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DAUPHIN COUNTY

2017/18 Human Services Block Grant Plan

Submitted by:

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Dauphin County Commissioners

Jeff Haste

Mike Pries

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Appendix A
Fiscal Year 2017-2018

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

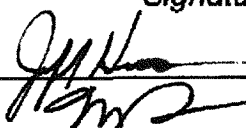
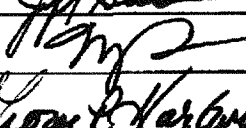
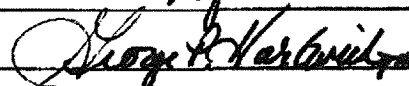
<i>Signatures</i>	<i>Please Print</i>	
	Jeff Haste	Date: 5/31/17
	Mike Pries	Date: 5/31/17
	George P. Hartwick III	Date: 5/31/17

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Appendix B
County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS

Dauphin County is privileged 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, past or present; Dauphin County Children and Youth consumer, past or present; and on 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 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.

Dauphin County Human Services Block Grant Advisory Committee held regular public meetings to ensure the full scope of community needs are being considered as we recommend programs and services to meet those needs. 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 cross system services. The Dauphin County Human Services Director's Office oversees the Human Services Departments of Area Agency on Aging, Drugs and Alcohol Services, Social Services for Children and Youth, and Mental Health/Intellectual Disabilities. The Human Services Director's Office is a link between these departments and the Dauphin County Board of Commissioners.

The 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 Director's Office is also responsible for issues related to access to services. In these roles, the HSDO will plan for \$15,764.00 in personnel costs, \$4971.00 in indirect costs, and \$1400.00 for auditing from HSDF.

The Human Services Director's Office also oversees the Human Services Development Fund, State Food Purchase Program, Family Center Grant, Fatherhood Initiative Grant, Child Care Network Grant, 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 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 public hearings were held on February 17, 2017 and May 19, 2017, as Dauphin County is one of the counties participating in the Human Services Block Grant.

1. Proof of publication;
 - a. A copy of the actual newspaper advertisement for the public hearing is included; please see attachments A1, A2. It should also be noted that this information is readily available on the Dauphin County website.
 - b. The public notice for the Dauphin County Human Services Block Grant Planning and Advisory Committee was run in the Patriot News on February 2, 2017 for a public hearing held on February 17, 2017 (see A1).
 - c. The public notice for the Dauphin County Human Services Block Grant Planning and Advisory Committee was run in the Patriot News on May 2, 2017 for a public hearing held on May 19, 2017 (see A2).
 - d. Additionally, attachment A3 is the list of public Dauphin County Commissioners meetings, of which public comment is always accepted.

2. Attachments B1 and B2 are sign-in sheets of each public hearing on February 17, 2017 and May 19, 2017 respectively.

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 is a top priority across all human services' departments to

provide better, cost effective customer-service oriented services, processes and programs.

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 those in need. Integration can combat a multitude of barriers and improve efficiencies across all human service systems. Integration is critical for moving human services forward for the following reasons:

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

Integration among similar purposed positions across human services departments began in January of 2017 and is projected to incrementally continue through the next 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 manner. Each department will be building new forms of strong interdepartmental relationships over the next several years as we strive towards full integration.

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

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 Platform, 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 had begun in 2017:

1. Quality Assurance (QA) and Continuous Process Improvement Plan

The Quality Assurance Unit will be centralized within the Human Services Director's Office. This unit will conduct an internal case review process within each human services department. Each case review will be scored. Once scored staff, supervisors, and Administration will be notified of results. In addition, the Commissioners, Human Services Director, or Department Administrators can request reports, including trend analysis, at any time.

The QA Unit will provide quarterly reports in the form of an internal report for each human services department. Cross system dashboards will be created monthly for County Administration. Approved quarterly public dashboards will be distributed within the community and posted on the county website.

QA will analyze processes within each human services department and create a detailed QA procedure for each human service department by Fall 2017.

2. Public Outreach, Education and Communication (Outreach Team)

The Outreach Team will be 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 Outreach Team and the management team will also modify or enhance training 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 to learn job skills and build their resume. We are in our third year and participants are earning positions across our community 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.

Additionally, Dauphin County continues to couple with the YWCA of Greater Harrisburg for supported employment and supported 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 clients 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. Small amounts of HSDF funding support both CACH coordination and Shalom House Shelter. HELP Ministries

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 developments in housing across all high-risk populations.

