

DAUPHIN COUNTY

2018/19 Human Services Block Grant Plan

Submitted by:

Scott Burford

Deputy Chief Clerk

Dauphin County Human Services Block Grant Coordinator

2 South 2nd Street, 4th Floor

Harrisburg, PA 17101

(717) 780-6307

sburford@dauphinc.org

Dauphin County Commissioners

Jeff Haste

Mike Pries

George P. Hartwick, III

LM 5/30/18
RAM

Appendix A
Fiscal Year 2018-2019

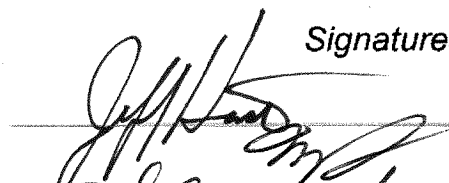
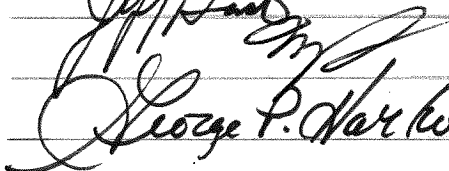
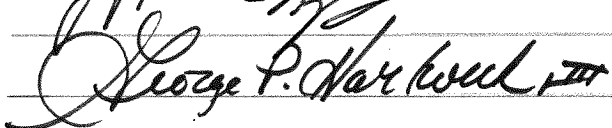
COUNTY HUMAN SERVICES PLAN

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 and/or its providers assures that it 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 (Contract Compliance regulations):
 - 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: 5/30/18
	Date: 5/30/18
	Date: 5/30/18

Dauphin County Human Services Block Grant Plan

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 grateful 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 Advisory Committee that consists of the following: a member of the Dauphin County Mental Health/Intellectual Disabilities 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 Dauphin County Mental Health provider; a Dauphin County Intellectual Disabilities service provider, a Dauphin County Drug and Alcohol Services provider, a Dauphin County Mental Health/Intellectual Disabilities consumer (currently vacant), past or present; and a Dauphin County Drug and Alcohol consumer, past or present. Members ex officio include the Dauphin County Human Services Director, the Dauphin County Children and Youth Administrator, the Dauphin County Area Agency on Aging Administrator, the Dauphin County Mental Health/Intellectual Disabilities Administrator, the Dauphin County Drug and Alcohol Services Administrator, the Director and Assistant Director of Quality Assurance for the Human Services Directors Office, and the Block Grant Coordinator.

Each agency within Dauphin County Human Services are represented within the Block Grant planning process to assure the County's continued goal of integration includes cross systems collaboration while promoting all efforts to assure access to wholistic services and focus on improving cross-systems coordination and provide timely solutions to addressing community needs.

Dauphin County Human Services Block Grant Advisory Committee holds regular public meetings to ensure the full scope of community needs are being considered as we recommend programs and services to meet those needs. Dauphin County utilizes HSDF to support individuals who do not meet the criteria under our human service categorical agencies, within the current service array. Based on the information gathered at public meetings, 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 has a human services structure that supports the communication and collaboration necessary to ensure quality administration of the 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/Intellectual Disabilities which includes Early intervention and Homeless Prevention Grants. The Human Services Director's Office is a link between these departments and the Dauphin County Board of Commissioners.

The Block Grant Coordinator, Block Grant Advisory Committee, and the Human Services Director's Office is responsible for human services planning and coordination, program

development, and grant management. The Human Services Directors Office is also responsible for issues related to access to services.

The Human Services Director's Office oversees the Human Services Development Fund, State Food Purchase Program, Family Center Grant, Fatherhood Initiative Grant, Child Care Network Grant (after an extension of this grant with the current provider through August 2018), and 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/Intellectual Disabilities, 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 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.

1. Proof of publication;
 - a. *Please attach a copy of the actual newspaper advertisement for the public hearing.*

ATTACHMENT 1

- b. *When was the ad published?* **10/24/17**
- c. *When was the second ad published (if applicable)?*

ATTACHMENT 3, published 5/8/18

2. Meeting minutes and sign-in sheet of each public hearing.
 - a. **ATTACHMENT 2** for public hearing #1.
 - b. Additionally, Dauphin County will forward meeting minutes and sign-in sheet for the public hearing following the completion of this occurrence.

PART III: CROSS-COLLABORATION OF SERVICES

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/ Intellectual Disabilities. 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 better, cost effective customer-service oriented services, processes, and programs. Though full integration will take years to complete, 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 in concert with other service systems and programming areas. Lack of communication and conflicting policies can prohibit short-term access and long-term success to individuals and families 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:

- Holistic services to customers and increased efficiencies among staff.
- Better education, outreach, and communication with 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.
- Maximization of 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 five 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 method. 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 to make steps toward full integration over the next five years. As a result, the County will continue to expand the process of integration within human services and related departments and services, including within the criminal justice collaborators. To that end, the County will develop processes that serve customers in a holistic manner and provide services to an individual and his/her family efficiently and effectively, treating all aspects of their diagnosis and other aspects of the person incorporating all 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
- 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
 - a. The Human Services Quality Assurance Unit reviews the quality of work processes and systems, identifying inefficiencies in work processes and the root causes of problems. The unit engages in continuous process improvement activities that encourages problem-solving and empowers employees to improve their work by identifying efficiencies and eliminating waste which removes obstacle that frustrates employees, clients, and collaborative entities. The Quality Assurance Unit leads the Human Services categorical agencies toward continuous improvement initiatives designed to enhance operational excellence. This team ensures existing processes maintain a high level of performance while continuously reviewing and refining those processes.
2. Public Outreach, Education, and Communications
 - a. A Cross-System Community Outreach, Education, and Communication Team (Outreach Team) has been developed over the past 2 years. There have been dozens of coordinated events, activities, and discussion sessions throughout the community. The Outreach Team is currently the only group that will remain decentralized within this integration process. Representatives from each department will be a part of the Outreach Team. Each department will create 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. The Outreach Team along with the management teams

must develop an enhanced training curriculum and coaching of all staff, as needed, according to data measurements. Members of this team will be included in implementing training programs across all departments.

Employment:

Dauphin County has a Project Search Program for internship opportunities for adults with Intellectual Disabilities or whose diagnosis are included on the Autism Spectrum to learn job skills and build their resume. We are beginning our fourth year, and participants are obtaining positions across our community, some even prior to graduation, making minimum wage or more. 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, 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:

Despite funds continuing to diminish, Dauphin County has continued to make 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 resources are a must. 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. Lesser amounts of HSDF funding support CACH coordination and 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 and coordinated case management is offered at Downtown Daily Bread and Bethesda Mission. Dauphin County offers transitional housing opportunities as well as rapid rehousing resources. The Dauphin County Mental Health/Intellectual Disabilities Department assists 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. Sunflower Fields was initiated to address housing concerns for high-risk populations and has

increased units of affordable housing with specific units set aside for those with diagnoses of mental health and/or co-occurring substance use disorders.

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 in the community. 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, remain committed to promoting best practice efforts to assure access to supportive services and focus 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

Due to past reductions in funding, Mental Health Services continue to have to do more with less and struggle to be successful to accomplish these goals with the ongoing concerns of timely access to services and exacerbated staffing issues. Insufficient resources exist to create funding opportunities, particularly for adults with a serious mental illness and/or co-occurring disorders. Salaries for direct-care staff in provider agencies continue to be a critical issue. The FY12-13 budget cuts totaling \$1,931,200 have not been restored, and new demands from other systems fail to be addressed successfully through service integration, data systems, or coordination strategies due to the diminishing budget. Dauphin County's Mental Health (MH) system has benefitted from the Human Services Block Grant process in the past, but those opportunities have also diminished. Direct service funds are the best way to serve persons on waiting lists; however, those who need individualized care are growing. The system lacks the flexibility and resources to meet those needs. Mental health consumers are the largest population of County residents served through the Block Grant.

Using FY16-17 data as the most recent full year of mental health programs operations for analysis within the Block Grant Plan, the mental health funds are 95.4% expended for services to County residents, with 4.6% of funding for administrative costs. In the MH program, there was a slight decrease in the number served while Crisis Intervention served an increased population.

