) active certified trainers

*Estimates

** Both adults, children and families

h) Certified Peer Specialist Employment Survey:

CMU closed there free-standing CPS service in April 2019 and previous had two full-time staff.

Total Number of CPSs Employed	14
Number Full Time (30 hours or more)	6
Number Part Time (Under 30 hours)	8

INTELLECTUAL DISABILITY SERVICES

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

Continuum of Services Narrative:

Each individual enrolled in the Intellectual Disabilities/Autism system will be assigned, or if desired, will choose a Supports Coordinator. The Case Management Unit (CMU) is the Supports Coordination Organization (SCO) for Dauphin County residents with Autism or Intellectual Disabilities. CMU is dedicated to helping people become connected and remain connected to their community. The CMU of Dauphin County is a private, 501(3) (c) non-profit agency, which was incorporated in 1990 to provide comprehensive case management services for residents of Dauphin County who need Mental Health, Autism, Intellectual Disability, or Early Intervention services. CMU provides conflict-free supports coordination services under contract with the Dauphin County Department of Mental Health/Autism/Developmental Programs and the Department of Human Services. Regardless of funding stream or funding availability, each person will develop a plan that outlines both informal supports (family, other resources that are available to them and community supports, including access to family driven funds, if appropriate) as well as formal services if funds are available.

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

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

Individuals Served

Service Type	<i>Estimated Individuals served in FY 18-19</i>	<i>Percent of total Individuals Served (n = 1302)</i>	<i>Projected Individuals to be served in FY 19-20</i>	<i>Percent of total Individuals served</i>
Supported Employment	20	1.5%	20	1.5%
Pre-Vocational	0	0	0	0

Community Participation	1	<1%	1	<1%
Adult Training Facility	0	0	0	0
Base-Funded Supports Coordination	203	15%	250	19%
Residential (6400)/unlicensed	3	<1%	3	<1%
Life Sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	146	10%	146	10%
PDS/VF	41	2%	45	3%
Family Driven Family Support Services	150	11%	150	11%

Supported Employment:

Dauphin County is an Employment First County. Along with Dauphin County’s partner counties (Cumberland and Perry), a stakeholder group of job seekers, professionals, Autism and Intellectual Disability employment providers, parents, community organizations, and school district representatives, are working to embed Employment 1st strategies into everyday practices, not only in the Autism/Intellectual Disabilities system, but also local school systems as well. Employment 1st reflects the belief that individuals with disabilities can work and that 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 Autism or Intellectual Disabilities of working age will be hired because of their abilities, not because of their disability. Work brings, not only increased financial security, increased opportunities for membership in the community, choice, access and control.

- *Please describe the services that are currently available in your county such as discovery, customized employment, etc.:* The following services, targeted towards community-integrated employment, are available to Dauphin County residents: Project SEARCH, Supported Employment and Transportation. Through Dauphin County’s Employment 1st group, we have arranged for employment specialists to become certified in Customized Employment, including Discovery.
 - *Please identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.* NOTE: Our County is not an Employment Pilot County.
1. Increase the number of Employment Specialists certified in Customized Employment and Discovery. Through Employment 1st, agencies collaborate in arranging local staff training opportunities. School district staff are invited and regularly participate in these training opportunities.

2. One of two large facility-based employment providers is closing its workshop. The SCO has been actively engaged in working with Goodwill, along with individuals and families, in exploring other employment and community participation options. The closing will be occurring sooner than anticipated due to individuals locating acceptable alternatives.
3. Information is shared with Early Intervention providers about the opportunities for youth and adults with disabilities as they enter adulthood and the world of work. It is emphasized that all people with disabilities, with natural and formal supports can be contributing members of their community. Early Intervention providers are asked to share this information with the families of the infants and toddlers that they are serving so the vision can start early.
4. Through Employment 1st, outreach continues with the local workforce development board, Chamber of Commerce and other business led networks. Outreach highlights the “untapped” workforce that is available in the community. The County Board of Commissioners have joined Dauphin County in recognizing businesses that are hiring a diverse workforce.
5. Local funding is prioritized to support the employment needs of Dauphin County residents with autism intellectual disabilities.
6. Continue collaboration with area school districts:
 - a. School district representatives are active members of the local Employment 1st stakeholders’ group. This group has developed documents that are shared with students/families at an earlier age regarding future-planning and the important role that families and the community have in successful transition to employment.
 - b. The county continues to collaborate with schools and employment providers to offer employment support to transition-age youth. Youth are encouraged to work and to have a work experience prior to graduation.
7. An annual Transition Fair is scheduled in March of every year. Sponsored by Dauphin County, Cumberland and Perry Counties, and HACC (Harrisburg Area Community College), high school juniors with disabilities, school teachers, and parents are invited to attend this event. Events in the fall are scheduled to provide transition information to parents of younger students.
8. Collaboration with OVR (Office of Vocational Rehabilitation) and other employment systems to support people with Autism and/or ID in obtaining and maintaining employment include:
 - a. In partnership with OVR and Goodwill Keystone Area, the county will continue Project SEARCH. Project SEARCH supports individuals in obtaining job skills and work habits needed for employment in Dauphin County businesses. Individuals participating in this service will receive support in obtaining employment by the time they exit their internship. NOTE: Project SEARCH graduates maintain a 75% employment rate after completion of two cohort years. Graduates are working part time or more and in jobs making higher than minimum wage.
 - b. The fifth cohort started in April 2019. These interns are above the age of 18. They are working within County government and participate in three (3) internship rotations throughout the program year before completing.
9. The county collaborates with both Goodwill and the Center for Industrial Training (facility-based employment programs) to identify individuals interested in moving from employment at a sheltered workshop to competitive employment.
10. Individuals receiving OVR services receive “follow along” services once OVR funding ends. OVR’s Early Reach Coordinator collaborates with staff at our SCO as well as with families and individuals.
11. Collaboration with families, students and higher education programs:

- a. County staff has been instrumental in outreach to local colleges and universities and in assisting families to explore college options during the last years of special education and after graduation.

Assistance from ODP: Assistance would be beneficial in obtaining final approval of the shared OVR/ID position.

Supports Coordination:

- *Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.*
 1. CMU, Dauphin County's SCO has hired a number of Support Coordinators that are bilingual/fluent in Spanish. Interpreter services are utilized for individuals and families that do not speak English or Spanish.
 2. CMU has designated Support Coordinators located at the Northern Dauphin Human Services Center. These SCs are very familiar with the community in the rural part of Dauphin County.
 3. The county has established a regional initiative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". Training has occurred for Support Coordinators, as well as families, in understanding this new way of doing business. CMU also added an additional supervisor specifically identified to address Life Courses. Training and technical assistance will continue throughout the year.
 4. The county will support efforts of the SCO, as well as other community efforts, to share resources, both formal and informal community resources with individuals and their families using the Community of Practice strategies, as well as attending resource fairs and using alternative media opportunities.
 5. A fall event is planned – coordinated and facilitated by families – during which families will identify key areas of support that can be tackled by our regional collaborative.
- *Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.*
 1. The county and the SCO meet on a regular basis to review the waiting list and prioritize waiver and other funding opportunities. This ongoing communication will continue. When service gaps exist, the SCO works with the County program to identify providers and other community resources to address service needs.
 2. The County and the SCO are exploring additional opportunities to reach "unserved" individuals and their families as well as to keep them engaged in the system through e-mail, electronic/paper newsletters, remote meeting technology, etc.
 3. The County and the SCO have developed a tool that assists the SCO/Support Coordinators in sharing information about residential services (6400 licensed facilities) with local teams. The goal is that teams consider the needs and preferences of the individuals and consider natural supports prior to use of these highly restrictive and costly service options.
- *Describe the collaborative efforts the county will utilize to assist SCO's with promoting self direction.*
 1. The county has engaged a provider in adding Support Broker to their service array. In addition, a number of independent contractors are in the process of offering this service to

Dauphin County. This is a service option that will enhance the work of Support Coordinators as individuals and families explore the use of community resources and community integration. In addition a number of individuals currently living in licensed community homes are seeking to live on their own. This service provides the support to develop a plan for this to become a reality.

2. The SCO is an active member of Dauphin County's Provider Forum. The county supports their active involvement by sharing information and working collaboratively on all projects/initiatives, including promoting self-direction.
3. The County and SCO offer annual training on service options including self-directing services. The goal is that teams consider the needs and preferences of the individuals and consider natural supports and self-directed support, prior to other service options.

Lifesharing and Supported Living:

- *Describe how the county will support the growth of Lifesharing and Supported Living as an option. What are the barriers to the growth of Lifesharing/Supported Living in your county? What actions have you found to be successful in expanding these services in your county despite the barriers?*
1. Dauphin County continues to address the needs of individuals listed on the emergency PUNS for Life Sharing. The challenge in serving this group of individuals is in locating individuals/families willing to offer Life Sharing services in their home.
 2. County staff is active on the Statewide Life Sharing Coalition which seeks to overcome barriers and enhance outreach to local communities.
 3. SCs receive annual training specifically targeted to understanding Life Sharing, the options, the benefits, etc. They are also encouraged to view the Dauphin County video on this service option and share with families.
 4. Dauphin County held a provider forum, fall 2018, directly targeting Residential and In-Home and Community Support providers to target new ways to increase capacity of these services in Dauphin County.
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?
1. The County would like to see a statewide listening tour to explore what is working; what is needed; and what are the barriers to expanding this service opportunity to increase life sharing services.
 2. The County would like a coordinated effort to share success stories. Dauphin County has a video that is shared with families which has been helpful and look forward to expanding opportunities to share successes.
 3. Some barriers that need to be addressed:
 - lack of startup funds
 - developing a life sharing relationship takes time, but emergency needs sometimes take precedence when waiver opportunities are available
 - handling emergencies such as hospital stays by the Life Sharing provider (using reserved capacity when caregivers have extended hospital stays.)