The goal of Sunflower Fields is to increase 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, remains committed to promoting best practice efforts to assure access to supportive services and focuses on improving cross-systems coordination and providing timely access to treatment, referrals, and addressing the underlying causes of housing issues while strengthening Mental Health and Drug and Alcohol case management to maximize coordinated efforts.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights

This program narrative is written without the knowledge of the level of Commonwealth funding. Any reduction in funding may run the risk of decreasing the quality and quantity of MH services in our community and impact timely access to supports while exacerbating staffing issues. Few resources exist to create funding options, particularly for adults with a serious mental illness and/or co-occurring disorder such as a serious mental illness in combination with substance use/abuse disorders. The FY12-13 budget cuts totaling \$1,931,200 have never been restored and new demands from other systems cannot be addressed through service integration or coordination strategies. Dauphin County's Mental Health system has benefitted from the flexibility of the Human Services Block Grant process in the past; however, those opportunities have diminished due to the increased demands on the other participating systems. Direct service funds are the best way to serve persons on waiting lists, and those who need individualized care are growing, but the system lacks the flexibility and resources to meet those

demands/needs. It must be noted that mental health is the largest population of Dauphin County residents served through the Human Services Block Grant.

FY15-16 is the most recent full year of mental health programs operations for data analysis in the Block Grant Plan. The mental health allocation constitutes 71.8% of the funds managed in the Dauphin County MH/ID Program. Expenditures are closely tied to funding levels. 4.5% are administrative costs. The MH Program served more people in FY 14-15, with a minimal decrease in the Crisis Program and slight increases in MH.

Table 1 – Comparison of Persons served FY12-13 through FY15-16

PROGRAM AREA	PERSONS SERVED FY 12-13	PERSONS SERVED FY 13-14	PERSONS SERVED FY 14-15	PERSONS SERVED FY15-16
Mental Health	4,634	4,422	4,537	4,208
Crisis Intervention	3,344	3,190	3,185	3,230

Outcome data was received from MH providers according to timely requirements. The Block Grant Outcomes for the MH system are comprehensive and timely. Baselines were established for cost areas in FY14-15. The cost areas are formatted to reflect Block Grant reporting categories. Funds directly managed by Dauphin County Mental Health include those that are state-allocated, CHIPP, federal non-Medicaid, and county matching funds. A dashboard report is submitted quarterly and provides the Block Grant Advisory Board and 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 involved in the system. The availability of funds is another factor impacting numbers of persons served and dollars expended. 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 and complete implementation of licensed psychiatric rehabilitation services. Staffing vacancies could be attributed to the decreased costs in crisis intervention and emergency services.

Housing support services cost decreases are in relationship to establishing psychiatric rehabilitation services without any additional funding from OMHSAS or through grants. In future years, the BH-MCO will also be participating in the funding of psychiatric rehabilitation services for PerformCare members. ACT, outpatient services, inpatient treatment, and targeted case management decreases reflect the increases in persons eligible for Health Choices through Medicaid Expansion.

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

Administrators Office	\$890,344	\$918,558
Assertive Community Treatment	149,603	117,974
Administrative Case Management	1,468,155	1,570,359
Community Employment	205,801	207,288
Community Residential	9,667,637	10,627,934
Community Services	357,241	344,441
Consumer-Driven Services	156,639	159,685
Emergency Services	669,020	587,685
Facility-Based Voc. Rehab.	42,962	29,778
Family-Based Services	0	0
Family Support Services	74,981	60,128
Housing Support	1,239,565	1,112,515
Crisis Intervention	1,141,788	1,031,509
Outpatient	988,652	275,052
Partial Hospitalization	146,948	172,919
Peer Support Services	143,390	191,544
Psychiatric Inpatient Hospitalization	255,993	43,591
Psychiatric Rehabilitation	384,818	425,466
Social Rehabilitation	756,170	750,008
Targeted Case Management	1,036,415	887,606
COUNTY MENTAL HEALTH TOTAL	\$19,619,483	\$19,354,452

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 15-16.