Table 1 – Comparison of Persons served FY13-14 through FY16-17

PROGRAM AREA	PERSONS SERVED FY 13-14	PERSONS SERVED FY 14-15	PERSONS SERVED FY15-16	PERSONS SERVED FY16-17
Mental Health	4,422	4,537	4,208	3,958
Crisis Intervention	3,190	3,185	3,230	3, 346

Outcome data was received from MH providers. 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 consistent with Block Grant reporting categories. Funds directly managed by Dauphin County Mental Health include state allocated, CHIPP, federal non-Medicaid, and county-matching funds. A dashboard report is submitted quarterly and provides elected officials with a snapshot of data relevant to the MH system's operations and issues.

Access to other funding such as Medicaid/PerformCare and Medicare impacts how State allocated County funds are used by residents registered in the system. Table 2 captures the use of State allocated County-funds for two fiscal years by cost center. Significant increases in community employment reflect a change from facility-based services to competitive employment. Staffing vacancies could be attributed to the decreased costs in Crisis Intervention. An increase in emergency services are associated with the increasing costs for commitments and hearings. Increases in partial hospitalization and outpatient may be attributed to insurance changes, rate increases, and the lack of Medicare funding for medically-necessary partial hospitalization.

Housing support services cost decreases are the result of staff vacancies and due to full implementation of psychiatric rehabilitation which is center-based and mobile. In FY17-18, the BH-MCO is contributing to the expenses of psychiatric rehabilitation services for PerformCare members.

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

MH Cost Center	2015-2016	2016-2017
Administrators Office	\$918,558	\$926,834
Assertive Community Treatment	117,974	119,769
Administrative Case Management	1,570,359	1,520,315
Community Employment	207,288	245,641
Community Residential	10,627,934	10,969,105
Community Services	344,441	368,616
Consumer-Driven Services	159,685	153,739
Emergency Services	587,685	616,037
Facility-Based Voc. Rehab.	29,778	0
Family-Based Services	0	0
Family Support Services	60,128	69,614
Housing Support	1,112,515	1,098,078
Crisis Intervention	1,031,509	999,887
Outpatient	275,052	285,390
Partial Hospitalization	172,919	235,034
Peer Support Services	191,544	36,426
Psychiatric Inpatient Hospitalization	43,591	6,942
Psychiatric Rehabilitation	425,466	439,013
Social Rehabilitation	750,008	603,355
Targeted Case Management	887,606	834,319

COUNTY MENTAL HEALTH TOTAL	\$19,354,452	\$20,048,114
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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 16-17.

Table 3 – Service Types by Numbers of County Registered Persons

Service Type	2015-16	2016-2017
Assertive Community Treatment	19	15
Administrative Case Management	3,428	3,174
Community Employment	55	79
Community Residential Services	405	396
Community Services	2,100	1,196
Consumer-Driven Services	188	197
Emergency Services	1,340	1,815
Facility-Based Vocational Rehabilitation	6	0
Family-Based Mental Health Services	0	0
Family Support	35	103
Housing Support	234	201
Crisis Intervention	1,896	2,359
Outpatient	282	197
Partial Hospitalization	38	41
Peer Support Services	37	27
Psychiatric Inpatient Hospitalization	6	1
Psychiatric Rehabilitation	117	102
Social Rehabilitation	196	123
Targeted Case Management	752	748

The table above includes duplicated service use by type since consumers may use multiple services at the same time as well as a variety of services throughout the year. MA enrollment status may also be intermittent due to employment, 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 (Dauphin, Cumberland, Perry, Lancaster, and Lebanon) 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 FY15-16 there were 11,446 Dauphin County residents receiving HealthChoices-funded MH treatment, and costs were \$51,501,795. In FY 16-17 there were 11,732 people which expended \$52,885,633 in treatment and rehabilitation expenses.

Table 4- Dauphin County HealthChoices FY16-17 Mental Health Services by Number of Persons/Costs

Type of Mental Health Service	Persons Served	Dollars
Inpatient psychiatric, includes Extended Acute Care	1,161	\$17,150,299
Partial Hospitalization	420	1,286,404
Outpatient	10,184	8,201,843
Behavioral Health Rehabilitation Services (BHRS)	1,710	11,581,722
Residential Treatment	50	2,771,186
Clozapine/Clozapine Support	9	283
Crisis Intervention	1,359	465,754
Family-Based MH Services	255	2,968,728
Targeted MH Case Management	2,088	5,193,950
Peer Support Services	110	254,759
Other MH, includes Assertive Community Treatment, Specialized treatment, Tele-psychiatry	944	1,806,866
MANAGED CARE MH TOTAL:	11,732	\$ 52,885,633

The number of persons using psychiatric outpatient, residential treatment services (child-only), crisis intervention, family-based mental health services and ACT, and tele-psychiatry showed increases. Decreases are noted in BHRS and targeted case management. The number of consumers using outpatient clinic services has increased. Approximately 549 individuals received their outpatient services through tele-psychiatry.

Program highlights and initiatives include:

- **STEPPING UP**

Dauphin County was selected as a STEPPING UP Initiative County in Pennsylvania to undertake a planned effort to assess cross-system data and develop an action plan to reduce the number of persons with mental illness that the Courts or law enforcement has placed in County jail. Currently, the data collection and analysis has ended. The stakeholders recently reviewed the recommendations and a Community Forum was held. The Action Plan should be completed in the near future.

Transformation Priority One (1) found later in this plan, identifies the MH system's response to improve forensic treatment and supports for a co-occurring population diverted from Dauphin County Jail.

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

FY 17-18 marked the first full year of implementation for Clinical Assessment, Peer Support, Treatment and ON-Going, Education/Employment (CAPSTONE), a first episode psychosis (FEP) program funded by OMHSAS with federal Community Mental Health Block Grant dollars for persons ages 16-26 experiencing first 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 supported education services, and CMU (Case Management Unit) for targeted case management and certified peer support services. A SAMHSA monitoring was completed in March 2018.

- **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, and they provide ongoing input into Dauphin County's system for recovery and resiliency-focused services. Program representatives to the County's Block Grant Advisory Committee are engaged in an on-going assessment and review process. 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 and 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 to continue to develop relationships with allies, 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, 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 only on a short-term basis. Other options such as CRR-Group Homes should also be developed. The RTF census in 2016-2017 totaled 50 unduplicated children and teens. Some children recommended for RTF level of care have only outpatient services prior to an RTF recommendation; others are dismissed from care due to complex needs. CRR – Host Homes and Intensive Treatment Programs are not sufficiently available to children and youth deemed appropriate for out-of-home treatment in CRR level of care. Attempts to expand this level of care have not been successful. Children with complex needs in addition to serious emotional disturbances do not have adequate access to care in Pennsylvania or in other States. These children are in acute inpatient settings for many months or in shelter-care settings which are not designed to meet their mental health needs. Teams try to patch together a variety of services and supports to meet their needs. Children involved with the Children & Youth (CYS) system may not have discharge resources available for their specific needs; and, like children with an intellectual disability, tend to remain in RTF settings for disproportionate periods of time.

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 from developing more outcome-oriented programming in local communities in a timely manner.

Admissions to RTF in FY2014-15 totaled 37 children and teens. FY2013-14 totaled 46 and in FY2012-2013 the total was 55. The RTF census in FY2016-2017 totaled 50 unduplicated children and teens. Diverting from RTF into community-based treatment, reducing the length of stay in RTFs, and preventing readmission to an RTF remain active goals in children's mental health services.

Children's MH staff continue to use a coaching/consultation model preparing MH case managers and supervisors for effective interagency team meetings, facilitation, and leadership. Family engagement in short-term intensive out-of-home treatment has been hindered by a lack of family desire in having children returned home after 3-6 months (short-term RTFs) and work in the home setting every weekend (CRR-ITP). Families need an enhanced appreciation of the risks involved in the current residential system, including children & youth involvement, when abuse or neglect is not an issue. Family support in the early stages of a child's emotional disturbance may impact a family's resiliency and ability to stay together. Building Bridges Initiative has strategies to accomplish these needs, thus Dauphin County is seeking collaborators to develop and implement these strategies.

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

Dauphin County MH/ID Program'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 MH has the lead responsibility for analysis of inpatient and services data investigating the root cause of high (greater than 10%) psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of a previous inpatient discharge. A real-time notification system for those with 2 or more 30-day inpatient readmissions was established in FY13-14 and continues to be valuable. County MH holds meetings with inpatient, case management entities, and other interagency team members within the MH system to strategize on changing the re-admission rate of inpatient care at both a person and cross-systems level.