Cross Systems Communications and Training:

- *Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.*
 1. The County and engaged stakeholders are focusing on areas of everyday life that reduce dependence on the formal system. We believe that if people are engaged in their community, their safety is enhanced. In addition, working adults rely less on formal support systems. Training and resource development have focused on employment and respite care. Renewed emphasis will focus on Participant Directed Services during the coming year.
 2. Providers are engaged in County initiatives as presenters, participants, meeting attendees, etc. Regular provider meetings are held to keep the provider network informed of local, state, and national requirements and practices.
 3. The County is exploring additional options to support individuals to live in their community i.e. transitional housing. Transitional housing would assist the individual, their family, and the SC to better identify formal and informal support needs.
 4. Another focus for Dauphin County is ensuring that every individual has an effective method of communication. The County program will provide access to technical assistance in order to develop provider expertise in this area. In addition, the use of communication technology is emphasized.

- *Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting families paradigm.*
 1. The County has established a regional initiative to increase its understanding and embed practices related to the Community of Practice known as “Supporting Families through the Life Span”. The County coordinates efforts with the SCO so that Support Coordinators are involved in this process as well as increase their competencies through training and materials developed related to this practice. Training has occurred for Support Coordinators, as well as families, in understanding this new way of doing business. In addition, the County office and SCO have been sharing information about the Community of Practice with local school districts.
 2. Employment 1st seeks to get information via school districts, out to families of younger children through sharing of information, attendance at school fairs, workshops and other events that engage both schools and families.
 3. Information is shared with Early Intervention providers about the opportunities for youth and adults with disabilities as they enter adulthood and the world of work. It is emphasized that all people with disabilities, with natural and formal supports can be contributing members of their community. Early Intervention providers are asked to share this information with the families of the infants and toddlers they are serving so the vision can start early.

- *Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.*
 1. During this past year, the County office and other cross-system agencies, have formalized and are implementing its mandate for cross-system collaboration. Communication and collaboration with MH partners continues to be enhanced. Cross-system team meetings occur when individuals have Autism and/or ID as well as mental health challenges. Just as important, planning for systemic change is occurring at the management level.

2. One (1) diversion bed, specifically for individuals with Autism and/or Intellectual Disabilities, is utilized with Community Services Group. The bed is used to divert a person's stay at a psychiatric hospital or as a step-down when they leave the hospital. In addition, these opportunities can be used to learn more about a person and their abilities when a person is new to the ID system and requesting residential support services.
3. Dauphin County has focused efforts to enhance communication, collaboration, and teaming on behalf of individuals having both an ID and a Mental Health diagnosis. This has resulted in increased understanding and partnerships between the systems. In addition, High Level Reviews are used as a tool/support as well.
4. The County Mental Health/Autism/Developmental Programs has a Memorandum of Understanding (MOU) with the Dauphin County Area Agency on Aging. This MOU outlines collaborative practices and cross system communications.
5. The County (both ID and MH) has engaged in active conversation, training, and collaboration to support individuals having multiple needs. The county recently sponsored a training by Dr. McGonigle which brought together both ID and MH clinical and management staff. As a result of that event and other conversations, the county office is moving forward with a plan of action to enhance our provider networks and our expertise and collaboration on behalf of people with ID and a MH diagnosis.

Emergency Supports:

- *Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).*
 1. The county program follows the Planning and Managing Unanticipated Emergency Bulletin.
 2. The county follows the necessary procedures to file incidents, filing with Child Protective Services, Adult Protective Services, Older Adult Protective Services, as well as local police departments.
 3. Crisis Intervention Services are available 24 hours/day, 7 days/week.
- *Provide details on your county's emergency response plan including:*
 - *Does your county reserve any base or HSBG funds to meet emergency needs?*
 1. All funding, community resources, and family resources are considered when an individual has an emergency need.
 2. Base dollars are utilized to meet emergency needs, as available.
 - *What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?*
 1. The county has an Emergency Response Plan.
 2. All funding, community resources and family resources are considered when an individual has an emergency need.
 3. Base dollars are utilized to meet emergency needs, as available.
 4. Due to the high need for some individuals for very expensive ID services, it is likely that some people will go without service until funding is made available. Dauphin County complies with the ODP requirement that individuals served first are those individuals designated in Emergency Status on the PUNS. While individuals are waiting for funding, base dollars are used for respite care, habilitation, and other low cost services.

5. In the case of an emergency situation, individuals have 24 hour access to Dauphin County's Supports Coordination Organization (SCO), as well as to Crisis Intervention. An agreement exists between the SCO and Crisis for 24-hour service. In the event that a person would need residential or respite care outside of their home, planning for this can occur outside normal business hours when needed. This is managed through the 24-hour service.
6. For individuals needing alternative living arrangements, residential programs are utilized when a vacancy is available for short term respite and emergency care. If the person is not enrolled in one of the waivers, base dollars would be utilized to fund this service.

- o *Does your county provide mobile crisis? If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis? Do staff who work as part of the mobile crisis team have a background in ID and/or autism? Is there training available for staff who are part of the mobile crisis team?*

1. Dauphin County has a Crisis team that consists of two professionals that assist adults age 21 years of age and older with serious mental illness and intellectual disability.
 2. The team includes a Behavior Specialist and a Registered Nurse who work with the identified individual and the individual's support system. The service interventions include a combination of consultation, observation, assessment, and intervention. We have been in full operation for the past few years, and there is much success.
 3. Both professionals have a background in ID and Mental Health. If and when additional resources are needed, the team accesses them through their provider agency or other community or state resources. Other professionals have consulted, as appropriate, to meet the needs of the individual and their support network.
 4. Training is ongoing. The MH/ID Mobile Behavioral Service maintains ongoing training and education to enhance the delivery of community-based dual diagnosis services. This includes evaluation, assessment, and diagnosis of medical, psychiatric, and behavioral disorders, crisis management, functional behavioral assessments, and positive behavior supports. Additional training is completed in multiple areas to support the biopsychosocial model of treatment such as trauma informed care and recovery and resiliency principles, trainings on the DM-ID2 and the DSM-5, understanding dual diagnosis, psychopharmacology, grief and loss in the IDD population, communication disorders and other trainings that may assist the Mobile team with the diverse needs of this unique population. Most recently team members have been certified in administering the Adult Strengths and Needs Assessment for the IDD population.
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966. **See attachment #3**

Additional planning for Fiscal Year 2019-2020 is based on the people currently listed on both the emergency and critical PUNS. While people move on and off the PUNS list, because their needs change or services are provided, the overall number of people in both of these categories at any one time remains relatively the same.

Figure 2. PUNS Report (April 2019)

Service Area	Emergency	Critical
Adult Day Supports	10	12

Agency Group Home or Apartment less than 24 hours	6	10
Agency Group Home of Apartment – 24 hour staff	7	10
Assistive Technology	10	19
Behavioral Supports	10	7
Community Supports	18	7
Environmental Accessibility	11	8
Family Living/Life Sharing	2	9
Habilitation	54	51
Home and Community Supports	22	28
Homemaker/Chore Supports	1	5
Individual Home Owned/Leased by the person with under 24 hours staff support	8	5
Individual Home Owned/Leased by the person with 24 hour staff support	3	5
Job Preparations Supports	9	11
Lifesharing	6	6
Occupational Therapy	0	7
Medical Supports	1	0
Ongoing Transportation	41	51
Other Individual Supports	10	18
Other Residential/housing supports	8	9
Other Therapies	7	17
Periodic Transportation	10	12
Physical Therapy	2	11
Post-Secondary/Adult Education	23	21
Pre Vocational Supports	6	8
Respite Supports – less than 24 hours	17	30
Respite Supports – 24 hours	19	25
Senior Supports	1	0
Supported Employment	37	46

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

- *Describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.*
1. The County has established a regional initiative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". The County will coordinate efforts with the Family Advisors and Trainers to offer training and support to families in Dauphin County wishing to explore the Community of Practice tools. Parents from this county have been encouraged to identify as Family Advisors.

2. The same options will be made available to the individuals/self-advocates from this County. The County supports a large and vocal self-advocacy group called Speaking for Ourselves.
- *Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish the above?*
 1. Resources to hire a local Family Navigator to support families living in Dauphin County.
 2. Explore media options that can be used to share information with families and individuals.
 3. The County will explore remote meeting technology to provide greater convenience to families and individuals in accessing information.
 4. Resources and materials that can be shared with individuals, families, and providers.
 5. The County is exploring ways to redesign our local online community resource bank to expand beyond its current focus on young children.
 - *Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community. Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.*
 1. Health Care professionals from the Health Care Quality Unit are accessed to provide individualized training related to health care.
 2. Ongoing support and training is also provided to staff to determine if preventative measures are needed and are implemented. Training and technical assistance is provided, as needed.
 3. County staff meet regularly with HCQU staff to review individual and programmatic needs and assess effective strategies to meet those needs.
 4. A monthly Risk Management Team reviews data, identifies trends, and provides follow up as needed.
 - *Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.*
 1. The County engages the IM4Q provider to provide regular and current trend information regarding the feedback received from the individuals who have been monitored. This enables the County to act more effectively on negative trends.
 2. The County regularly reviews IM4Q reports, provides updates to providers, and includes negative trend areas in the Quality Management Plan.
 3. Regular meetings are held with IM4Q staff to review trends. Meetings are held on an annual basis with the monitors to learn their impressions directly from the monitors.
 - *Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. How can ODP assist the county's support efforts of local providers?*
 1. The County, working with ODP and Better Together (ODP's technical assistance entity), developed a local Risk Mitigation Training. This training reinforces the key concepts from ODP's Risk Mitigation webinars, but includes real life's situations relevant to Dauphin County. Teams receiving this training are better equipped to identify and mitigate risk, even for people with the most challenging needs.
 2. See note related to Dr. McGonigle training offered locally.

3. Most importantly, the local collaboration between systems is effective in meeting the needs of individuals who have multiple needs.
 - *Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist the county in interacting with stakeholders in relation to risk management activities?*
 1. A monthly Risk Management Team reviews data, identifies trends, and provides follow up as needed with providers and teams.
 2. Regular meetings are held with IM4Q staff to review trends.
 3. Training needs are also identified, and resources to access training are made available.
 4. Leadership staff at the SCO and County attend bi-monthly meetings to review monthly trends, solutions, and follow-up, as needed.
 5. ODP could support regional risk management meetings to review aggregate data, trends, themes, sharing of best practices, constructive/solution-oriented appropriate to developing competency, and promoting systemic improvements.
 6. ODP could develop family-friendly materials that when utilized by county, SCOs, providers, and advocates aid in addressing risk management priorities.
 - Describe how you will utilize the county housing coordinator for people with Autism and Intellectual Disability.
All efforts to assist individuals in locating affordable and safe housing will be utilized.
 - Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.
Providers are required to develop an Emergency Preparedness Plan. The content of the plan is reviewed during provider monitoring activities.