Table 3 – Service Types by Numbers of County Registered Persons

Assertive Community Treatment	19	19
Administrative Case Management	3,688	3,428
Community Employment	28	55
Community Residential Services	409	405
Community Services	2,100	2,100
Consumer-Driven Services	250	188
Emergency Services	1,605	1,340
Facility-Based Vocational Rehabilitation	8	6
Family-Based Mental Health Services	0	0
Family Support	38	35
Housing Support	253	234
Crisis Intervention	2,341	1,896
Outpatient	572	282
Partial Hospitalization	38	38
Peer Support Services	36	37
Psychiatric Inpatient Hospitalization	10	6
Psychiatric Rehabilitation	81	117
Social Rehabilitation	196	196
Targeted Case Management	823	752

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

Medical assistance managed care or HealthChoices Behavioral Health services are managed locally in a five (5) county collaborative through the Capital Area Behavioral Health Collaborative (CABHC) and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth *Caritas*. Table 4 shows the type of service, number of persons served and expenditures. In FY12-13 8,511 Dauphin County residents received HealthChoices funded services and in FY13-14 approximately 8,700 were served. For FY 14-15 more than 9,500 were served. In FY15-16 11,446 Dauphin County residents received HealthChoices funded MH treatment.

Table 4- Dauphin County HealthChoices FY15-16 Mental Health Services by Number of Persons / Costs

Inpatient psychiatric, includes Extended Acute Care	1,137	\$17,150,299
Partial Hospitalization	417	1,286,404
Outpatient	9,841	8,201,843
Behavioral Health Rehabilitation Services (BHRS)	1,839	11,581,722
Residential Treatment (RTF)	38	2,771,186
Clozapine/Clozapine Support	1	283
Crisis Intervention	1,237	465,754
Family-Based MH Services	236	2,968,728
Targeted MH Case Management	2,207	5,193,950
Peer Support Services	110	254,759
Other MH, includes Assertive Community Treatment, Specialized treatment, Tele-psychiatry	558	1,806,866
MANAGED CARE MH TOTAL:	11,446	\$ 51,501,795

The number of persons using psychiatric hospitalization, Family Based MH Services, and RTF services decreased. The number of persons using outpatient clinic services increased, and approximately 374 persons received their outpatient services through tele-psychiatry.

a) 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 as well as develop a six-step action plan to reduce the number of person with mental illness that the Courts/law enforcement incarcerated. Resources and supports are available to the local steering group through National Association of Counties (NACo), Bureau of Justice Assistance (BJA), The Council of State Governments, and the American Psychiatric Foundation. Dauphin County is currently in the data collection phase of this project. Transformation Priority One (page 18) identifies the MH system's on-going approaches to screening/assessment of persons charged and diversion and re-entry planning between the Dauphin County Case Management Unit (CMU), Dauphin County Pre-Trial and Dauphin County Adult Probation.

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

FY 16-17 marked the start-up of CAPSTONE, a first episode psychosis (FEP) program funded by OMHSAS with federal Community Mental Health Block Grant dollars for

persons ages 16-26 experiencing an initial diagnosis of a psychotic disorder. The partners include: Pennsylvania Psychiatric Institute for team leadership and clinical services, YWCA of Greater Harrisburg for supported employment and supported education services, and CMU for targeted case management and certified peer support services.

- **Dauphin County needs partners, including OMHSAS, to address the use of mechanical restraints among children and to create therapeutic best practices for children being served by inpatient programs.**

The use of mechanical restraints on children's inpatient units is a critical concern. Rarely do incident reports document imminent danger, and the documented escalation of events are opportunities for alternate interventions. The Dauphin County MH/ID Program believes mechanical restraints can be and should be prevented. The use of mechanical restraints leads to injuries and teaches children to use physical methods of expression instead of verbal communication skills. It reinforces the use of physical power and control and is dehumanizing. While the psychiatric protocols are in place as well as parent/custodial permissions, the use of restraints can be prevented. PerformCare has joined with Dauphin County for an on-going examination of restraint use. The use of mechanical restraints is not best practice, and yet it continues to appear to be used with children with frequency. During FY 2015-2016 seven youth were mechanically restrained at two different inpatient units for a total of thirty-three mechanical restraints. This is an increase in the number of youth and the number of restraints from the previous fiscal year. Six of the seven youth were in one specific psychiatric inpatient program. The ages ranged from 6 to 13 years old. One youth was restrained fifteen times. Our experience indicates that the use of mechanical restraints is limited to a few facilities; however, action is needed by all children's mental health entities to find therapeutic methods of eliminating the use of mechanical restraints with all children in the Commonwealth.

- **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. Mental health agencies serving children and families were asked to identify Family Engagement strategies in FY15-16. The goal is for providers to engage families as a resource to the agency – not engage them in treatment. Families have an important role in improving, advising, and supporting agencies. Several agencies are

experiencing difficulties understanding and adapting to this need, demonstrating a fundamental concern about their view of parent's role in the mental health system.