Dauphin County has begun working on a reinvestment housing project – master leasing. Implementation continues for a few previously approved projects. The Mobile MH/ID Behavioral services team has continued reinvestment funding through FY17-18, as well as the addition of one team for the remaining Cap 5 counties. The implementation of a RED-like (Re-Engineering Discharges) 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, formerly known as NHS Capital Region.

b) Strengths and Needs

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 accentuate the existing systems strengths and future opportunities for improvements as well as emerging issues/trends. The following charts provide a brief visual aid displaying the populations served in the system, unique strengths to the specific population, and identified opportunities. Services are not listed on these tables that cross-cut most population groups include: Inpatient, Outpatient, Partial Hospitalization, Social Rehabilitation, Assertive Community Treatment, Housing supports, Crisis Intervention, Emergency Services, Targeted Case Management, Certified Peer Specialist services, Community Support Program Committee, Community Support Planning or Interagency Team meetings, and Extended Acute Care services.

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

Dauphin County Mental Health System: Strengths and Opportunities for Mental Health Target Populations

- **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 • Coordination of psychiatric and medical concerns • Use of Older Adult Protective Services Act process, when needed • Training on guardianship issues by AAA • Use of Nursing home referral guidelines established in 15-16 with AAA 	<ul style="list-style-type: none"> • Collaboration with Skilled Nursing facilities • Promote increased 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

- **Adults (ages 18 and above)**

Strengths	Opportunities
<ul style="list-style-type: none"> • Homeless Outpatient Clinic • WRAP and IMR • Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-Occurring MH & D/A) • Jail diversion at MDJ/Pre-trial • Certified Peer Specialists imbedded in IP units • Consumer Operated Drop-in Center • NAMI Dauphin County Family-to-Family Program • Forensic CRR Program • DBT-focused Adult CRR program 	<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 • Suspension of Medicaid benefits while in SMH rather than terminated from benefits.

<ul style="list-style-type: none"> · SAMHSA-model Supported Employment Services <ul style="list-style-type: none"> · Homeless Outpatient Clinic <ul style="list-style-type: none"> · WRAP and IMR · Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-Occurring MH & D/A) <ul style="list-style-type: none"> · Jail diversion at MDJ/Pre-trial · Certified Peer Specialists imbedded in IP units <ul style="list-style-type: none"> · Consumer Operated Drop-in Center · NAMI Dauphin County Family-to-Family Program <ul style="list-style-type: none"> · 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 · Three (3) Permanent Supportive Housing programs and Prepared Renters program Classes <ul style="list-style-type: none"> · Shelter Plus Care <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. · Site and mobile psychiatric Rehabilitation services also MA funded. 	
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• **Transition-age Youth (ages 18-26) including Persons Transitioning from Residential Treatment Facilities (RTF)**

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) <ul style="list-style-type: none"> · Flexible Outpatient · Transition Planning to Adult Services by TCM <ul style="list-style-type: none"> · The JEREMY Project <ul style="list-style-type: none"> · 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 programs 	<ul style="list-style-type: none"> · Expansion of existing CRR-ITP program · Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs · Identify funding source for JEREMY–like project for transitioning teens with autism · Continue to identify eligible persons for 811 vouchers with Local Lead Agency – CACH · Reduce use of mechanical restraints for all children <ul style="list-style-type: none"> · The JEREMY Project data review

• **Children (under age 18) including Persons Transitioning from RTF**

Strengths	Opportunities
<ul style="list-style-type: none"> · Guiding Good Choices · County and Public School District meetings on MH system improvements <ul style="list-style-type: none"> · School-based Mental Health Outpatient <ul style="list-style-type: none"> · Flexible Outpatient · Respite · The Incredible Years implemented under school-based outpatient clinics <ul style="list-style-type: none"> · Multi-systemic Therapy · CRR–Host Home Intensive Treatment Program <ul style="list-style-type: none"> · Coaching and support to CMU Children’s Supervisors <ul style="list-style-type: none"> · Human Services’ Supervisors Group · County cross-system protocol for collaboration <ul style="list-style-type: none"> · PCIT and DBT-A with two (2) outpatient <ul style="list-style-type: none"> · FBMHS Team expansion · VALLEY STRONG initiative in Northern Dauphin County <ul style="list-style-type: none"> · Transition Planning to Adult Services by TCM <ul style="list-style-type: none"> · BHRS expansion by two (2) providers · Implemented Functional Family Therapy (FFT) · Student Assistance Program MH Consultation 	<ul style="list-style-type: none"> · Expansion of CRR-HH/ITP · 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"> · Continue Resiliency in Action training · Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among older teens

• **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 <ul style="list-style-type: none"> · CRR and Domiciliary Care programs <ul style="list-style-type: none"> · 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) <ul style="list-style-type: none"> · Assertive Community Team (ACT) · Consumer Operated Drop-in Center · NAMI Dauphin County Family-to-Family Program <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"> · Shelter Plus Care · Licensed Psychiatric Rehabilitation Site-based and mobile Services added to MA 	<ul style="list-style-type: none"> · Collaboration with County located Skilled Nursing facilities · Promote increased access to skilled nursing homes/services when psychiatrically stable <ul style="list-style-type: none"> · Master leasing

• **All Persons with Co-Occurring Mental Health/Substance Abuse**

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"> · Assertive Community Team (ACT) · Integrated COD Outpatient Clinics at two dual-licensed providers 	<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"> · Implement STEPPING UP recommendations

• **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 <ul style="list-style-type: none"> · Jail diversion at MDJ/Pre-trial · MH Screening at County Central Booking <ul style="list-style-type: none"> · Extended Acute Care access · CRR and Domiciliary Care programs <ul style="list-style-type: none"> · 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) · Center-based/Individualized Social Rehabilitation <ul style="list-style-type: none"> · Three (3) PSH programs and PREP Classes <ul style="list-style-type: none"> · Consumer Operated Drop-in Center · NAMI Dauphin County Family-to-Family Program <ul style="list-style-type: none"> · 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 	<ul style="list-style-type: none"> · Use data-driven information to educate other systems on role/responsibilities of MH system · Promote increased access to skilled nursing homes/services when stabilized · Continued use of Forensic Contingency Funds · Service access for HealthChoices members in DOC-Community Correctional Centers while in DOC custody · Continue to implement Bridge Rental Housing with Housing Authority of Dauphin County · Modifications of programming at Gibson House Forensic CRR July 2018.

• **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 	<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

<ul style="list-style-type: none"> · Multi-Systemic Therapy & FBMHS · CRR –Host Home Intensive Treatment Program <ul style="list-style-type: none"> · Human Services’ Supervisors Group · County cross-system protocol for collaboration <ul style="list-style-type: none"> · Reduce use of mechanical restraints · 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 <ul style="list-style-type: none"> · Functional Family Therapy 	<ul style="list-style-type: none"> · Continued MH consultation with BH-MCO on transition issues/service needs
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• **All 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 evidence-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/Transgendered/Questioning/Intersex Persons**

Strengths	Opportunities
<ul style="list-style-type: none"> · Provision of training available on routine basis for all types of services/professionals <ul style="list-style-type: none"> · Ongoing contract with Alder Health Care (formerly the AIDS Community Alliance) which has an established mental health psychiatric clinic co-located and integrated with health services and 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/Health/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 • Agencies recruit and retain staff representative of diverse community • The relationship between health and mental health are fully understood and prioritized among persons registered with the MH system. • County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BH-MCO. • On-going commitment to wellness activities for children and adults in MH system. • 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) <ul style="list-style-type: none"> • Medication Reconciliation Toolkit from PerformCare • Natural Support Toolkit from PerformCare • Nurse Navigator program at Merakey 	<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. • Continuation of active Quality Management <ul style="list-style-type: none"> • Community HealthChoices in 2020

- **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. • Commitment to diversity in workplace/provider hiring for direct care and management services to represent cultural, language, and ethnic demographics of the population of persons in publicly funded MH system. • Contract with the International Services Center for ethnically-specific support services, typically recent immigrants of Asian descent. • Use of Language Line available through Crisis Intervention Program and among other service providers when staffing is not representative of population in services. 	<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.

<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 Partners for deaf-specific services in CRR and targeted case management FY14-15 BH-MCO credentialing of Partners for deaf-specific MH services in 2015. 	<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. <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Identifying training for personal care homes and nursing home regarding behavioral health issues <ul style="list-style-type: none"> Community Health Choices in 2020

Is Dauphin County currently using Cultural and Linguistic Competence (CLC) Training?