Participant Directed Services (PDS):

- *Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions.*
 - *Describe how the county will support the provision of training to SCO's, individuals and families on self direction.*
 - *Are there ways that ODP can assist you in promoting/increasing self direction?*
1. Through provider monitoring, the County learned that families find the training and documentation requirements associated with using the Agency with Choice model of PDS cumbersome and difficult to complete. This feedback was presented to ODP for ongoing improvements. Both the statewide vendor and Dauphin County's local Agency with Choice vendor are making changes to address these issues. Information has been and will continue to be shared with individuals and families. Success stories are being collected to assist individuals in understanding what is possible when greater control is exercised over their services.
 2. The County (as mentioned previously) will offer the services of trained Support Brokers. This service can support individuals receiving PDS.
 3. Information will be shared with individuals and families to inform about PDS and encourage PDS participation.
 4. It is recommended that ODP:

- a. Develop training materials for Common Law Employers (CLEs) and Managing Employers (MEs), including webinars that can be viewed by new and reviewing CLEs and MEs.
- b. Develop an ON-LINE orientation for all new CLEs and MEs.
- c. Provide annual training and updates on employment law.
- d. Hold regular forums/networking events and opportunities for participants, MEs and CLEs.

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

- *Describe how the county will enable these individuals to return to the community.*
 1. Advocate for increased capacity.
 2. The County and the SCO will conduct a review of the needs of the individuals listed in the data source.
 3. Appropriate actions will follow.

HOMELESS ASSISTANCE PROGRAM SERVICES

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

Dauphin County staff continues to work very closely with the Capital Area Coalition on Homelessness (CACH), the lead agency for the Harrisburg City/Dauphin County Continuum of Care, to coordinate services and leverage funding from HUD, Emergency Solutions Grant, and other local funding resources. Recently, Dauphin County staff has been involved in several initiatives with CACH including improving the Coordinated Entry System, restructuring the CACH Board and committees, as well as improving the HMIS data collection and reporting.

The County of Dauphin contracts with six providers who receive Homeless Assistance Program (HAP) funds and perform the activities of Bridge Housing, Case Management, Rental Assistance and Emergency Shelter throughout the county. Service providers are required to submit data outcomes to the county biannually. The data is evaluated by the County Grants Management Coordinator and at

fiscal year end the data is used to compile the Annual Client Data Report that is submitted to the Department.

In addition to the data collected in the Client Data Report, the County requires service providers to collect several other data elements. For all activities, we are collecting client destination at exit from the program; number of households that increased income; number of households that gained/increased mainstream benefits and the specific mainstream benefits that each household is receiving. The County also requires HAP service providers to participate in our Continuum of Care Homeless Management Information System (HMIS). The County Grants Management Coordinator is an Administrator in HMIS and can generate reports to further evaluate the data of clients receiving assistance through HAP.

For the specific activity of Rental Assistance, our service provider implementing this activity, Christian Churches United has been successful in assisting clients with the financial support needed to obtain or maintain housing. In FY 18-19 a total of 283 households or 801 individuals (360 adults and 441 children) were served through the Rental Assistance program. While 298 adults and children received assistance with security deposit or to move out of homelessness, eviction was able to be avoided for a total of 503 adults and children. About 10% of the households served were able to increase their income before exiting the program and 23% increased their income by more than 25%. Additionally, 76% of the households were receiving SNAP and 79% were receiving Medicaid.

The County has two service providers that supply Bridge Housing, Brethren Housing Association and YWCA Greater Harrisburg. This activity provides much needed assistance to families that may not be ready to live independently. In FY 18-19, 35 families were served and of those that exited, 60% had a positive housing destination at exit. Remarkably, forty percent were able to obtain subsidized or public housing. Of the 20 families that exited, 35% were able to increase their income and 25% were able to obtain additional mainstream benefits during their time in the program.

Bridge Housing Services:

The YWCA of Greater Harrisburg and Brethren Housing Association provide Bridge Housing services in Dauphin County. At both agencies, families are offered their own unit either in an apartment or in a dorm-like setting. All families are provided case management, and a goal plan is developed that focuses on areas to help the family move toward gaining stable housing. Providers are using trauma-informed care principles, offering the support of resiliency groups, peer support, and on-site mental health services. A continuing trend is that many consumers with mental health diagnoses and substance abuse issues find it difficult to maintain their Bridge Housing placement, because they are not willing to enroll in mental health and/or substance abuse treatment. If a consumer has a criminal history or poor credit, this often creates a barrier in gaining employment and housing. Case managers work with consumers on record expungement, credit repair, and housing search to refer to landlords who are willing to work with consumers with these histories. Providers have also continued to serve an increasing number of parenting youth (between the ages of 18-24) who present a unique set of challenges. Young parents often need intensive case management as they may not have the skills and resources to live independently. Referrals to benefits such as food stamps, medical assistance, subsidized childcare, and document procurement are necessary to help these families begin to move toward self-sufficiency and independence.

Currently, between the two agencies, there is a capacity to serve a total of 58 women and children. Success of the programs are assessed through positive housing outcomes at discharge from the program, increasing income, and accessing mainstream benefits. In the last year, 81% of households

were discharged to stable housing, one-third increased their income while in the program, and 107 mainstream resources were obtained.

Along with Bridge Housing providers, Dauphin County staff has been evaluating the Bridge Housing application process to make access easier for consumers and serve those most in need. Collaboration with the CACH Coordinated Entry Assessment and Referral (CEAR) process has been integral in achieving this initiative. A focus has been placed on families who have exhausted their time in emergency shelter but have not been able to obtain stable housing. These families would most benefit from the extended program time permitted in Bridge Housing to be able to stabilize and secure housing.

No changes are planned to Bridge Housing in FY 19-20.

Case Management:

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

Efficacy of case management services is determined through assessing positive housing outcomes and access to mainstream benefits. In the last fiscal year, 280 households were discharged to stable housing, 97 increased their income, and 167 increased their benefits/mainstream resources while in the program.

No changes are planned to Case Management in FY 19-20.

Rental Assistance:

Christian Churches United implements the HAP Rental Assistance Program in Dauphin County. This program has been successful in preventing eviction through financial assistance for rental arrears and quickly moving families back into housing with financial assistance with first month's rent and security deposits. Last fiscal year, a total of 429 consumers were provided with rental assistance, and 264 families avoided eviction. These numbers are representative of the overall success of the program. In addition, improving skills and accessing mainstream resources is also considered an effectiveness measure for participants. All consumers served must participate in a budgeting/money management session. This helps those that may lack the skills to budget their money and prioritize purchases. Lack of budgeting can often lead to eviction. In addition, unexpected and sudden costs/bills can also cause a family to fall behind on their rent. The lack of affordable housing, as well as landlord

hesitancy to accept Rental Assistance on behalf of consumers, are continual challenges. Consumers are more frequently required to pay application fees, but the imposition of those fees is an additional burden when the applicant is not approved as a potential renter due to barriers such as bad credit, arrearages, and/or criminal histories. As mentioned previously, establishing ongoing business relationships with landlords is vital to the success of the Rental Assistance Program and maintaining landlord relationships. Multiple threats including that some landlords are now asking for both first and last month's rent in addition to a security deposit and established maximum amounts that a consumer may receive are not adequate exacerbates unmet housing needs.

No changes are planned to the Rental Assistance Program in FY 19-20.

Emergency Shelter:

The Emergency Shelter service provides an immediate refuge and housing to individuals and families who have no legal residence of their own. Shelters provide food, support, case management, and programming that promotes self-sufficiency through building life skills. Shelter providers also link participants to mainstream resources and develop strategies to identify and mitigate the circumstances that led to homelessness. Shelter stays are around 30 days with some variance based on the consumer's needs and circumstances. Dauphin County funds four providers for Emergency Shelter Services: Christian Churches United, Catholic Charities of the Diocese of Harrisburg, PA's Interfaith Shelter for Homeless Families, the YWCA of Greater Harrisburg, and Shalom House. Christian Churches United (CCU) provides coordination of the shelter process for Dauphin County for the provision of intake and assessment services as well as for emergency hotel/motel vouchers for families when shelters have reached maximum capacity. CCU makes referrals to the three (3) emergency shelter service providers. Interfaith Shelter for Homeless Families is the only emergency shelter provider in the capital region that serves intact families and male heads of household. Flexible bed space allows the shelter to serve up to forty-five (45) residents. The YWCA serves homeless women and homeless women with children; it has a capacity of twenty (20) beds. Shalom House also serves homeless women and their children and has a capacity of twenty-one (21) beds. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits due to of program participation as well as housing status at exit as reported in Dauphin County's Block Grant Plan. The providers have been successful in connecting consumers to mainstream resources. During the last fiscal year 1,189 resources were secured and maintained by shelter participants. Emergency Shelters are extending shelter stays, in some cases, to provide stability and increased opportunity to successfully accomplish goals to improve services to families experiencing or at risk of homelessness. As a result, when families leave shelter, they are moving in to stable, private housing situations. Emergency shelters are generally seeing the same gaps in services as other HAP components. Waiting lists for transitional housing services, access to affordable housing, finding landlords who are willing to rent to consumers, and the increased requirement of application fees, result in a significant increase in costs to consumers. Consumers are also challenged with barriers such as bad credit, arrearages, or criminal histories which make locating long-term, permanent housing difficult.

No changes are planned to Emergency Shelter in FY 19-20.

Innovative Supportive Housing Services:

Dauphin County does not provide Innovative Supportive Housing Services. The County has not identified opportunities to participate in an Innovative Supportive Housing project. Also, additional HAP funds are not available to Dauphin County to consider this.

Homeless Management Information Systems:

The Capital Area Coalition on Homelessness (CACH) is the lead agency for the HUD Continuum of Care PA 501 and administers the County's HMIS using Bowman Service Point software. HUD, ESG and HAP data are entered into the system. Additionally, Dauphin County's contracts require HAP Provider to use HMIS. The County is currently working with CACH to establish a HAP Block Grant Report in HMIS to eliminate duplicative reporting and data entry and minimize error. It is the goal for providers to be able to generate HAP reports through HMIS. With Dauphin County now having an HMIS Administrator on staff, data and reports can easily be monitored, and the accuracy of reports will improve.