- **Dauphin County Continuously Improves Children's Services toward a Reduction of Residential Treatment Use**

Dauphin County MH is focused on reducing the use of Residential Treatment, because it is not evidence-based or community-based care. Though Dauphin County believes that RTFs have a value in a comprehensive system, it also purports that RTFs should be used on a short-term basis. The RTF census in 2015-2016 totaled 38 unduplicated children and teens. The numbers of persons began trending upwards during the last two quarters of FY 2015-2016. County MH analyzed the six-month period of January – June 2016 and attempted to identify issues related to a rapid increasing number of recommendations and approvals for RTF level of care. The information was presented to the HealthChoices oversight agency and PerformCare, the behavioral health managed care organization, recently for further review and planning. FY16-17 marked a concerted effort for the BH-MCO and CAP 5 Counties to examine the needs of complex children in relationship to existing RTF resources and expertise. In comparison to previous years, the number was similar as FY 14-15 but still less than the number of youth in years prior, as FY14-15 totaled 37 children and teens. FY13-14 amounted to 46, and in FY2012-2013 the total was 55. There were 11 discharges from RTF in FY15-16, and the average length of stay was 290 days, compared to 20 youth discharged in FY14-15 who had an average length of stay of 419 days. 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 in Dauphin County. The County MH Program and PerformCare have instituted a workgroup on examining alternatives to RTFs with the use of community based services as well as working with RTFs on quality concerns. 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 hampered by a lack of family interest in having family members home after 3-6 months (short-term RTFS) and work in the home setting every weekend (CRR-ITP).

- **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 Capital Area Behavioral Health Collaborative (CABHC), which is the administrative oversight agency of PerformCare. County roles include monitoring and administrative functions as well as person-specific involvement. County mental health has the principal responsibility for an analysis of inpatient and services data investigating the root cause of high (over 10%) psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of an inpatient discharge. A real-time notification system for persons with 2 or more 30-day inpatient readmissions was established in FY13-14 and continues. County MH hosts meetings with inpatient facilities, case management entities, and other

interagency team members within the MH system to strategize on changing the overuse in inpatient care at a person and cross-system level.

Dauphin County has no new reinvestment project responsibilities at this time; however, implementation continues for a few previously approved projects. The Mobile MH/ID Behavioral Services team will continue reinvestment funding through FY16-17 as well as add one additional team for the remaining Cap 5 counties. The implementation of a RED-like (Re-Engineering Discharges) behavioral health program locally is highly anticipated, and PerformCare is responsible for implementation. A Common Ground Decision Support Center is planned for operation with one outpatient provider which includes services for homeless persons.

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

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

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

Strengths	Opportunities
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	Collaboration with County located Skilled Nursing facilities Limited access to skilled nursing homes/services For forensic/older adults

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

Strengths	Opportunities
<p>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 MH Screening at County Central Booking Certified Peer Specialists and imbedded in IP units Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family Program Forensic CRR Program DBT-focused Adult CRR program SAMHSA-model Supported Employment Services Transitional CRR Programs for Crisis and Diversion Sex Offender Outpatient Services CAPSTONE an FEP program Three Permanent Supportive Housing Programs and prepared Renters program Classes Shelter Plus Care</p>	<p>Continued Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County Local MH & Jail with 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 Behavioral Health RED Program at PPI in collaboration with PerformCare Suspension of Medicaid benefits while in SMH rather than terminated from benefits. Common Ground Decision Support Center in Outpatient Clinic also serving homeless population. Site and mobile psychiatric Rehabilitation services also MA funded.</p>

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

Strengths	Opportunities
<p>Evidenced based outpatient clinic services (DBT-Teens, DBT, CBT, TF-CBT, Co-Occurring MH D&A Outpatient) Flexible Outpatient Transition Planning to Adult Services by TCM beginning at age 16 The JEREMY Project Transitional Adult Program –CRR CRR Host Home- Intensive Treatment Program CAPSTONE FEP program Transition-age Peer Support Service (CAPSTONE) in the works PREP Classes and Three Permanent Supported Housing programs</p>	<p>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 The JEREMY Project data review</p>