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

Does Dauphin County have a suicide prevention initiative?

Yes. We have begun working with Derry Township School District, PerformCare and a parent-led coalition. 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 have offered monthly QPR training for the community and viewed the documentary *Angst* hosting a panel discussion. The coalition launched *Be Kind* merchandise to brand their efforts and uses the proceeds from sales to support coalition activities.

c) Supportive Housing:

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 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary.**

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 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project first started
Sunflower Fields	FY 13-14 Reinvestment	\$500,000	\$0	5	6	5	30 years w Option to own	FY14-15
Notes:								

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 16-17	Projected amount for FY 18-19	Actual or Estimated Number Served	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Housing Authority of the County of Dauphin	FY12-13 Reinvestment	\$67,053	\$109,760	17	22	17	\$525/mo Many families w/ 2-3 bedrooms	0 2 persons just had one (1) year anniversary in BRSP and are eligible for HC Voucher	FY14-15
Notes:									

3. Master Leasing (ML) Program for Behavioral Health Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
<input type="checkbox"/> Check if available in the county and complete the section.									
	*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: Would like to explore with reinvestment funds now earmarked for Bridge Rental									

4. Housing Clearinghouse for Behavioral Health An agency that coordinates and manages permanent supportive housing opportunities.									
<input checked="" type="checkbox"/> Check if available in the county and complete the section.									
	*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 for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
HSS are used to assist consumers in transitions to supportive housing 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 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 Staff FTEs in FY 16-17	Year Project first started	
	Block Grant	1,098,078	1,100,000	201	200	12 (Twelve)	1990 (Base) & 2006 CHIPP	
Notes:								

6. Housing Contingency Funds for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.								
	*Funding Sources 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	Average Contingency Amount per person	Year Project first started	

	Block Grant, PATH (homeless), Reinvestment tFY13-14 (forensic)	\$34,837	\$35,000	35	35	\$500	1990's
Notes:	Available for all case management entities and Crisis Intervention Services						

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

Project Based Operating Assistance (PBOA) is a partnership program with 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**.

*Funding Sources 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	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversion s planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)	Year Project first started
Block Grant	\$ 17,713	\$18,000	10	10	NA	NA	2011

Notes:

d) Recovery and Resiliency Oriented System Transformation

The incidence of mental illness in the County jail population is estimated at 16%; the national average is 17%. Mechanisms need to be utilized fully to reduce incarceration in the local prison with persons diverted from incarceration, eligible for release or conditional release by increased diversions, improved re-entry, and engagement of adults in mental health recovery.

The purpose of this transformation priority is to review and/or create/modify policies, procedures, protocols, and services to support diversion, re-entry, and service planning in collaboration with the criminal justice system. During FY 17-18, County MH has undertaken a programmatic change in an adult forensic CRR program and implementation of these changes are anticipated in FY18-19. Furthermore, planning is underway to establish a co-occurring treatment and recovery center to meet the needs of adults with serious mental illness and co-occurring disorder with forensic involvement. The MH system needs to review and potentially reset our efforts with the adult forensic population.

Develop and Implement COD Treatment and Recovery Support Center for Forensic Population			
Steps	FY18-19 Timeline	Fiscal /Other Resources	Priority Tracking
1. Continue service development for COS forensic treatment and supports with qualified providers and County.	June - July 30, 2018	No additional fiscal resources are needed beyond County, CABHC and PerformCare.	This priority will be tracked through County MH staff meetings which occur every two weeks, County MH Adult staff meetings weekly. Planning and implementation meetings are hosted by County.
2. Engage CABHC and PerformCare in planning and implementation process.	May-July 2018	Provider will explore additional resources available through grants as applicable.	The priority will be added to the County Adult Annual work plan and reviewed in supervision with the Deputy Administrator.
3. County/provider policy and procedure review. Provider training.	June-July 2018		The MH/ID Administrator will review in the Block Grant Advisory Committee and MH/ID involvement with CABHC and PerformCare.
4. Start-up contracting, rate setting and licensing with provider.	July-August 2018		County will exercise programmatic lead with provider.
5. Marketing in MH and Criminal Justice systems.	July-September 2018		
6. Initial enrollment /referrals and Monthly Implementation Group convened	August 2018		
7. County monitoring	October 2018 –June 2019		

Persons in transition between the child and adult mental health service system are at high risk for exploitation/victimization, homelessness, criminal activity, failing to maintain their mental health recovery and may also lack family or community support.

The JEREMY Project serves individuals (ages 16-22 years) that have a primary mental health diagnosis and are residing in Dauphin County. Youth residing in an RTF are not the target group of the JEREMY Project. The purpose of this transformation priority is to review the effectiveness in preventing the high-risk factors in transition and post-transition, and to determine whether The JEREMY Project target population and services/interventions need to be modified to meet concerns of the high-risk transition-age population in Dauphin County. The data collection was completed during FY16-17, and the data analysis has been done in FY17-18. This Transformation Priority will continue into FY18-19 with a report and recommendations to CABHC, PerformCare, and CMU.

Steps	FY 2018-19 Timeline	Fiscal /Other Resources	Priority Tracking
1. County will engage CABHC in this review as their staffing allows. Data on three (3) prior years discharges was compiled and analysis nearly done.	June-July 2018	No additional financial resources are needed beyond existing staffing and CABHC reinvestment funding.	This priority will be tracked through County MH staff meetings, which occur every two weeks, County MH staff meetings with CMU management once per month, and MH County and CMU supervisory staff meetings once per month.
2. Review literature and best practice information from other sources.	August 2018		
3. Formulate recommendations for The JEREMY Project funding source and host agency, CMU.	September 2018	Parties involved will include: County child and adult staff, CMU management and supervisory staff,	The priority will be added to the County Adult and Child Annual work plan and reviewed in supervision with the Deputy MH Administrator.
4. Meet with stakeholders on implications for current program and develop strategic plan, as need.	October 2018		
5. Amend as needed Transition Assessment tool introduced at CMU in FY2015-2016 for all registered persons age 16 during transition to adulthood.	October 2018	The JEREMY Project Transition Coordinator and CABHC as the funding source.	
6. Train and support MH case management supervisors in working with high risk persons in transition.	November 2018		
7. Assess impact of training	January – June 2019		

The Adult Community Residential Rehabilitation (CRR) programs in Dauphin County are considered to be transitional licensed housing. Dauphin County and the CRR providers have engaged in interagency planning, service implementation, and length of stay (LOS) work plans to keep the length of stay near two years from admission.

The Dauphin County MH/ID Program operates eight (8) CRR programs for adults with Serious Mental Illness. The goal of interagency team is to empower individuals in CRRs to progress to permanent supportive housing (PSH) after approximately two (2) years by offering a variety of housing options combined with community supports and services. The interagency teams are person-centered and may also include MH case management, family, service providers, peer support, a housing locator, supportive housing, and others at the request of the individual.

During FY17-18 twenty-one (21) individuals in CRR programming had a length of stay of two or more years. In previous years, barriers to PSH included physical health status and criminal activity. The purpose of this transformation priority is to assess/address the barriers to transitioning individuals to supportive housing and services, to maintain recovery with existing interagency teams, and implement strategies to identify safe and affordable housing options and the supports needed to maintain recovery.

Steps	FY2018-2019 Timeline	Fiscal/Other Resources	Priority Tracking
1. Identify FY18-19 population as possible PSH candidates.	Present	No additional staff resources are needed at County and provider level.	There are two primary tracking mechanisms currently in place. The Residential Program database operated by the County and securely accessible on the web by designated providers, is used to track census and dates of admissions and discharges. Weekly reporting spreadsheets are delivered on a routine basis by the residential providers, describing in detail current status of individual's planning and transition.
2. Individuals and their team identify potential barriers to independent housing and recovery.	July - October 2018	Identification of certified peer support services will be needed.	
3. Residential provider work plans include goal to transition to independent PSH.	July - October 2018		
4. Identify certified peer support resources and offer and develop consensus goals.	November 2018 – June 2019	Potential need to identify additional 811 Housing units and consider interest in relocation.	
5. Service plans across all involved providers are modified.	November 2018 – June 2019	Potential need to expand additional resources for PSH will be explored.	
6. Transition planning occurs monthly.	November 2018 – June 2019		
7. Monitoring of teams by county for resource development, allocation and advocacy.	November 2018 – June 2019		
8. Follow-up monthly on services and supports to maintain recovery.	November 2018 – June 2019		

Guiding Good Choices, an evidenced-based universal prevention program, was implemented in Dauphin County with the assistance of AmeriHealth *Caritas*, PerformCare for Dauphin County Mental Health and Drug & Alcohol staffs in FY 2015-2016.