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

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

Case Management and Services Covering the Complete Continuum of Care:

Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the County of Dauphin. Access to assessments for outpatient treatment services can occur either at the SCA offices or at any of the contracted outpatient treatment providers; additionally, outpatient providers are able to screen and assess for all levels of care. The Dauphin County Department of Drug and Alcohol Services' Case Management and Mobile Case Management Units also conduct screenings and assessments for all levels services by appointment, on a walk-in basis, as well as in the community. The SCA also conducts screening and assessment for institutionalized individuals; clients ordered into the county's Drug Court Program; clients involved in other human services or criminal justice agencies, and those in local emergency rooms or the local inpatient psychiatric facility. The Unit also conducts case coordination which includes working with clients on their non-treatment needs. Additionally, the SCA contracts with Hamilton Health Center for a specialty Intensive Case Management program for pregnant women and women with children up to 5 years of age. The SCA contracts with a network of treatment providers for all levels of care for Dauphin County residents that are both uninsured and under insured. This includes access to Medication Assisted Therapy for any approved medication as determined by the client and provider for opioid use disorders as well as alcohol use disorder.

The SCA contracts with a network of community and school-based providers to perform prevention services in the six federal strategies of prevention which include: information dissemination, education, alternative activities, problem identifications and referral, community-based process, and environmental strategies. The SCA also maintains a resource center and serves as a training hub for D & A professionals and other social service professionals by providing free Pennsylvania Certification Board approved trainings throughout the fiscal year. The SCA also provides Student Assistance Program Liaison services to all eleven Dauphin County school districts in every high school and middle school in Dauphin County as well as some elementary schools, as requested, which include assessments, referrals to treatment and supportive services, and follow-up, as needed.

The SCA has a host of ancillary services provided to clients to assist with their non-treatment needs and for special populations. This includes intervention level services for youth with SCA collaboration with Juvenile Probation which instituted the Interrupted Program. The SCA in connection with Children & Youth and other community relationships developed a Holistic Family Support Program

that includes an intensive case management, prevention, treatment, and recovery support for any member of the Dauphin County community with needs in the area of substance use disorder, but particularly engages expecting mothers and mothers or fathers with children, and seeks to address the whole person in the community setting with family involvement. The SCA is also involved in a myriad of programs to assist those with substance use disorders connected with the criminal justice system. These programs include the SCAs efforts with Team MISA (Mental Illness, Substance Abuse) involving individuals in Dauphin County Prison (DCP), the Bail Review Team, and Case Management Services, as individuals move through the criminal justice process and may be ordered to DCP, Work Release, and/or Probation Services. The SCA also provides School-based treatment services, Outpatient and Intensive Outpatient services onsite at the Dauphin County Work Release Center, and diversion to treatment opportunities at the County's Judicial (centralized booking) Center. In addition, we continue our work with the HOPE (Heroin, Opioid, Prevention and Education) Collaborative under the County's Criminal Justice Advisory Board (CJAB) in which we again obtained a grant for the Jail Vivitrol Program which offers Vivitrol Services as a part of a comprehensive treatment plan to criminal justice involved clients. The SCA, after exploring the creation of drug and alcohol school-based services, currently contracts with a provider to offer services in all eleven school districts in Dauphin County.

Dauphin County Drug and Alcohol Services has, and will continue to, engage and refer individuals to both of the Centers of Excellence (COE) located within Dauphin County. Both COE entities participate in various committees and collaborative efforts including the HOPE Collaborative.

To assist in the coordination of care across the system, the SCA is a leader within the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization (MCO), Perform Care. This serves as an ongoing resource for treatment services. Moreover, the SCA Director (currently vacant) is a representative on the CABHC Board of Directors as well as the Drug and Alcohol Reinvestment Committee. Ongoing reinvestment projects include recovery support services as well as buprenorphine and Vivitrol coordination services through the RASE Project. Reinvestment dollars have provided County startup funds for a female recovery house and a recovery center. Additional plans include hiring Certified Recovery Specialists (CRSs) and embedding CRS services within the SCA which is made possible thanks to a Case Management Expansion Grant from DDAP. This is another step toward having CRS support services closer to becoming an in-network, billable service within the MCO.

The coordination of care across the system is, in part, executed through its various committee engagements and community involvement. The SCA is part of the, Cross-Systems Children's Supervisor's Group, Family Group Conference and Family Engagement committees, Hamilton Health's Healthy Start Consortium, Northern Dauphin Human Services Advisory Panel and Superintendent's meeting, Systems of Care Community Engagement Committee, Family Engagement Committee, Youth Engagement Committee and Faith Based Committees, DDAP's Prevention Data Work Group, DDAP's Needs Assessment Team, C&Y Stakeholders meeting, Juvenile Probation Leadership Meeting, Pennsylvania Prevention Directors Association (PPDA), Dauphin County Prison Board, Dauphin County Prison Treatment team, Dauphin County Drug Court, Dauphin County Reentry committee, and Dauphin County Criminal Justice Advisory Board (CJAB). Staff members in the SCA also attend stakeholder meetings for Veterans Court, local community coalitions, and communities that care meetings as needed for technical assistance and resources. Additionally, the SCA participates in the annual Homeless Connect Program, sponsored by the YWCA, and continues to meet with the County's MH/A/DP Department and Case Management Unit

for Mental Health on collaboration and coordination for individuals with co-occurring disorders. We continue to host the combined MH/A/DP and D&A annual providers meeting.

Treatment and Case Management Data

1. Waiting List Information:

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

**Used average weekly wait time

Note: Due to Detox expansion and new services locally for MAT we had zero wait due to bed availability.

2. Overdose Survivors' Data:

According to the Dauphin County Coroner's report, there have been significant increases in Drug-Related Overdose deaths. Six years of data shows 46 deaths in 2013, 54 in 2014, 74 in 2015, 90 in 2016 and 104 in 2017 and 128 in 2018.

In response to this crisis, Dauphin County D&A has continued to enhance its practices to include a 24/7 screening, assessment, and referral process through the mobile case management unit. The SCA has contracted with the Medical Bureau Answering service to provide answering services outside of normal business hours. Upon receiving a call, the Medical Bureau provides immediate answering and contacts the on-call Case Manager within 15 minutes. The Case Manager then calls the referring individual or entity and begins the process of screening, assessment if necessary, and/or conducts a bed search with direct referral to a detox facility. We also get direct calls from our local hospital systems. We continue to meet with each Emergency Department and both hospital systems to ensure we are contacted immediately. In the current fiscal year, thus far, the data includes the following:

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
52	32	3	128 in 2018 calendar year

3. Levels of Care (LOC):

The SCA contracts with numerous providers to offer a full spectrum of care to adult and adolescent clients. DDAP identified priority populations and SCA identified specialty populations are served, including those with co-occurring diagnoses, the Latino population, those involved with the Criminal Justice systems, and Pregnant Women/Women with Children

(PWWWC), are provided screening and assessment which may also occur in the SCA offices, in a contracted provider's office, within the Adolescent School-Based Treatment, Criminal Justice Re-entry, and on-site in a host of locations within the community. In the upcoming fiscal year, the SCA hopes to contract with a provider to offer treatment and re-entry services within the Dauphin County Prison.

LOC	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2 location 2 providers	0	n/a
4	2 location 2 providers	0	4
3.7 WM	9 providers 15 locations	1	n/a
3.7			n/a
3.5	15 providers 32 locations	3	13
3.1	5 females 6 males	1 female 1 male	0
2.5	2 providers 3 locations	1 provider 2 locations	0
2.1	10 providers 15 locations	10 providers 15 locations	2
2.1 (Adolescent)	5 providers 5 locations	5 providers 5 locations	1
1 (Adult)	9 providers 15 locations	9 providers 15 locations	2
1 (Adolescent)	7 providers 9 locations	7 providers 9 locations	2
1 (Adolescent School-Based Treatment)	3 providers 11 Districts 23 Buildings	3 providers 11 Districts 23 Buildings	1
OTP	6 providers 6 locations	6 providers 6 locations	n/a
Screening and Assessment	10 providers plus the SCA 16 locations plus the SCA	10 providers plus the SCA 16 locations plus the SCA	n/a

Note that levels of care with an asterisk (*) are not funded from the Human Services Block Grant; these services are made available by funding from other sources; however, one contracted provider is funded for Medication Assisted Treatment (MAT) through HSBG. Other MAT services are available utilizing other funding streams. Additionally, many contracted providers are using evidence-based practices and programs such as Motivational Interviewing (MI), Cognitive Behavior Therapy (CBT) and Contingency Management (CM), and several SCA staff members have been trained in these models as well.

4. Treatment Services Needed in County:

In the overview of SCA services, it was noted that there will be a Recovery Center in Dauphin County located on Walnut Street in Penbrook Borough, just outside the City of Harrisburg. Renovations are still underway, but substantial progress has been made this year. An official opening date has not yet been set, but plans are to open as soon as possible for the Recovery Housing as well as a Recovery Center. This will be a tremendous benefit in serving the needs of our County. In addition, the SCA, as stated earlier, is involved in reinvestment projects through CABHC. This year will seek an expansion in recovery services--specifically Dauphin County will be sending out proposals for a recovery house for pregnant women and women with children, and additional funds will allow for embedding CRS's in case management services across need area. There is still a need in Dauphin County for Pregnant Woman and Women with Children in need of non-hospital residential treatment, recovery housing, and halfway house levels of care. In addition, a program that addresses LGBTQ issues, elderly issues, homeless issues, and an adolescent inpatient facility could help to support growing needs in the community. We are also in need of programs that accept individual with complicated medical issues, across all populations served. The SCA continues to look for collaborative and grant opportunities to meet these needs.

In addition, SCA employees, as well as our local provider community, remains in need of ongoing ASAM Training. To date there are four new employees needing ASAM training, and seven employees have been trained. The SCA will be requesting funds through DDAP to enable us to conduct an ASAM training locally, in the near future. According to our provider network, they have 40 individuals yet to be trained. Training is slated for June 14th, 2019. On a positive note, 244 professionals in the provider community have been trained to date.