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

Strengths	Opportunities
<p>Guiding Good Choices County and Public School District meetings on MH system improvements School-based Mental Health Outpatient Flexible Outpatient Respite</p>	<p>Providers implementing Family Engagement Plan and activities Expansion of CRR-HH/ITP Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs</p>
Strengths	Opportunities
<p>The Incredible Years implemented under school-based outpatient clinics Multi-systemic Therapy CRR –Host Home Intensive Treatment Program Coaching and support to CMU Children’s Supervisors Human Services’ Supervisors Group County cross-system protocol for collaboration PCIT and DBT-A with two (2) outpatient FBMHS Team expansion VALLEY STRONG initiative in Northern Dauphin County Transition Planning to Adult Services by TCM beginning at age 16 BHRS expansion by two (2) providers</p>	<p>Reduce the use of mechanical restraints for all children Continue Resiliency in Action Training Implement Functional Family Therapy Start-up FY17-18 Continue to address strategies with PerformCare on over authorization and long term use of BHRS among older teens</p>

• **Adults and Older Adults Transitioning Out of State Hospitals**

Strengths	Opportunities
<p>Homeless Outpatient Clinic Extended Acute Care access for diversion CRR and Domiciliary Care programs Long Term Structured Residence Specialized Care Residences (PCH-Licensed) WRAP and IMR Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-occurring MH & D/A) Assertive Community Team (ACT) Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family Program SAMHSA-model Supported Employment services Transitional CRR programs for Crisis and Diversion DBT focused CRR Program Sex Offender Outpatient Services Three (3) Permanent Supportive Housing programs Shelter Plus Care</p>	<p>Collaboration with County located Skilled Nursing facilities Limited access to skilled nursing homes/services when psychiatrically stable Expand Bridge Rental Housing with Housing Authority of Dauphin County Licensed Psychiatric Rehabilitation Site-based and mobile Services added to MA</p>

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

Strengths	Opportunities
<p>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 Therapeutic Community in Adult Forensic CRR Assertive Community Team (ACT) Integrated COD Outpatient Clinics at two dual-licensed providers</p>	<p>Monitoring of MH and SA service use through PerformCare by Co-Occurring identified target population Improve re-entry planning with DOC for residents</p>

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

Strengths	Opportunities
<p>Homeless Outpatient Clinic County-level State Hospital Diversion/Coordination Jail diversion at MDJ/Pre-trial MH Screening at County Central Booking Extended Acute Care access CRR and Domiciliary Care programs Long Term Structured Residence Specialized Care Residences (PCH-Licensed) WRAP and IMR Evidenced-based outpatient clinic services (DBT, CBT, Co-Occurring MH & D/A) Center-based/Individualized Social Rehabilitation Three (3) PSH programs and PREP Classes Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family Program SAMHSA-model Supported Employment services Transitional CRR programs for Crisis and Diversion Forensic CRR DBT Focused CRR Sex Offender Outpatient Services STEPPING UP initiative CJAB Member</p>	<p>Use data-driven information to educate other systems on role/responsibilities of MH system Limited access to skilled nursing homes/services Continued use of Forensic Contingency Funds Continued coordination with DOC-SCI on re-entry of Dauphin County residents with SMI back into their home communities Service access for HealthChoices members in DOC-Community Correctional Centers while in DOC custody Continued to implement Bridge Rental Housing with Housing Authority of Dauphin County Review Gibson House programming and outcomes</p>

- **Children with Juvenile Justice Involvement**

Strengths	Opportunities
<p>Student Assistance Program MH Consultation School-based Mental Health Outpatient Flexible Outpatient Respite Multi-Systemic Therapy & FBMHS CRR –Host Home Intensive Treatment Program Human Services’ Supervisors Group County cross-system protocol for collaboration Reduce use of mechanical restraints DBT Teen with two outpatient providers 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 Transition Strengths and needs assessment conducted annual beginning at age 16 Direct communication at case specific level with assigned dependency and delinquency judges</p>	<p>Providers in Family Engagement activities Expansion of CRR-HH/ ITP Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among all children Continued MH consultation with BH-MCO on transition issues/service needs Functional Family Therapy Start-up FY17-18</p>

- **All Veterans and Their Families**

Strengths	Opportunities
<p>Non-service connected veterans and their family members may access MH services based upon eligibility and availability. Due to gaps in services, veterans and their families are served by both the MH and VA systems based on their need and eligibility for services. Stand Down Ongoing commitment at County and BH-MCO to developing and sustaining clinical expertise in trauma –related evidenced based interventions and provider/clinician certification. Dauphin County Veteran’s Court may coordinate services with the MH system as needed.</p>	<p>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.</p>