The purpose of this resiliency priority is to plan Guiding Good Choices activities in FY18-19. PerformCare/AmeriHealth Caritas are no longer involved in this activity.

Steps	FY2018-19 Timeline	Fiscal /Other Resources	Priority Tracking
1. Meet with parent trainers and school districts and plan GGC activities in 2 public school districts.	May-August 2018	No additional staff resources are needed at County. Inventory existing materials/ workbooks. Confirm costs for stipends and training with MH	This priority will be tracked through County MH staff meetings, which occur every two weeks.
2. Identify resources needed to support existing parents with stipends.	August 2018		The priority will be added to the County Child Annual Work Plan and reviewed in supervision with the Deputy MH Administrator.
3. Outreach to remaining Districts in Dauphin	September 2018		

<p>County on interest and ability to meet pre-service requirements.</p> <p>4. Survey all trained entities (D&A) in County for FY18-19 schedule to avoid duplication.</p> <p>5. Implement in two (2) School districts with parent training and support.</p> <p>6. Evaluate and Plan for FY19-20</p>	<p>September 2018</p> <p>October – December 2018 and March – May 2019</p> <p>April-June 2019</p>	<p>Administration/ Fiscal.</p> <p>Hold information based upon fiscal resources identified and changes in initial two (2) school districts.</p>	<p>The MH/ID Administrator will report on this priority at Block Grant Advisory meetings, as requested.</p>
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Dauphin County is collaborative using the professional experiences of its provider network. FY16-17 CAPSTONE, a first episode psychosis program, was established for person ages 16-26 in Dauphin County. FY18-19 will expand the number of persons enrolled in the program, expand to adjacent Counties, assess target group expansion to age 30, participate in program evaluation activities, and continue to address barriers and challenges.

The Dauphin County MH/ID Program, in collaboration three 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. Year 3 grant proposal was submitted to OMHSAS in May 2018. The purpose of this transformation priority is to continue the partner's education and collaboration for a successful Year 3.

Steps	FY2017-18 Timeline	Fiscal /Other Resources	Priority Tracking
1. Seek feedback from OMHSAS on YR 3 proposal.	June 2018	No additional staff resources are needed at County or among provider partners beyond those identified in proposal to OMHSAS submitted May 2018.	This priority will be tracked through County MH staff meetings, which occur every two weeks.
2. Continue Implementation Team every 4-6 weeks to address barriers.	On-going		The priority will be added to the County Adult Annual work plan and reviewed in supervision with the Deputy Administrator.
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.	July2018 – February 2019.	Engage CABHC and PerformCare.	This will be discussed at CABHC clinical meetings and OMHSAS monitoring meetings, as requested.
6. Assess training needs	July – December 2018	Identify external consultants and identify resources from CABHC/ PerformCare	The MH/ID Administrator will report on this priority at Block Grant Advisory meetings, as requested.
7. Develop better engagement strategies including mobile treatment	July 2018 -February 2019		
8. Establish cross-system policies and procedures for CAPSTONE best practice.	September 2018 – April 2019		
9. Redesign using feedback and research on model.	January 2019- June 2019		
10. Submit grant proposal for FY19-20	May 2019		

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 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) Evidenced Based Practices Survey:

Evidence 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	84	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	43	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	14	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	95	Therapist Adherence Measure	Provider MST, Inc.	Weekly	No	Yes	Two (2) certified providers
Functional Family Therapy	Yes	12	Clinical Service Systems FFT Global Therapist Rating	FFT LLC	Weekly	No	No	One (1) certified provider start 2/2018
Family Psycho-education	Yes	18	SAMHSA Toolkit	Class Leader	After grp completion	Yes	Yes	NAMI Family-to-Family

*Estimate for FY17-18

g) Additional EBP, Recovery and Resiliency-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	590	CABHC contract with CSS Inc.
Compeer	No	NA	
Fairweather Lodge	Yes	10	Two (2) Community Lodges
MA Funded Certified Peer Specialist	Yes	111	Three (3) Providers
CPS Transition Age Youth	Yes	8	FEP: 16 - 26 year olds
CPS Older Adult	Yes		In total number served
Other funded Certified Peer Support	Yes	19	
OF CPS Transition Age Youth	Yes		Available as needed through FEP
OF CPS Older Adult	Yes		In total number served
Dialectical Behavioral Therapy	Yes	DBT 4 DBT-A 26	Two (2) certified providers; also trained in DBT-A DBT lite programs not included
Mobile Medication Services	No	61	Mobile Psychiatric Nursing
Wellness Recovery Action Plans (WRAP)	Yes	33	Residential, psych rehab, peer support, IP
Hi Fi Wraparound	No	NA	Active Multi-system interagency teams
Shared Decision Making	Yes	8	CAPSTONE (FEP)
Psychiatric Rehabilitation Services	Yes	78	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 Older Adults	Yes	274	Older Adult OPT Clinic
Consumer-operated Services	Yes	83	Drop-in service
Parent Child Interaction Therapy	Yes	30	Two (2) certified providers
Sanctuary	Blank	NA	Questionable value; certification does not always lead to practice.
Trauma Focused Cognitive Behavioral Therapy	Yes	5	One (1) certified provider in MH
EMDR	Yes	15	One (1) provider; more in training
First Episode Psychosis CSC	Yes	8	NAVIGATE Model
The Incredible Years	Yes	4 Parents	One (1) provider in two school districts through school-based outpatient; more staff in training
Mental Health First Aid Adults and Children	Yes	193	Three (3) active certified trainers

*Estimate for FY17-18, ** Both adults, children and families

h) Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	18
Number Full Time (30 hours or more)	8
Number Part Time (Under 30 hours)	10

Intellectual Disability Services

The Administrative Entity of the Dauphin County Mental Health/Intellectual Disabilities Program is located at 100 Chestnut Street, Harrisburg, PA 17101. This is the administrative office from which the county program administers services for citizens with intellectual disabilities. These services have been designed to meet the needs of local citizens with intellectual disabilities and to support their families and caregivers. Dauphin County's community system has operated with the belief that individuals with intellectual disabilities should receive the services and supports they need in their home communities and the opportunities to enjoy the same quality of life as any other citizen. Through our commitment to Self Determination and Everyday Lives and 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: *(include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream)*

Each individual enrolled in the Intellectual Disabilities 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 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, intellectual disability or early intervention services. CMU provides conflict-free supports coordination services under contract with the Dauphin County Mental Health/Intellectual Disabilities Program and the Department of Human Services. Regardless of funding stream or funding availability, each person will develop a plan that outlines both informal supports (family, other resources that are available to them and community supports, including access to family driven funds, if appropriate) as well as formal services if funds are available.

Individuals Served

<i>Service Type</i>	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served (n = 1306)</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals served</i>
Supported Employment	20	1.5%	20	1.5%
Pre-Vocational	0	0	0	0
Adult Training Facility	0	0	0	0
Based Funded Supports Coordination	330	25%	330	25%
Residential (6400)/unlicensed	4	<1%	3	<1%
Life Sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	140	10%	140	10%
PDS/VF	36	2%	45	3%
Family Driven Family Support Services	90	6%	90	6%

Supported Employment

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

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, MHID has arranged for employment specialists to become certified in Customized Employment, including Discovery.