5. Access to and Use of Narcan in County:

Dauphin County SCA has joined with the Dauphin County District Attorney's Office in conjunction with the CJAB and the HOPE Collaborative for access and distribution of Narcan. The District Attorney's Office and South Central EMS through grants is ensuring that Narcan is available to all EMTs, fire, and ambulance crews in Dauphin County to have this life saving medication. Stakeholders met with the local police departments to ensure that every municipality as well as state police officers have this life saving medication, as well. Training has been provided previously by the SCA to County Probation Services officers, and all adult and juvenile officers carry this medication. The SCA conducted its County training for drug and alcohol professionals and offered additional community training in past fiscal years. In those trainings, the SCA had contracted with 2 local pharmacies to have a pharmacist on-site to distribute one dose to each participant following the completion of the training that includes education on how to administer the lifesaving drug, tools to recognize the signs and symptoms of overdose, offers resources for families, and shares prevention information. County policy remains in developments for human service departments to be issued and carry Narcan.

6. County Warm Handoff Process:

The Dauphin County Drug and Alcohol Department has an internal Mobile Case Management Unit that was designed to ensure a seamless Warm Handoff process to ensure individuals have access to treatment services after an overdose. We also use this process for individuals admitted to the hospital with any SUD concerns. We serve all three hospital locations within Dauphin County. This includes Penn State Hershey Medical Center as well as UPMC Pinnacle at Harrisburg and at UPMC Pinnacle at Community General Osteopathic.

Warm Handoff Data:

	FY 17/18	FY18/19* (to date)
Number Served	171	122
Number Entering Treatment	79	60
Number Completing Treatment	54	29

Please identify Challenges with Warm Handoff Process Implementation:

At times, individuals are still not being routed to the hospital after an overdose. EMS teams cannot transport survivors to the ER after a reversal when the individual refuses. Additionally, when asked by ED staff, individuals refuse to meet with the Warm Hand Off team, the mobile case managers aren't even being given a chance to converse with those in need or refer CRS supports to discuss options.

Prevention

In response to changing needs in prevention/intervention/support services as well as treatment and recovery services, the SCA utilizes evidence-based programs and practices and continues to search out innovative and promising programs and practices. Most recently Dauphin County has been one of the counties nationwide that is focused on addressing the Opioid Epidemic within the Prevention system not just the treatment system. In response to this, a needs assessment has shown that concerns are consistent across all demographics of the county. As part of its prevention plan, the SCA hosted several assemblies, community task forces, and parent meetings that assisted in the development of a program titled "What about my Child" (What every parent should know about drugs, alcohol, signs, symptoms, and the sub-culture). The SCA also hosted 3 Town Hall meetings in the FY 2016 – 2017, which pioneered several task force and parent groups at the grassroots level. These groups have started to mobilize their communities at the local/community level. The prevention team through community-based processes provides these groups technical assistance, guidance, and resources throughout the County using the Strategic Prevention Framework (SPF).

Before the conclusion of FY 2017-2018, the SCA will have conducted 6 focus groups that are part of the prevention needs assessments. The meetings will be call Town Talk Backs (for adults) and Teen Talks (for youth) and will be offered in each of the three sections of the County: Northern, Central and Lower parts of the county.

As a part of making our County stronger, more cohesive, and supportive (especially to our youth, to those in recovery, to overdose victims, and to the families effected by addiction and overdose), the SCA has been building an elite group of volunteers. These volunteers come from the public and faith-based community and are trained by the SCA to be able to test to become Certified Recovery Specialists (CRS). These volunteers are trained as rigorously as staff and providers. They test and then are deployed, as needed, with the mobile case management unit and within the community to support individuals on their recovery journey and to mobilize communities. This year, several community members, who have been in stable recovery and/or are parents/family members to those in recovery, have joined this elite group of volunteers. In FY 17-18, the SCA trained a cadre of 25 CRS's in the Evidence Based Practice of SMART Recovery who will begin independent recovery support groups for adults, parents, and teens. At the end of the current FY 17-18, there will be 77 Certified Recovery Specialists trained by the SCA. In the next fiscal year 18-19, the SCA plans to

offer the Certified Family Recovery Specialist (CFRs) program to an additional 30 individuals. These individuals will come from the many grassroots coalitions that have formed after the past years successful Town Hall Meetings. Along with this initiative, the SCA continues to meet quarterly with its Recovery Orientated Systems of Care (ROSC) group to ensure quality services to help our communities. The SCA continues to support and disseminate information about existing support groups in this community geared to sober living: Alcoholics Anonymous, Narcotics Anonymous, Alanon, Alateen, Naranon, Narateen, Celebrate Recovery, and Overcomers. The SCA also partners with RASE Project to direct Recovery Coaching, Life Skills Groups, Recovery 101, and a special youth recovery group that falls just beyond the realm of tertiary prevention and into intervention as to serve anyone who is struggling with choices in our County.

Emerging Youth Trends, according to Student Assistance Program (SAP) Use Report for FY 2016-2017, suggest that marijuana, alcohol, and tobacco are the most self-reported substances used among youth attending school followed by narcotics, synthetic marijuana, and hallucinogens. However, the SCA is currently part of the DDAP pilot project of Needs Assessment in conjunction with the Pennsylvania State EPIS Center. The preliminary data analysis is revealing Alcohol, Opioids, and Marijuana as the top three substance use concerns in our County for both youth and adults. The SCA is looking forward to the 2017 PAYS data for analysis which will be released soon. One concern from the 2017 survey was that 12.7% of students reported vaping/e-cigarette use and from that number 24.1% of youth reported they did not know what substance was in vaping device. The SCA Prevention staff is currently engaging with Penn State Hershey Medical Center related to a research study on this problem. The prevention staff have been conducting research and developing informational sessions to update the Interrupted: Tobacco curriculum to address this concern. Youth have reported experimenting with synthetic marijuana, over the counter drugs, narcotics, and hallucinogens according to the 2015-2016 SAP use reports. The number of SAP assessments for FY 2014-2015 was 131, for FY 2015-2016 was 122, for FY 2016-2017 was 132 and for FY 2017-2018 was 144.

County-wide summation of PAYS data shows that, for lifetime use, 36.7% of the students use alcohol, 14.5% nicotine, and 14.8% marijuana. The reported past 30-day use included alcohol as number one at 14%, followed by marijuana at 8.1%, and nicotine at 3.9%. In 17-18 school year, SCA SAP data shows that 144 students were assessed of which 62% white, 22% black, 8% Hispanic, 6% other, and 1% Asian. The SCA has seen 96 students in the current school year.

Prevention Risk Factors include: perceived risk of drug use, parental attitudes favorable toward drug use, low neighborhood attachment, community disorganization, availability of alcohol, tobacco, and other drugs (ATOD), lack of clear, enforced policy on the use of ATOD, laws and norms favorable to Substance Abuse, lack of clear, healthy beliefs and standard from parents, Schools and communities, perceived availability, availability of ATOD in School, favorable attitudes toward Substance Use, family management problems, and lack of monitoring/supervision. Many of these will change in the onset of the new fiscal year with updates on data and changes to the needs assessment process.

According to 2017 PAYS data, Dauphin County's three highest risk factors were: perceived risk of drug use (50% of students at risk), parental attitudes favorable toward antisocial behavior (46% at risk), and low neighborhood attachment (45% of students at risk).

Prevention Protective Factors include: community bonding, community supported substance abuse prevention efforts and programs, availability of constructive recreation, social bonding; reinforcement

for pro-social involvement, extended family networks, social competence, and pro-social opportunities.

According to 2017 PAYs data, Dauphin County's lowest protective factors were: community rewards for pro-social involvement (42% with protection), religiosity (44% with protection), and school opportunities for pro-social involvement (51% with protection).

Recovery-Oriented Services

Recovery services are an important aspect of the Dauphin County SCA. A formal framework to provide recovery services has been developed through contracts with Recovery Organizations as well as ongoing Certified Recovery Specialist Training and their deployment within the County. Research has shown that supporting clients in their recovery journey helps reduce recidivism and makes better use of the limited funds available. Recovery builds on a person's strengths, values, and resiliency addressing the whole person and their community and is supported not only by the SCA but by the family and friends as well as recovery organizations and grassroots supports within the community at large. Though many of the SCA clients are involved with the criminal justice system and have received prior treatment, recovery supports aid in addressing their continual growth, health, and well-being.

The SCA contracts with the RASE Project (Recovery – Advocacy – Service – Empowerment) for recovery support services. In FY 2016-2017 the contracted programs within this organization served over 780 Dauphin County residents with recovery services. These two programs are called Recovery Community Project and Bridges. The programs provide the following services and BHSI and Act 152 funds will be utilized for the following services:

- One-on-one Recovery Coordination Services (RCS) for individuals with a history of chronic relapse, significant family of origin deficiencies, extensive periods of incarceration, or pressing personal needs.
- Life Skills classes which provide educational skills that individuals need in everyday life.
- Recovery 101 support groups-Classes that are interactive and provide the fundamental tools to begin and maintain recovery.
- Recovery check-up services at identified local outpatient providers.
- Outreach services and distribution of recovery materials.

Program descriptions

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

Total to be served: 2000 Budget: \$20,000.00

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

Total to be served: 30 people Cost: \$ 1,000.00

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

Total to be served: 250 Cost: \$60,000.00

Suboxone Opioid Treatment Services – Suboxone providers will assist in providing medicated assisted treatment by providing the initial medical assessment, suboxone, and ongoing drug screens. All individuals must be actively participating in or recently completed some form of drug and alcohol treatment, as further defined by the ASAM (American Society for Addiction Medicine) placement manual as implemented by the Pennsylvania Department of Drug and Alcohol Programs. These individuals will receive case management services from Dauphin County Drug & Alcohol Services.

Total to be served: 20 Cost: \$40,000.00

Levels of Care

- **Clinically Managed Low-Intensity Residential Services** - A community based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment.

Total to be served: 3 - Cost est.: \$22,500.00

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

Total to be served: 67 - Cost est.: \$83,750.00

- **Clinically Managed, High or Highest-Intensity Residential Services** - A residential facility that provides 24-hour professionally directed evaluation, care and treatment for individuals in acute or chronic whose addiction symptomatology is demonstrated by moderate or severely impairment of social, occupational or school functioning, with rehabilitation or habilitation as a treatment goal.