• **Lesbian/Gay/Bisexual/Transgendered/Questioning/Intersex Persons**

Strengths	Opportunities
<p>Provision of training available on routine basis for all types of services/professionals Alder Health Care (formerly the AIDS Community Alliance) has an established mental health psychiatric clinic co-located and integrated with their health services. Informal knowledge and resource sharing between clinical services and crisis/case management entities.</p>	<p>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. Alder to add tele-psychiatry</p>

• **Racial/Ethnic/Health/ Linguistic Disparities for All Persons**

All Persons Experiencing Racial/Ethnic and Health Disparities in the MH System

Strengths	Opportunities
<p>Two 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 person registered with the MH system. County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BH-MCO. On-going commitment to wellness activities for children and adults in MH system. Emphasis on coordination and communication between primary care, specialized care and behavioral health. BH-MCO has multi-year priorities identified on PH/BH integration. Active Quality Assurance Management in County MH Program in addressing chronic/preventable health issue among adults and children with MH concerns. Advocacy with BH-MCO and OMHSAS on needs related to dual eligible (Medicaid and Medicare) Medication Reconciliation Toolkit from PerformCare</p>	<p>Continue to triage care due to periodic budgetary cuts and the lack of prior cost-of-living increases not tied to real costs which continue to impact the availability of services and waiting periods to access services. Maintain role in County level planning for county funded as well as BH-MCO funded services. Expected roll out of Toolkit for Natural Supports from PerformCare pending OMHSAS approval. Continuation of active Quality Management Community HealthChoices in 2019 Continue to explore Nurse Navigator services</p>

All Persons with Language and Linguistic Support Needs in MH system

Strengths	Opportunities
<p>Policies and procedures at County and BH-MCO in place to address provision of language and linguistic support needs in MH service access.</p> <p>Commitment to diversity in workplace/provider hiring for direct care and management services to represent cultural, language, and ethnic demographics of the population of persons in publically-funded MH system.</p> <p>Contract with the International Services Center for ethnically-specific support services, typically recent immigrants of Asian descent.</p> <p>Use of Language Line available through Crisis Intervention Program and among other service providers when staffing is not representative of population in services.</p> <p>CMU and Keystone Human Services maintain on-going cultural competency taskforces.</p>	<p>A comparative survey of workforce demographics has not been conducted since the 1990's among County MH system.</p> <p>Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs. Work with International services Center as needed on program modifications.</p>

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

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

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

Strengths	Opportunities
Cross-system interagency team meetings at person-specific and administrative levels Crisis intervention and targeted case management linkages with physical health providers BH services embedded in FQHC Alder Health as also a Behavioral Health Services provider	Continue to explore Nurse Navigator

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 dollars lost in allocation FY12-13 and COLA increase on those funds. Otherwise, the only option would be to use reinvestment funds for this purpose with OMHSAS approval and that is prohibited according to reinvestment rules unless there is a certification.

c) Supported 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 16-17 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 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	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	5	5	30 years w Option to own	FY14-15

2. Bridge Rental Subsidy Program for Behavioral Health Check if available in the county and complete the section. **Would like to expand with additional reinvestment funds.**

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 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	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
FY12-13 Reinvestment	\$52,166	\$109,760	18	18	18	\$525/mo. Many families w/ 2-3 bedrooms	0 2 person just had 1 year anniversary in BRSP and are eligible for HC Voucher	FY14-15

3. Master Leasing (ML) Program for Behavioral Health

Check if available in the county and complete the section. **Would like to explore with FY16-17 reinvestment funds**

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

*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 – 18	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
				18				

4. Housing Clearinghouse for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section. Activities performed by County MH staff					
An agency that coordinates and manages permanent supportive housing opportunities.							
*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Staff FTEs in FY 16-17	Year Project first started	

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 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	
Block Grant	1,017,517	1,020,000	175	175	12	1990 (Base) & 2006 CHIPP	

6. Housing Contingency Funds for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section. Available for all case management entities and Crisis					
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)	\$15,000	\$15,000	35	35	\$500	1990's	

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	\$ 16,000	\$16,000	10	10	NA	NA	2011

d) Recovery and Resiliency Oriented System Transformation

1. The incidence of mental illness in the local prison population is comparable to national statistics. Mechanisms need to be used to the fullest extent to reduce incarceration in the local prison with persons 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 and protocols to support diversion, re-entry and service planning in collaboration with the local criminal justice system. Participants in this process include Dauphin County Crisis Intervention Program, CMU, Keystone ICM, Dauphin County Pre-Trial Services, Adult Probation and Judicial Center staff. The stakeholders are commencing the fourth year without a dedicated specialty MH Court and Year One with the STEPPING UP Initiative. The MH system needs to review and potentially reset our efforts with the adult forensic population.