Changes in Dauphin County practices for the current year include (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 opportunities.
2. One of two large facility-based employment providers is closing its workshop. The SCO has been actively engaged in working with Goodwill, individuals, and families in exploring other employment and community participation options. The closing will be occurring much sooner than anticipated due to individuals locating suitable 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 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 join Dauphin County MHID in recognizing businesses that hire a diverse workforce.
5. Local funding is prioritized to support the employment needs of Dauphin County residents with 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 handouts that are shared with students/families at an early age regarding future planning as well as 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 annually in March. Sponsored by Dauphin County, Cumberland and Perry Counties, and Harrisburg Area Community College (HACC), high school juniors with disabilities, school teachers, and parents are invited to attend this event. A dynamic group of families, disability agencies, and school district transition staff join to bring this day together. Participants are exposed to inspiring stories of success, as well as attend a variety of workshops, and visit resource tables for detailed and personalized information. Additionally, events in the fall are arranged to provide transition information to parents of younger students.
8. Collaboration with OVR (Office of Vocational Rehabilitation) and other employment systems to support those with ID in obtaining and maintaining employment include:
 - a. The County submitted a request to hire a “Cross-System Transition Navigator” that is funded by both OVR and the Dauphin County ID program. This request was submitted last fiscal year, but no response has been received from OVR. This position would support transition-age youth with disabilities and their families to establish an IEP (Individual Education Plans), ISP (Individual Support Plan), and/or IPE (Individual Plan for Employment) directed toward competitive employment. Once approved, this position will assist youth and their families to access the individual’s supports mandated through IDEA (Individuals with Disabilities Education Act) and those available through other disability associated programs, including community workforce programs needed to successfully transition to adulthood and the world of work.
 - b. In partnership with OVR and Goodwill Keystone Area, the county will continue Project SEARCH. Project SEARCH supports individuals in obtaining the 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 have 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. The fourth cohort will begin in May 2018. These interns are between the ages of 21 and 28. They are interning within County government and fulfill three (3) internship rotations before completing the program.
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 the 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 SCO (Supports Coordination Organization) to engage individuals and families in conversation to explore natural support available to anyone in the community.

1. CMU, Dauphin County's SCO, has hired several Support Coordinators (SC) 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 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 conducting business. 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, with individuals and their families using the Community of Practice strategies as well as attending resource fairs, outreach events, and with use of alternative media opportunities.
5. A fall event is planned and is being 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 SCs (Support Coordinators) to effectively plan for individuals on the waiting list.

1. The County and the SCO meet on a routine basis to review the waiting lists and prioritize waiver and other funding opportunities. This ongoing communication will continue. When service gaps exist, the SCO works with the County program to identify providers and other community resources to meet service needs.
2. The County and the SCO are exploring additional opportunities to reach "unserved" individuals and their families and maintain engagement in the system through e-mail, electronic 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 highly restrictive and costly service options.

Describe the collaboration 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, several independent contractors are in the process of offering this service to Dauphin County. This is a service option that will enhance the work of SCs as individuals and families explore the use of community resources and community integration. In addition, several 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 reality.
2. The SCO is an active member of Dauphin County's Provider Forum. The County supports their involvement by sharing information and working collaboratively on projects and 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.

Life Sharing and Supportive Living Option

Describe how the county will support the growth of Life Sharing as an option. What are the barriers to the growth of Life Sharing in your county? What have you found to be successful in expanding Life Sharing 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 it with families.
4. Dauphin County is holding a provider forum, spring 2018, directly targeting Residential and In Home and Community Support providers to pursue new ways to increase capacity of these services in Dauphin County.

How can ODP be of assistance to you in expanding and growing Life Sharing 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 such successes.
3. Some barriers that need to be addressed:
 - a. lack of startup funds;
 - b. developing a life sharing relationship takes time – emergency needs sometimes take precedence when waiver opportunities are available;
 - c. handling emergencies, such as hospital stays, by the Life Sharing provider (using reserved capacity when caregivers have extended hospital stays).

Cross-Systems Communication and Training:

Describe how your county will use funding, to increase the capacity of your community providers to more fully support individuals with multiple 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 folks 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 opportunities 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.

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 SCs 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 and families in understanding this new way of conducting business. In addition, the County 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 outreach events that engage youth, 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 support effective communication 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 needed 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-systems team meetings occur when individuals have 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 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 coordination with teams on behalf of individuals having both an ID and a mental health diagnosis. This has resulted in increased understanding and connections between the systems. In addition, High Level Reviews are used as a tool/support as well.
4. The County Mental Health and Intellectual Disabilities program 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 expertise and collaboration on behalf of those 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 funds 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, and local police departments.
3. Crisis Intervention Services are available 24-hours/day, 7 days/week.

Does your county reserve any base or block grant 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 inside or outside 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 individuals will go without service until additional funding is made available. Dauphin County complies with 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, 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 Intervention 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.

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? What is the composition of your mobile crisis team? 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 illness. 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 bio-psychosocial model of treatment such as trauma informed care and recovery and resiliency principles, trainings on the DM-ID2 and the DSM-5, understanding dual diagnosis, psychopharmacology, grief and loss in the IDD population, communication disorders and other trainings to assist the Mobile team with the diverse needs of this unique population. Most recently team members have been certified in administering the Adult Needs and Strengths Assessment for the IDD population.

Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

1. Attached.

Additional planning for Fiscal Year 2018-2019 is based on the those currently listed on both the emergency and critical PUNS. While individuals transition on and off the PUNS list, because their needs change or services are provided, the overall number of folks in both of these categories at any one time remains relatively the same.

Figure 2. PUNS Report (March 2018)

Service Area	Emergency	Critical
Adult Day Supports	15	14
Agency Group Home or Apartment less than 24 hours	5	11
Agency Group Home of Apartment – 24-hour staff	3	16
Assistive Technology	6	11
Community Employment (Supported Employment)	28	39
Environmental Accessibility	5	8
Family Living/Life Sharing	2	9
Habilitation	76	66
Individual Home Owned/Leased by the person with under 24 hours staff support	6	11

Individual Home Owned/Leased by the person with 24-hour staff support	1	5
Occupational Therapy	2	10
Other Day Supports – Volunteering	12	21
Physical Therapy	2	4
Post-Secondary/Adult Education	4	6
Pre-Vocational Supports	10	11
Respite Supports – less than 24 hours	22	30
Respite Supports – 24 hours	16	19
Speech Therapy	4	8
Transportation	34	43

Administrative Funding:

Describe how the county will utilize the PA Family Network to provide support and training in the community, how the county will use the 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 those activities?

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 HCQU (Health Care Quality Unit) to improve the quality of life for the individuals in your community. Describe how your 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 assess individual and programmatic needs and 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 IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize the data more fully?

1. The County engaged 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 you with your support efforts?

1. The County working with ODP and Better Together (ODP's technical assistance entity) developed a local Risk Mitigation Training. This training reinforced the key concepts from ODP's Risk Mitigation webinars but included real life's situations relevant to Dauphin County. Teams are better equipped to identify and mitigate risk, even for folks 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 you?

1. As stated above.
2. Quarterly risk management meetings are held to review trends, solutions and follow up as needed with providers and teams. Training needs are also identified and resources to access training are made available.
3. Leadership staff at the SCO and county attend bimonthly meetings to review monthly trends, solutions and follow up as needed.
4. 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.
5. ODP could develop family-friendly materials that could be utilized by county, SCOs, providers and advocates to address risk management priorities.

Describe how you will utilize the county housing coordinator for people with intellectual disability.

1. 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.

1. 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 services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?

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 concerns. 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 **online** 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 SERVICES

Dauphin County's HAP Program serves individuals and families whose income is below 200% of Federal Poverty level and who are homeless or near homeless, and who meet the specific HAP program component requirements. Dauphin County's HAP staff and providers collaborate with the Capital Area Coalition on Homelessness (CACH), the lead agency for the Harrisburg City/Dauphin County Continuum of Care to coordinate services, leverage funding from HUD, Emergency Solutions Grant, and local funding. The County continues to refine the use of data through HMIS and block grant reporting.

Bridge Housing:

Bridge Housing is a transitional housing program that allows consumers who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Consumers must receive case management, supportive services, and have a service plan that describes how the program will assist them for up to 18 months with the goal of returning the consumer to the most independent living situation possible. This component is designed to "bridge" the gap between Emergency Shelter and stable long-term housing. Consumers are generally eligible for 12 months of program participation. With county permission, a service provider can extend a consumer's stay from 12 to 18 months. In Dauphin County, the YWCA and Brethren Housing Association provide Bridge Housing. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County's FY 17-18 Block Grant Plan. Dauphin County HAP Bridge Housing service providers by using trauma-informed care principals, offering the support of a resiliency groups, and offering on-site mental health services. Access to affordable housing for people with criminal histories and credit issues is creating a significant gap in service. In FY 17-18, Bridge Housing services have served a significant amount of transitional age youth consumers (age 18 to 24) with children. There is a substantial increase in the number of consumers with substance abuse histories and those who have previously been evicted from public housing. These evictions have occurred for a variety of reasons, all related to issues that impact the consumer population and create a barrier that is challenging to overcome. Difficulty accessing transportation is another considerable concern that consistently impacts consumers across this spectrum. No changes are planned to Bridge housing in FY 18-19.