Total to be served: 42 - Cost est.: \$201,463.00

Outpatient Services

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

Total to be served: 488 - Cost est.: \$61,000.00

Case Management

- **Case Management Operating Expenses** - Dauphin County Human Services plans to build an Integrated Data Platform across all human service departments and over time including probation services. Integrated client views and cross-system data dashboards will enable data-driven decisions across all human services systems. Since 1 in 4 PA citizens receive federal Health and Human Service benefits, its critical at the local level to provide holistic services to meet an individual's needs while analyzing program overlaps and gaps in services. In addition, the ability to monitor and implement strategic outreach and program efforts within targeted areas across Dauphin County will aide in customer service. This process will assist consumers

in receiving the right services at the right time and aid the teams working across service systems.

To be transferred to HSDF- Cost: \$26,000.00

- **Case Management Services** – The Case Management units within the SCA are involved in a process improvement project that had led to a system-wide change in the way the teams conduct business. Screenings, assessments and referrals will continue; however, Case Management services and supports will now be offered to all residents. This case management will consist of 3 levels of care with the lowest level 1 being the least intensive to level 3 intensive case management.

To be served: 348 Case Coordination Cost is estimated to include at a minimum: \$145,595.00

- **Recovery Support Services** - These services support individuals in recovery from substance use disorders. These services include recovery coaching, recovery planning, and recovery life skills classes.

To be served: 285- Cost: \$100,000.00

Administration

Lastly, the SCA will retain some funding for administrative costs to administer, monitor, and evaluate these services (\$135,000.00). Notable changes from previous FY include the shifting of funds from the County's Drug Court program to the Judicial Center in part because of increased funding opportunities from other sources for the County's Drug Court program. Additionally, Partial Hospitalization services have been removed, although still offered through other funding sources provided to the SCA.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Administration

The activities and services provided by the Human Services Director's Office warrant a dedication of \$24,853.00 to this area including any management activities pertaining to County Human Services provided by Area Agency on Aging, Children and Youth, Mental Health/Autism/Development Programs, Drug and Alcohol Services, and Human Services Development Fund. Those management activities include a comprehensive service and needs assessment, planning to improve the effectiveness of county human services categorical programs, analysis of training and inter-agency training programs, assessments of service gaps or duplication in services, creation and evaluation of collaboratives with community organizations relative to the human services provided across the county, and management activities dedicated to the development and enhancement of organizing the county human service programs.

In addition, these areas include partial salary funding for staff members associated with the Human Services Development Fund including those responsible for tracking, invoices, receipts and disbursements, and contract monitoring.

Adult Services:

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information

and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

Program Name: Christian Churches United

Description of Services: Provides service planning and direct case management services. These services include intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency case management services include: coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions and utilities assistance. We have dedicated \$5000.00 for this service.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Program Name: The Shalom House Emergency Shelter

Description of Services: Provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization's model is built upon the premise of self-empowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future. We have dedicated \$4000.00 for this service.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Agging Services:

Program Name: N/A

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

Dauphin County is not funding Agging Services through HSDF in this current plan.

Children and Youth Services:

Program Name: N/A

Description of Services: Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Dauphin County is not funding Children and Youth Services through HSDF in this current plan.

Generic Services:

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

Program Name: CONTACT Helpline (also our region's 211 provider)

Description of Services: Provides supportive listening as well as health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. Contact Helpline is the only 24-hour non-emergency service in Dauphin County with volunteers answering the phones and immediately assisting callers. They provide specific active listening services as needed for anonymous callers, as well. We have dedicated \$8000.00 for this service.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Program Name: The International Service Center

Description of Services: Consists of a multi-lingual team of part-time staff and volunteers to provide vital information including language support and information and referral (I&R) services to refugees, immigrants, and citizens in Dauphin County. This organization is available to interpret over 40 languages and connects those in need directly with information and referral to critical services for individuals and families. We have dedicated \$1000.00 for this service.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Specialized Services:

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

Program Name: Central Pennsylvania Food Bank

Description of Services: This provider meets a unique need, which our other categorical programs are unable to satisfy. The Central Pennsylvania Food Bank has established a food pantry in the Northern Dauphin Human Services Center in rural Elizabethville, PA. Since opening in January 2009, the food pantry has serviced an increasing number of households/individuals. The Federal Poverty Guidelines is 150% based on the Department of Agriculture's Guidelines issued annually. We have dedicated \$90,000.00 for this service.

Program Name: Northern Dauphin Transportation Program

Description of Services: This is a new initiative in the northern rural area of Dauphin County. We were not able to secure a provider until this current planning year. Under this initiative, the program was granted Restricted and Gaming Funds for the purchase of a van for an entity to manage coordinated trips to doctor's appointments, grocery shopping, trips to the pharmacy, library visits and general unmet necessary transportation. The program will be coordinated and managed by a non-county entity and will solicit volunteer drivers, similar to our township/borough managed older citizen transportation program across the county. We plan to contract with Tri-County Community Action, who will plan and coordinate needed trips for residents across the vast Northern Dauphin County area. \$14,000.00 will be dedicated to this service-coordination effort.

Interagency Coordination

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

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

Also included is support funding for our Systems of Care program in the amount of \$1000.00, which enables community-based organizations, faith-based groups, as well as parents and youth to plan together and develop volunteers, create needed events in collaboration with local schools, hold an annual youth and adult job fair, and arrange a County-wide recovery day. In addition, funds support alternative programming like the Summer Youth Drop-in Centers for kids at risk of getting in to formal human service and juvenile justice systems.

Lesser amounts of funding are used for the following: Northern Dauphin Human Services Center for various community events such as a Women's Health Event, Men's Health Event, Early Reading/Literacy Program, and a Family Day Event which all engage the community in learning about resources and community-focused solutions across all human service areas and needs. The United Way of the Capital Region oversees a collaborative effort across three counties (Cumberland, Perry and Dauphin) for an ongoing Community Dashboard. Dauphin County dedicates \$2500.00 for this activity which reduces the excessive costs of annual community needs assessments.

The Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg to qualify for U.S. Housing and Urban Development Continuum of Care funds. CACH educates and mobilizes community members and organizations. They also provide service coordination to prevent and reduce homelessness throughout the capital region. Dauphin County commits \$1000.00 for those CACH activities. Outreach Materials in the amount of \$300.00 is used for events and to share information and contacts on all County Human Services departments and events or trainings. Training, Strategic Planning Initiatives, and Contingency provides opportunities with both formal and informal systems in planning together to ensure gaps are addressed and resources are used within the County in the most effective and efficient manner. These planning processes are identified throughout the year, as needed, across all of Dauphin County.

Human Services Integrated Data System:

Dauphin County Human Services is nearing the end of the three-year funding plan and, once complete, will incur only maintenance costs for the integrated dashboards using HSBG and other potential funding this fiscal year to build an Integrated Data System across all Human Service departments and including Booking Center data, Prison data, and Probation Services data. An integrated client view and crosssystem data dashboards will enable data-driven decisions across all Human Services systems. Since 1 in 4 PA citizens receive Health and Human Service benefits, it's crucial, at the local level, to provide holistic services to meet an individual's needs while analyzing program overlaps as well as gaps in services. In addition, the ability to monitor and implement

strategic outreach and programming efforts within data identified targeted areas across Dauphin County will aid in customer service. This process will assist consumers in receiving the right services at the right time and aid the teams working across service systems. Future funding will be utilized for a maintenance contract with Deloitte Development LLC to utilize the Dauphin County Human Services Integrated Data and Dashboards.

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT)

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

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents

with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

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

Homeless Assistance Program

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Innovative Supportive Housing Services

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

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction

symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Warm Handoff

Direct transfer of overdose survivor from Emergency Department to drug treatment provider.

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of

instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

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

Specialized Services

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

ATTACHMENT #1A



The Patriot News
LEGAL AFFIDAVIT

AD#: 0008758998

Commonwealth of Pennsylvania,) ss
County of Cumberland)

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

The Patriot News 08/30/2018

Principal Clerk of the Publisher

Sworn to and subscribed before me this 31th day of August 2018

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Donna M. Maldonado, Notary Public
Dauphin County
My commission expires November 5, 2021
Commission number 1252842
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Public Notice

Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled a public meeting for the purpose of developing and receiving public input regarding Dauphin County's Human Services Block Grant Plan. The next meeting will take place on September 14, 2018 at 10 a.m. to be held on the 7th floor of the Dauphin County Human Services Building, 25 S. Front Street, Harrisburg, PA 17101.

By Order of the Dauphin County Board of Commissioners
Chad Soyler, Chief Clerk

ATTACHMENT #1B



The Patriot News LEGAL AFFIDAVIT

AD#: 0009189153

Commonwealth of Pennsylvania,) ss
County of Cumberland)

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

The Patriot News 06/06/2019

Victoria Soto

Principal Clerk of the Publisher

Sworn to and subscribed before me this 7th day of June 2019

Crystal B. Rosensteel

Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Crystal B. Rosensteel, Notary Public
Susquehanna Twp., Dauphin County
My Commission Expires June 27, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Public Notice

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By ORDER OF THE DAUPHIN COUNTY BOARD OF COMMISSIONERS, Chad Saylor, Chief Clerk/Chief of Staff

ATTACHMENT #2

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

September 14, 2018

AGENDA

- I. Introduction of Committee Members
- II. Old Business
 - A. County Updates
 - HSDF-----Randie Yeager
 - MH/ID/HAP-----Dan Eisenhauer
 - Drug and Alcohol-----Robin Skiles
 - B. Other Related County Department Updates
- III. New Business
- IV. Comments from the Committee
- V. Public Comment
- VI. Adjournment

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

September 14, 2018

In attendance: Scott Burford, Randie Yeager, Kacey Crown, Dave DiSanto, Paul Boyer, Sherry Clouser, Sam Priego, April Rudick, Paula Ruane, Rocco Cambria, Annmarie Kaiser, Darryl Reinford, Todd Singer, Rev. Philip Deal, Robert Burns, Beth McAlister.

The meeting was opened by Scott Burford. The Commissioners approved the FY'18-'19 plan. It is posted on our website. Randie, April, and others are working on the funding formula. April has been diligently working on effectiveness measures for each block grant funded program and this date will be incorporated into the funding formula.