Review and Refine Relationship with Judicial Center for Screening/Assessment for MH Needs			
Steps	FY17-18 Timeline	Fiscal Resources	Priority Tracking
1. Review screening and assessment process used by MH Crisis and Case Management Entities	June - July 30, 2017	No additional fiscal resources are needed beyond County and participant staff time for research, communication and planning meetings.	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 once per month and Pre-Trial services bi-monthly.
2. Identify strategies and improved processes for timely screening at Judicial Center.	August –September 2017	County will explore training 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. Redesign screening tool for Pre-trial staff and design assessment tool for CIP/MH Case management entities. Chart Process.	October 31, 2017		The MH/ID Administrator will review in the Block Grant Advisory Committee and has direct oversight of the Crisis Intervention Program.
4. Develop/revise policies and procedures			
5. Train cross-system staff and arrange MHFA Public Safety Training for JC staff.	October 2017		
6. Implement	November 2017		
7. Assess	November 2017 December 2017 – March 2018		

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

Individuals (ages 16-22 years) in The JEREMY Project must have a primary mental health diagnosis and be residing in Dauphin County. Youth in RTF are not the JEREMY Project target group. 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 is just beginning. This Transformation Priority will continue into FY17-18.

Steps	FY 2017-18 Timeline	Fiscal Resources	Priority Tracking
1. County will engage CABHC in this review as their staffing allows. Data on three prior years discharges was compiled and analysis is starting	June-July 2017	No additional financial resources will needed beyond existing staffing and CABHC reinvestment funding. Parties involved will include: County child and adult staff, CMU management and supervisory staff, The JEREMY Project Transition Coordinator and CABHC as the funding source.	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. The priority will be added to the County Adult and Child Annual work plan and reviewed in supervision with the Deputy MH Administrator.
2. Review literature and best practice information from other sources.	August 2017		
3. Formulate recommendations for The JEREMY Project funding source and host agency, CMU.	September 2017		
4. Meet with stakeholders on implications for current program and develop strategic plan, as need.	October 2017		
5. Amend as needed Transition Assessment tool introduced at CMU in FY2015-2016 for all registered persons age 16 during transition to adulthood.	October 2017		
6. Train and support MH case management supervisors in working with high risk persons in transition.	November 2017		
7. Assess impact of training	January – June 2018		

3. 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 date of admission.

The Dauphin County MH/ID Program operates eight (8) CRR programs for adults diagnosed with Serious Mental Illness. The goal of this interagency team is to motivate persons in CRRs to move into permanent supportive housing after two years by offering a variety of housing options along with community supports and services. The interagency teams are person-centered and may additionally

include MH case management, family, service providers, peer support, a housing locator, supportive housing, and others at the request of the individual.

During FY16-17 thirteen individuals in CRR programming had a length of stay between 3 and 12 years. During the year, eight individuals were transitioned from CRR settings, but only 50% were established in permanent supportive housing (PSH). Barriers to PSH included physical health status and criminal activity. The purpose of this transformation priority is to assess and 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 supports needed to maintain recovery.

Steps	FY17-18 Timeline	Fiscal Resources	Priority Tracking
<ol style="list-style-type: none"> 1. Twenty-one (21) persons have been identified as possible PSH candidates. 2. Individuals and their team identify potential barriers to independent housing and recovery 3. Identify certified peer support resources and offer and develop consensus goals. 4. Service plans across all involved providers are modified. 5. Transition planning occurs monthly. 6. Monitoring of teams by county for resource development, allocation and advocacy. 7. Follow-up monthly on services and supports to maintain recovery. 	<p>Present</p> <p>July – October 2017</p> <p>July – October 2017</p> <p>November 2017 – June 2018</p> <p>November 2017 – June 2018</p> <p>November 2017 – June 2018</p> <p>November 2017 – June 2018</p>	<p>No additional staff resources are needed at County and provider level.</p> <p>Identification of certified peer support services will be needed.</p> <p>Potential need to identify additional 811 Housing units and consider interest in relocation.</p> <p>Potential need to expand additional resources for Bridge rental subsidy program which is reinvestment funded.</p>	<p>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.</p> <p>Weekly reporting spreadsheets are being delivered on a weekly basis by the residential providers, describing in detail current status of individual's planning and transition.</p>

4. 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 staff members in FY 2015-2016. The purpose of this resiliency priority is to plan Guiding Good Choices activities in FY17-18. PerformCare/AmeriHealth *Caritas* are no longer involved in this activity.