Case Management:

Case management services assist consumers in overcoming barriers in order to move from homelessness (out of shelter, off the street, or out of the danger of eviction) to a more stable situation to obtain self-sufficiency. Case managers make referrals and connections to mainstream resources, other social service agencies, as well as medical and treatment providers. Case managers work with HAP consumers to establish realistic goals in the areas of basic life skills, financial management, parenting, home maintenance, employment preparation, and/or employment skills. HAP consumers benefit from the advocacy role case managers provide and their assistance in navigating social services and educational systems. The consumer also benefits from the case managers assistance in obtaining funding for additional services, finding health care, meeting basic needs, and obtaining assistance in their search for permanent housing. Case management services are available to any consumer receiving HAP services. Gaudenzia and Christian Churches United are contracted to provide case management services. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and

housing status change and/or the number of evictions successfully resolved as reported in Dauphin County's FY 17-18 Block Grant Plan. In-Service training opportunities for community agencies are being conducted to inform them about the homeless assistance services process, develop an understanding of what appropriate consumer referral looks like, as well as broaden the awareness of community resources that are available to meet consumer needs. Case Management services have provided consumers with support vital to securing and successfully maintaining permanent housing. In addition, this support has enabled consumers to successfully remove barriers that commonly impede their progress and resulted in consumers repairing their credit, securing drivers licenses, and obtaining full time employment. There continue to be significant gaps that consistently impact consumers across the HAP spectrum including the lack of affordable housing as well as the lack of adequate age-appropriate childcare. With consumer resources being extremely limited, it is almost impossible for them to overcome the child care barrier independently; however, the wait lists for assistance from Child Care Network, Inc. are very lengthy. No changes are planned to Case Management in FY 18-19.

Rental Assistance:

The Rental Assistance program provides payment for delinquent rent for both apartment and mobile home lots as well as security deposits and/or first month's rent for families and/or single individuals who are facing eviction or who are homeless. 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. Consumers have the opportunity to participate in budgeting, money management, and landlord-tenant information workshops to further assist consumers in overcoming barriers and obtain assistance in gaining stability and becoming self-sufficient. In Dauphin County, Christian Churches United provides the Rental Assistance Program service. Dauphin County evaluates the efficacy of the program by measuring the housing status change and/or the number of evictions successfully resolved as reported in Dauphin County's FY 17-18 Block Grant Plan. Our Rental Assistance Program utilizes the consumer assessment process to more effectively leverage internally available rental assistance options to determine the best, most expedient rental assistance alternative for consumers. In addition, In-Service training opportunities for community agencies are conducted to inform them about the Rental Assistance Application process, develop an understanding of what appropriate consumer referral looks like, as well as broaden the awareness of community resources that are available to meet consumer needs. 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. Establishing on-going relationships with landlords is vital to the success of the Rental Assistance Program. Viewing landlords as "business partners" assists in meeting challenges and maintaining landlord relationships. Some landlords are now asking for both first and last month's rent in addition to a Security Deposit. This, coupled with increasing rents, threatens to exacerbate unmet housing needs even though a consumer may be eligible for HAP Rental Assistance, because the established maximum amounts that a consumer may receive are not adequate; \$1,000 (adult-only household) or \$1,500 (households with children) to fund landlord requirements. Finally, HAP Rental Assistance has no ability to serve people whose income is just slightly over the income guidelines for eligibility and Dauphin County is seeing an increase in those numbers. No changes are planned to the Rental Assistance Program in FY 18-19.

Emergency Shelter:

The Emergency Shelter service provides an immediate refuge and housing to individuals and families who have no legal residence of their own. Shelter providers also provide food, support, case management, and programs that promote self-sufficiency through building life skills. Shelter providers also connect participants to mainstream resources and develop strategies to identify and mitigate the circumstances that led to homelessness. Shelter stays are about 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 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 persons when no shelter capacity exists. Christian Churches United makes referrals to the following three emergency shelter service providers: Catholic Charities of the Diocese of Harrisburg, PA Interfaith Shelter for Homeless Families, the YWCA of Greater Harrisburg, and Shalom House. Interfaith Shelter for Homeless Families is the only emergency shelter provider in the capital region that serves intact families. Flexible bed space allows the shelter to serve up to forty-five (45) residents. The YWCA of Greater Harrisburg serves homeless women and homeless women with children and has a capacity of twenty (20) beds. Shalom House also serves homeless women and their children and has a capacity of twenty-one (21) beds. Dauphin County evaluates the efficacy of these programs by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County's FY 17-18 Block Grant Plan. Emergency Shelters are extending shelter stays, and in some cases serving families longer, to provide stability and the opportunity to successfully accomplish goals which improve services to families experiencing or at-risk of homelessness. As a result, when families leave shelter, they are moving into more stable, private housing situations instead of living in less stable circumstances with families and friends. Emergency shelters are generally seeing the same gaps in services as other HAP components. Waiting lists for transitional housing services, access to affordable housing, finding landlords who are willing to rent to consumers, and the increased requirement of application fees which result in a significant increase in costs to consumers who commonly do not get approved due to barriers such as bad credit, arrearages, or criminal histories are all housing related barriers that are creating challenges. Transportation also remains an obstacle, and long waiting lists for Child Care Network Inc. funded Day Care Assistance also present significant challenges. No changes are planned to Emergency Shelter in FY 18-19.

Other Housing Supports:

Dauphin County does not provide "Other Housing Supports." It is not a specific service and there are no additional HAP funds allocated to Dauphin County to expand services.

Homeless Management Information System (HMIS):

CACH is the lead agency for the HUD Continuum of Care PA 501 and is in full implementation of HMIS using Bowman Service Point software. HUD, ESG, and HAP services and providers are entering data into this HMIS. We continue to track HAP outcomes and HAP reporting.

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

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 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. 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 11 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 program for any member of the Dauphin County community with needs in the area of substance use disorders 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 embroiled in the criminal justice system. These such programs include the Department of Drug and Alcohol Programs (DDAP) and Department of Human Services (DHS) Medical Assistance (MA) Prison Pilot Project, School-based treatment services, Outpatient and Intensive Outpatient services onsite at the Dauphin County Work Release Center, and diversion to treatment opportunities at the County's Judicial (centralized booking) Center. In addition, in FY 17/18, Dauphin County was awarded a \$180,000.00 grant to pilot the Dauphin County Heroin Collaborative Jail Vivitrol Program which offers Vivitrol Services as a part of a comprehensive treatment plan to criminal justice involved clients. The SCA will be a part of the resubmission process for the FY 18/19 to continue this successful program. 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.

In 2016 two Dauphin County providers were awarded DHS Center's for Excellence (COE) Grants of \$500,000.00. Pennsylvania Counseling was the Phase 1 awardee under the licensed drug and

alcohol provider category, and Hamilton Health Center was granted the Phase 2 COE award under the category of primary physical health provider. Dauphin County Drug and Alcohol Services has and will continue to facilitate the recurring executive meetings of all stakeholders involved with the COE grants to ensure coordination and success.

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 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. New reinvestment planning is occurring with the goal of expanding recovery support services to women with children to develop a recovery house in Lancaster that will serve the Cap 5 counties: Dauphin, Cumberland, Perry, Lancaster, and Lebanon. Another plan will be the embedding of Certified Recovery Specialists (CRS) services within the outpatient (OP) provider network which will be available to any OP Provider that request to be included. 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 County's Integrated Human Services Plan Committee, Cross-Systems Children'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 Initiative, 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). SCA staff join many other county initiatives including the children and youth MDT and death revue meetings, the Cross-System's Supervisors group, the MH/ID wellness committee, the diversity forum and the poverty forum. 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/ID Department and Case Management Unit for Mental Health on collaboration and coordination for individuals with co-occurring disorders. This fiscal year, the County MH/ID and D&A departments hosted the first combined MH/ID and D&A providers meeting.

Treatment and Case Management Data

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	5	3
Non-Hospital Rehab Services	0	0
Medication Assisted Treatment	6	7
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	0	0

**Use average weekly wait time

Note: There were a few individuals that had to wait for Detox services. Of the 5 that had a wait, it was 3 days or less due to bed availability. These clients were all offered ancillary services.