HSDF update provided by Randie Yeager:

With \$109,000, we served 3599 people. CONTACT Helpline assisted 1337 individuals, Northern Dauphin Food Pantry served 1203 individuals and 400 families. The Food Bank is using a survey with questions such as "is your appetite satisfied with the food you have been allotted? This will help us survey clients and measure effectiveness. The received 103 questionnaires back from consumers.

Northern Dauphin Transportation is receiving a gaming grant for transportation for 18-59-year old's who are not authorized to receive other transportation services. The van was purchased last week. Tri County Community Action is our provider. We will have a soft launch in probably 4-6 weeks. HSDF funds will be used for the first year for coordination efforts.

D&A update provided by Sherry Clouser:

During Fiscal Year 2017/2018, the Department served the following:

- 1,934 individuals with screening, assessment, case management, and treatment services
- 52 individuals with intensive case management services (with 126 attending life skills classes and 20 holistic support clients)
- 34 individuals with adult recovery coaching services (with 198 in Recovery 101 classes and 223 in life skills classes)
- 206 individuals with adolescent recovery services in the youth groups
- 26 individuals with emergency shelter averaging 24 days
- 26 individuals with hotline/crisis services
- 1,997 individuals with outreach services (with 1,500 being 55 & under and 497 over 55)
- 66,902 attended prevention events
- 9,518 (unduplicated) attended prevention programs
- We are again starting the Pregnant Women with Children program.

- We have been meeting with Systems of Care and Certified Recovery Specialists from Gaudenzia to get them ID tags in the hospitals
- We had two Police Departments and one Emergency Management System ask for Warm Hand Off Education.
- Recovery Day is Sept. 29 at the Harrisburg East Mall from 11-3.
- There will not be CRS training for this year. We currently have 70 now. We are going with the Certified Family Recovery Specialist training.
- We are also working on a combined CYS & D&A referral for Certified Recovery Specialists. Tynasha will coordinate these referrals.
- Met with Northern Dauphin Health Initiative and setting up training for doctors on counseling, aftercare and medicine.

MH/ID update provided by Dave DeSanto:

We are entering our 7th consecutive FY of flat funding for the MH/ID and HAP programs following a 10% reduction in funding in FY 12-13. This is impacting our ability to keep pace with competitive wages and our capacity to meet the demand for services. Also, we are seeing workforce shortages in direct care positions in the ID program and in master's level clinician advanced degree positions in the MH field.

MH

- We are continuing to expand our efforts to increase referrals for our First Episode Psychosis Grant program, a partnership between Dauphin County MH, CMU, PPI, and the YWCA Supported Employment Program. We are coordinating with surrounding counties to offer FEP grant services to residents in Cumberland and York Counties.
- We continue to focus on increasing affordable housing options. We are seeing success with our Bridge Rental Subsidy program and our long-standing Shelter + Care program, both in collaboration with the Housing Authority of the County of Dauphin.
- We continue to work on efforts around the recommendations in the Stepping Up report to reduce the number of people with serious mental illness in Dauphin County prison.

ID

- The ID Department is now fully staffed.
- We recently started our 3rd Project Search cohort with Dauphin County serving as the site for intern rotations. We continue to see positive outcome for Project Search participants gaining competitive employment.
- ID and CMU are working conjointly on developing risk management protocols to identify persons at high risk for certain medical conditions that are prevalent in the ID consumer population, particularly those served in residential programs. This includes better tracking of monitoring, action steps and follow up action's providers need to take for medical care.

Crisis

- Crisis still has two 2nd shift vacancies. Crisis has made offers of employment for those two positions
- Crisis received a full license from OMHSAS during the last licensing on site visit.

HAP

- We have hired a new Grants Management Coordinator (Angela Susten) whose responsibilities include oversight of the HAP Program.
- HAP providers continue to see high demand for services and limited resources.
- We are in discussion with some HAP providers about aligning the priority for HAP services with HUD mandated Coordinated Entry processes for programs funded by the HUD continuum of care, meaning we are considering whether some HAP funded programs should change admission criteria to only serve people who are literally homeless or fleeing domestic violence. HAP funded Bridge Housing programs have significant waiting lists and shelters are generally operating at full capacity.

Early Intervention

- We have been moving forward with the Grant that Dauphin County received from the Pritzker Children's Initiative Network in partnership with the National Association of Counties. The long-term goal is to improve kindergarten readiness by reducing suspensions and expulsions in childcare settings.
- Short-term, we are coordinating the efforts of early childhood professionals in the County through our Stakeholder Group; we are raising awareness of Positive Behavior Interventions and Supports (PBIS) and the importance of social-emotional development in infants and toddlers for childcare providers and families with young children; and we are making sure that the community is aware of Early Intervention as a support service.
- EI supports child development by working with children who have developmental delays and their families and child care providers. It can also support child care staff with training about a variety of special needs.
- The Grant activities completed to date are the ongoing Stakeholder Group meetings; the Community Profile that contains data specific to the needs in Dauphin County; a Listening Session for child care providers in the Harrisburg area to hear the successes and challenges of managing behavior and avoiding the suspension/expulsion of young children; and the PBIS and SE Behavior trainings planned for child care staff and families with young children on September 15th and October 6th.

Meeting Adjourned.

HUMAN SERVICE BLOCK GRANT MEETING DATE: 9/4/18

Last Name	First Name	Organization	Address	Phone	email	Initial
Boyer	Paul	SCCAP Dauphin County Assistant Chief Clerk	2 S. 2nd Street, 4th Floor, Harrisburg PA 17101	952-0389	paulboyer@sccap.org	P.B
Burford	Scott	Dauphin County AAA Administrator	2 S. 2nd Street, 3rd Floor, Harrisburg PA 17101	780-6300	sburford@dauphinc.org	
Burns	Robert	Provider-AHEDD Retired CEO	117 Sunset View Drive New Cumberland, PA 17070	780-6315	rburns@dauphinc.org	RR
Cambria	Rocco	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	503-0317	rocco-cambria@ahedd.org kcrown@dauphinc.org	
Crown	Kacey	Beulah Baptist Church	100 Livingston Street, Steelton, PA 17113	780-6296	Beulahbc@comcast.net	
Deal	Rev. Phillip	Dauphin County MHID Administrator	100 Chestnut Street, 1st Floor Harrisburg, PA 17101	717-939-5880		
Eisenhauer	Dan	Dauphin County Solicitor Dauphin County C&Y Administrator	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-7050	deisenhauer@dauphinc.org	
Lighty	Fred	Dauphin County HSDO	1001 North 6th Street Harrisburg, PA 17101	780-6296	flighty@dauphinc.org	
Kaiser	Annmarie	Provider-NHS Dauphin County D&A Administrator	460 W. Perry St. Enola, PA 17025	780-7200	akaiser@dauphinc.org	
McAlister	Beth	Dauphin County HSDO	1100 South Cameron Street Harrisburg, PA 17104	368-0446	bmcalist@hansonline.org	BR
Priego	Sam	Provider-Gaudenzia	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	635-2254		
Ruane	Paula	Dauphin County HSDO	2930 Derry St. Harrisburg, PA 17111	780-6296	spriego@dauphinc.org	S.P.
Rudick	April	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	579-2115	pruane@gaudenzia.org	APR
				780-6296	arudick@dauphinc.org	

HUMAN SERVICE BLOCK GRANT MEETING DATE: 9/18/18

Last Name	First Name	Organization	Address	Phone	email	Initial
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Deal	Rev. Phillip	Dauphin County MHID Administrator	100 Chestnut Street, 1st Floor Harrisburg, PA 17101	717-939-5880	Phillip Deal@comcast.net Beulahbc@comcast.net	MD
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Rudick	April	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	579-2115	arudick@dauphinc.org	AR

Last Name	First Name	Organization	Address	Phone	email	Initial
Reed	Diane	D&A Consumer	4804 Sweetbrier Terrace Harrisburg, PA 17111	576-5780	drrmgrands@comcast.net	
Reinford	Daryl	CCU	413 S. 19th St. Harrisburg, PA 17104	238-2851	dreinford@cculhbg.org	
Skiles	Robin	Dauphin County Department of Drug & Alcohol	1100 S. Cameron Street Harrisburg, PA 17104	717-635-2254	rskiles@dauphinc.org	
Slavik	Francinr	ARC	2743 North Front St. Harrisburg, PA 17110	(717) 238-7101 ext. 134	francine.slavik@arcfamily.com	
Singer	Todd	D&A Advisory Board	1030 6th Avenue Steelton, PA 17113	986-1171	t.singer@afscme13.org	
Wintermyer	Jen	Tri County Community Action Dauphin County Human Services Director	514 Derry Street, Harrisburg, PA 17104 2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	232-9757	jwintermyer@cactricounty.org	
Yeager	Randie			780-6295	ryeager@dauphinc.org	
Clouser	Sherry	DC D+A		635-2254		AC

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Rudick	April	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	579-2115	arudick@dauphinc.org	

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

June 21, 2019

In attendance: Randie Yeager, Kacey Crown, Dan Eisenhauer, Paula Ruane, Rocco Cambria, Fred Lighty, Robert Burns, Brian Ham, Sam Priego, Rick Vukmanic, Rebecca McCollough, Darian.

The meeting was opened by Scott Burford.

Randie Yeager provided an update on the HSDF Budget:

Northern Dauphin Food Pantry	1222 unduplicated individuals
CONTACT Helpline	1230
Christian Churches United	195
Capital Area Coalition on Homelessness (Coordination services)	685
International Service Center	237

2019 Where to Go For Help Books will be available in July electronically. A very small supply of printed copies will be made available as this project will be phasing out this year. Going forward, providers, citizens will be directed to CONTACT Helpline. Contact Helpline (211) is a great resource that provides a similar resource tool.

Scott Burford reported that the "draft" HSBG narrative and budget will be submitted soon. Some areas to point out is STADIA, potential new position for Homelessness Coordinator (still in the works with focus on reentry services but all HS agencies will have access.)

Dan Eisenhauer provided an update on MH/A/DP

Fully Staffed in Crisis Department.
Just finished OMSAS licensing and all went well.
Increased calls and hospitalization.

PA Counseling IOP starts in July for dual diagnosis disorders.