2. Overdose Survivors' Data:

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

In response to this crisis, Dauphin County D&A had enhanced its practices to include a 24/7 screening, assessment, and referral process through a newly designed 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 agency and begins the process of screening, assessment if necessary, and/or conducts a bed search with direct referral to a detox facility.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
41	20	14	104

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	Special Population Services**
*Inpatient Hospital Detox	1 location 1 provider	0	
*Inpatient Hospital Rehab	1 location 1 provider	0	
Inpatient Non-Hospital Detox	9 providers 15 locations	1	Co-occurring/Dual, only 1 adolescent
Inpatient Non-Hospital Rehab	15 providers 32 locations	3	Co-occurring/Dual, Latino, PWWWC, only 1 adolescent
*Partial Hospitalization	2 providers 3 locations	1 provider 2 locations	Adult and 1 adolescent

Intensive Outpatient	9 providers 13 locations	9 providers 13 locations	Spanish-Speaking Services Re-entry Services
Adult Outpatient	9 providers 16 locations	9 providers 16 locations	Spanish-Speaking Services and 2 on-site at the Work Release Center Services Re-entry Services
Specific Adolescent Intensive Outpatient	4 providers 5 locations	4 providers 5 locations	
Adolescent Outpatient	5 providers 8 locations	5 providers 8 locations	
*Adolescent Outpatient School Based Treatment	3 providers 11 Districts 23 Buildings	3 providers 11 Districts 23 Buildings	
*Halfway House	5 females 6 males	1 female 1 male	
**Medication Assisted Therapy	6 providers 6 locations	6 providers 6 locations	
Screening and Assessment	8 providers plus the SCA 15 locations plus the SCA	8 providers plus the SCA 15 locations plus the SCA	

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 opening soon as well as a Recovery House in Lancaster that will serve the “Cap 5” region. 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 see 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 any outpatient facility in the county that requests them. There is a need in Dauphin County for Pregnant Woman and Women with Children in need of non-hospital residential treatment, recovery house, 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. The SCA continues to look for collaborative and grant opportunities to meet these needs.

5. Access to and Use of Narcan in County

Dauphin County SCA has joined with the District Attorney's Office and Couth Central EMS to assure 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 medication. Training has been provided by the SCA to County Probation Services officers, and all adult and juvenile officers carry this medication. The SCA conducted its first County training for drug and alcohol professionals and will offer additional community training in fiscal year 2017-2018. The SCA has 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.

6. ASAM Training

The SCA was fortunate that, within the Cap-5 region, the managed care organization has provided funding for training SCA staff and the provider network in the use of ASAM. They intend to facilitate additional ASAM trainings, and the SCA will be working in conjunction with DDAP to establish a sustainability plan for this training.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	5	11
Provider Network	44	160

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 of each in all 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 2015 survey was that 13.3% of students reported vaping/e-cigarette use and from that number 23.8% 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, and for FY 2016-2017 was 132.

County-wide summation of PAYS data shows that, for lifetime use, 42% of the students use alcohol, 14.4% nicotine, and 18.9% marijuana. The reported past 30-day use included alcohol as number one at 15.6%, followed by marijuana at 10.5%, and nicotine at 5.2%. In 16-17 school year, SCA SAP data shows that 132 students were assessed of which 55% white, 25% black, 7% Hispanic, 11% other, and 1.5% Asian. The SCA has seen 118 students in the current school year.

Prevention Risk Factors include: low neighborhood attachment, community disorganization, availability of alcohol, tobacco, and other drugs (ATOD), lack of clear, enforced policy on the use of ATOD, perceived risk/harm of Substance Abuse, favorable parental attitudes toward ATOD abuse, 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 2015 PAYs data, Dauphin County's three highest risk factors were: perceived risk of drug use (46.7% of students at risk), low neighborhood attachment (44% at risk), and parental attitudes favorable toward antisocial behavior (42.7% 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 2015 PAYs data, Dauphin County's lowest protective factors were: community rewards for pro-social involvement (45% with protection), religiosity (46.6% with protection), and school opportunities for pro-social involvement (51.6% with protection).

Overall, prevalence data estimates that 12.7% of Dauphin County residents have or may have a substance use concern. This far exceeds the National averages of 3-4% of overall population. Substance abuse is a pervasive and ongoing problem in Dauphin County. Using some of this prevalence data provides a picture of our County; however, when a comprehensive needs assessment is completed, the SCA will be able to discern more clearly where risk and protective factors are and what outcomes can be targeted to get effective results from programming offered. In prevention, a comprehensive needs assessment is utilized which encompasses the use of the Federal Government required tool the Strategic Prevention Framework (SPF).

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: 100 people Cost: \$ 3,000.00

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

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

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

Inpatient Non-Hospital Services

- **Halfway House** - 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: 4 - Cost est.: \$10,000.00

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

Total to be served: 50 - Cost est.: \$76,259.00

- **Medically Monitored Residential (Short or Long-Term)** - 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: 8 - Cost est.: \$115,000.00

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: 500 - 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: \$84,537.00

- **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: 200 assessments Cost is estimated to include at a minimum: \$122,204.00

- **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

Human Services Development Fund

Administration

Activities and services provided by the Administrator's Office of the Human Services Department includes \$24,853.00 dedicated to this area. This includes any management activities pertaining to county human services provided by Area Agency on Aging, Social Services for Children & Youth, Mental Health/Intellectual Disabilities, Drug and Alcohol Services, and HSDF. 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, as well as 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 receipts, managing disbursements, and contract monitoring.

Adult Services

Program Name: Home Delivered Meals

Description of Services: Dauphin County's Area Agency on Aging (AAA) delivers hot luncheon meals prepared and packaged by a contracted provider to qualified individuals each weekday (Monday through Friday). The volunteers who deliver these meals are coordinated through Dauphin County and the contracted kitchen provider. This program is commonly known as "Meals on Wheels". This service provides hot home delivered lunchtime meals for adults ages 18 through 59 years. Over the last three fiscal years, the need for this service has declined by approximately ten individuals, some whose needs are being met now through AAA and some who moved from the area, while others no longer had a need for the service due to other programs and community supports.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

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. The County has 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 as well as the tools they need to become more self-sufficient by connecting them with available community resources. This organization's model is built on 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. The County has dedicated \$4000.00 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.

Aging Services

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.

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

Children and Youth 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

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

Description of Services: Provides supportive listening, health and human services information, and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. 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. The County has 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 about to interpret over 40 languages

and connects those in need directly with information and referral to critical services for individuals and families. The County has 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: JusticeWorks

Description of Services: Provide coordination and facilitation of Family Group Conferences (FGC) for adults in Dauphin County who are not otherwise engaged in another department where FGC are funded. This service is following a specific Dauphin County Family Group Conferencing model where a purpose for developing a plan is identified with the individual and the family and a trained coordinator and facilitator guides the family through the FGC process and with private family time, the family develops a plan to meet the identified concerns.

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. The County has 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. The County was not able to secure a provider until this current planning year. Under this initiative, the program has 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. A contract with Tri-County Community Action will be established, and Tri-County Community Action will plan and coordinate needed trips for residents across the vast Northern Dauphin area. \$19,000.00 will be dedicated to this service coordination effort.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services which include partial salary funding for several staff members associated with the Human Services Development Fund/Human Services and Supports, including one human services IT management position, the Human Services Director, and those responsible for coordinating services in the County.

Dauphin County Human Services continues to plan and build alliances through collaboration with private and public organizations to design overall solutions to community problems and 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, an annual youth and adult job fair, and a community recovery day. In addition, programs such as the Summer Youth Drop-in Centers for kids at-risk of entering formal human service and juvenile justice systems.

Lesser amounts of funding are used for: 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, all which 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 YWCA in collaboration with Temple University and Harrisburg Area Community College provides programming and training in Cultural Diversity for employees and community members. They plan and coordinate monthly information and training sessions to which the County dedicates \$1200.00 for those activities.

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 affords both formal and informal systems the opportunity to plan 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 beginning year three of a three-year funding plan and will again dedicate \$500,000 of HSBG and other potential funds this fiscal year to build an Integrated Data System across all human service departments including booking center data, prison data, and probation services data. An integrated client view and cross-system data dashboard will enable data-driven decisions across all human service systems. Since 1 in 4 PA citizens receive Health and Human Service benefits, its crucial, 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 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. This funding will be utilized for a contract with Deloitte Development, LLC to build the information technology process necessary to obtain a Dauphin County Human Services Integrated Data.

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)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

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

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.

Other Housing Supports

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.

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.