Intellectual disabilities we continue to focus on employment and community integration

New I.D. regulations should be published in August with changes anticipated. One change will be the broadened definition of reportable incidents. It is believed that this will greatly impact workforce and providers.

HAP

Demands exceed resources. Brethren is renovating one apartment to be ADA compliant. We are working with two Bridge Housing providers to align admission process with Continuum of Care procedures.

MH

Working on forensic training with police, Prison and Booking Center.

Mr. Eisenhower provided an update on the recent Wellspan/PhilHaven announcement. Background: PhilHaven was acquired 4-5 years ago and WellSpan's market share in Dauphin County was only HealthChoices. WellSpan has made the business decision to pull its operations out of Dauphin County. The County was originally informed that we would have until July 2020; but, the agency was told this week that WellSpan would only be open until July 2019. We are working on transition process. Pressley Ridge also left Dauphin County last month.

Randie Yeager provided an update on Drug and Alcohol Services

We are actively recruiting for the D&A Administrator vacancy. After Administrator is chosen, we will then proceed with posting Deputy Administrator position. We will start CRS interviews, the week of July 12. There are 5 positions available.

Update on Warm Hand Off:

'17-18		
171 assessed	79 agreed to go into treatment	54 completed treatment
'18-19		
122 assessed	60 agreed to go into treatment	29 completed treatment

We had 96 students evaluated by our prevention Team this school year.

The County requested additional funding from DDAP for treatment services.

Rick Vukmanic, Deputy Administrator for Children and Youth Services provided an update:

Our annual licensing with DHS in May. There were a few citations to correct but nothing systematic. The areas will be addressed, and corrections submitted. Also had our Quality Service Review is due July 8th.

Staffing realignment: we shifted the Director of Social Services who used to be back and forth in-between NDHS and Harrisburg, is now just in ND and we have one now in Harrisburg.

Robert Burns, Director of the Area Agency on Aging provided an update:

We hired 3 new Care Managers who will begin July 15. So, we will be fully staffed and 2 of those will be in Protective Services.

Guest Speaker, Brian Ham provided an update on the STADIA project a.k.a. "dashboard project" We completed the MHADP and Probation dashboard. Currently working on the Executive Dashboard. Next is CYS, AAA and D&A. I hope to begin July-Dec. 2019.

He reviewed the Stepping Up Initiative Dashboard and went into detail on all of the information capabilities in this Dashboard (number of inmates with MH issues, bail amount length of stay, etc.) Our hope is to reduce recidivism rates with this integration. He is working with Ashley Yinger on this.

September 2019-May 2020, we will work on the Integrated Client View. For CYS, this will entail length of stay, type of services, and integration with other Departments. AAA and D&A will be similar to this.

Scott Burford provided an update on transportation services in Dauphin County.

We launched a transportation pilot project this year in partnership with Community Action Commission. We later learned that our insurance carrier stopped insuring drivers over 70. This new underwriting guideline has and is expected to greatly impact our ability to recruit and retain van drivers. This not only impact the Northern Dauphin Transportation Initiative, but it also has the potential to impact our AAA meals on wheels program. We will continue to monitor the market and communicate back to the committee.

Meeting Adjourned.

Dauphin County Human Services Block Grant Planning and Advisory Committee Meeting

June 21, 2019

AGENDA

- I. Introduction of Committee Members
- II. Old Business
 - A. County Updates
 - HSDF-----Randie Yeager
 - MH/ID/HAP-----Dan Eisenhauer
 - Drug and Alcohol-----Randie Yeager
 - B. Other Related County Department Updates
 - C. STADIA update-Brian Ham
- III. New Business
- IV. Comments from the Committee
- V. Public Comment
- VI. Adjournment

2019 Meeting Dates:

Sept 20

Dec 6

All are at 10 a.m. and held on the 7th floor conference room at 25 South Front Street, Harrisburg.

HUMAN SERVICE BLOCK GRANT MEETING DATE: 6-21-19

Last Name	First Name	Organization	Address	Phone	email	Initial
Boyer	Paul	SCCAP	200 First Street Millersburg, PA 17061	952-0389	paulboyer@sccap.org	
Burford	Scott	Dauphin County Assistant Chief Clerk	2 S. 2nd Street, 4th Floor, Harrisburg PA 17101	780-6300	sburford@dauphinc.org	SB
Burns	Robert	Dauphin County AAA Administrator	2 S. 2nd Street, 3rd Floor, Harrisburg PA 17101	780-6315	rburns@dauphinc.org	RB
Cambria	Rocco	Provider-Retired CEO of AHEDD	117 Sunset View Drive New Cumberland, PA 17070	503-0317	rcambria@verizon.net	
Crown	Kacey	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	kcrown@dauphinc.org	
Deal	Rev. Phillip	Beulah Baptist Church	100 Livingston Street, Steelton, PA 17113	717-939-5880	pastorphil@comcast.net	
Eisenhauer	Dan	Dauphin County MHID Administrator	100 Chestnut Street, 1st Floor Harrisburg, PA 17101	780-7050	deisenhauer@dauphinc.org	
Lighty	Fred	Dauphin County Solicitor	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	flighty@dauphinc.org	FL
McClellan	Marisa	Dauphin County C&Y Administrator	1001 North 6th Street Harrisburg, PA 17101	780-7200	mmcclellan@dauphinc.org	
McAlister	Beth	Provider-Merakey	460 W. Perry St. Enola, PA 17025	368-0446	bmcalist@merakey.org	
Priego	Sam	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	spriego@dauphinc.org	SP
Ruane	Paula	Provider-Gaudenzia	2930 Derry St. Harrisburg, PA 17111	579-2115	pruane@gaudenzia.org	PR
Rudick	April	Dauphin County HSDO	2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	780-6296	arudick@dauphinc.org	
Horn	Brian	J.T.				BH

Last Name	First Name	Organization	Address	Phone	email	Initial
Reed	Diane	D&A Consumer	4804 Sweetbrier Terrace Harrisburg, PA 17111	576-5780	drrmgrands@comcast.net	
Reinford	Darryl	CCU Dauphin County Department of Drug & Alcohol	413 S. 19th St. Harrisburg, PA 17104 1100 S. Cameron Street Harrisburg, PA 17104	238-2851 717-635-2254	dreinford@ccuhbg.org	
Slavik	Francine	ARC	2743 North Front St. Harrisburg, PA 17110	(717) 238-7101 ext. 134	francine.slavik@arcfamily.com	
Singer	Todd	D&A Advisory Board	1030 6th Avenue Steelton, PA 17113	986-1171	toddstinger@gmail.com	
Wintermyer	Jen	Tri County Community Action Dauphin County Human Services Director	514 Derry Street, Harrisburg, PA 17104 2 S. 2nd Street, 5th Floor, Harrisburg PA 17101	232-9757 780-6295	jwintermyer@cactricounty.org ryeager@dauphinc.org	JKK
Dorian Davis		Law Clerk				D
Rebecca	McCullough	Law Clerk				RM
Rice	Vulmarie	CYS				RV

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

County:	1.	2.	3.	4.	5.	6.
Dauphin	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	20		\$ 114,000			
Administrative Management	2,100		\$ 1,407,000	\$ 3,000		
Administrator's Office			\$ 820,000	\$ 17,656	\$ 575,000	\$ 30,000
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	130		\$ 214,000	\$ 34,000		
Community Residential Services	400		\$ 11,551,724			\$ 398,000
Community Services	1,200		\$ 343,000	\$ 580,000		\$ 5,000
Consumer-Driven Services	120		\$ 152,000			
Emergency Services	1,700		\$ 650,000	\$ 28,000		
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	1		\$ 12,000			
Family Support Services	55		\$ 74,000			\$ 20,000
Housing Support Services	225		\$ 1,041,000			\$ 110,000
Mental Health Crisis Intervention	2,500		\$ 558,000	\$ 52,000		\$ 575,000
Other						
Outpatient	160		\$ 800,000	\$ 110,000		
Partial Hospitalization	35		\$ 232,000			
Peer Support Services	25		\$ 45,000			
Psychiatric Inpatient Hospitalization	5		\$ 125,000			
Psychiatric Rehabilitation	20		\$ 66,000			
Social Rehabilitation Services	150		\$ 595,000			
Targeted Case Management	925		\$ 900,000			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	9,771	\$ 19,699,724	\$ 19,699,724	\$ 824,656	\$ 575,000	\$ 1,138,000
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 1,534,400		\$ 235,000	\$ 30,000
Case Management	600		\$ 350,000			
Community-Based Services	200		\$ 1,184,586			
Community Residential Services	10		\$ 600,000			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	810	\$ 3,668,986	\$ 3,668,986	\$ -	\$ 235,000	\$ 30,000

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

County:	1.	2.	3.	4.	5.	6.
Dauphin	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	110		\$ 167,000			
Case Management	1,100		\$ 136,000			
Rental Assistance	940		\$ 244,274			
Emergency Shelter	700		\$ 106,000			
Innovative Supportive Housing Services			\$ -			
Administration			\$ 50,000			
TOTAL HOMELESS ASSISTANCE SERVICES	2,850	\$ 703,274	\$ 703,274		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	150		\$ 118,066	\$ 604,598		
Inpatient Hospital						
Inpatient Non-Hospital	133		\$ 378,876	\$ 134,436		
Medication Assisted Therapy	20		\$ 40,000	\$ 58,018		
Other Intervention	2,280		\$ 81,000			
Outpatient/Intensive Outpatient	488		\$ 61,000			
Partial Hospitalization				\$ 4,000		
Prevention				\$ 877,715		
Recovery Support Services	285		\$ 100,000	\$ 15,100		
Administration			\$ 135,000	\$ 788,976		
TOTAL SUBSTANCE USE DISORDER SERVICES	3,356	\$ 913,942	\$ 913,942	\$ 2,482,843	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	510		\$ 9,000			
Aging Services						
Children and Youth Services						
Generic Services	1,740		\$ 9,000			
Specialized Services	1,560		\$ 104,000			
Interagency Coordination			\$ 101,678			
Administration			\$ 24,853			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,810	\$ 248,531	\$ 248,531		\$ -	\$ -
GRAND TOTAL	20,597	\$ 25,234,457	\$ 25,234,457	\$ 3,307,499	\$ 810,000	\$ 1,168,000