Steps	FY2017-18 Timeline	Fiscal Resources	Priority Tracking
1. Meet with parent trainers and school districts and plan GGC activities in 2 public school districts in FY17-18.	May – August 2017	No additional staff resources are needed at County. Inventory existing materials/workbooks	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 2017	Confirm costs for stipends and training with MH Administration/Fiscal.	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 County on interest and ability to meet pre-service requirements.	September 2017	HOLD information based upon fiscal resources identified and changes in initial two (2) school districts.	The MH/ID Administrator will report on this priority at Block Grant Advisory meetings, as requested.
4. Survey all trained entities (D&A) in County for FY17-18 schedule to avoid duplication.	September 2017		
5. Implement in two (2) School districts with parent training and support.	October – December 2017 and March – May 2018		
6. Evaluate and Plan for FY18-19	April – June 2018		

5. **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. FY17-18 will expand the number of persons enrolled in the program, complete NAVIGATE consultation, begin 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 2 grant proposal was submitted to OMHSAS in May 2017. The purpose of this transformation priority is to continue the partner's education and collaboration for a successful Year 2.

Steps	FY2017-18 Timeline	Fiscal Resources	Priority Tracking
1. Seek feedback from OMHSAS on YR 2 proposal.	June 2017	No additional staff resources are needed at County or among provider partners beyond those identified in proposal to OMHSAS submitted May 2017.	This priority will be tracked through County MH staff meetings which occur every two weeks.
2. Continue Implementation Team every 6-8 weeks to address barriers.	On-going		The priority will be added to the County
3. Continue marketing plan	On-going		Adult Annual work plan and
4. Monitor referrals and process through County participation at weekly team meetings.	On-going	Engage CABHC and PerformCare.	reviewed in supervision with the Deputy Administrator.
5. Complete NAVIGATE consultation.	July 2017 – February 2018.	Identify external consultants and identify resources from CABHC/PerformCare	This will be discussed a CABHC Clinical meetings and OMHSAS monitoring meetings, as requested.
6. Examine options to serve a regional area.	November 2017 – January 2018		
7. Establish cross-system policies and procedures for CAPSTONE best practice.	January-February 2018		The MH/ID Administrator will report on this priority at Block Grant Advisory meetings, as requested.
8. Redesign using feedback and research on model.	January – April 2018		
9. Submit grant proposal for FY18-19	May 2018		

e) **Existing County Mental Health Services:**

Services By Category	Cost Center (HealthChoices)	Primary 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	<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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT)	<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 checked="" type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input 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 Typically reported under Children's Psychosocial Rehabilitation

*** Not funded with MH funds

f) Evidenced Based Practices Survey:

Evidenced Based Practices	Service Available in County	Persons Served in County *	Fidelity Measure Used	Who Measures fidelity	How often is Fidelity Measure done	SAMHSA EBP Toolkit	Staff Trained in EBP	Comments
Assertive Community Treatment	Yes	84	TMAC	Perform Care CABHC	Annual	Yes	Yes	Urban Team
Supportive Housing	No	NA	NA	NA	NA	NA	NA	Providing Supported Housing since 1980's
Supported Employment	Yes	60	SAMHSA Toolkit	Program Director	Annual	Yes	Yes	Number Employed: 31
Integrated Treatment Co-Occurring (MH/SA)	Yes	100	Hazeldon Patient Rating Scales		Day 1-30-60-90	No	Yes	Two OPT D & A Providers
Illness Management Recovery	Yes	33	SAMHSA IMR Toolkit	Group Leader	After grp completion	Yes	Yes	Five 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	90	Therapist Adherence Measure	Provider MST, Inc.	Weekly	No	Yes	Two certified providers
Functional Family Therapy	No							FY2017-2018 Planned
Family Psycho-education	Yes	10	SAMHSA Toolkit	Class Leader	After grp completion	Yes	Yes	NAMI Family-to-Family

*Estimate for FY16-17

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

Recovery and Resiliency-Oriented and Promising Practices	Service Provided	Number Served*	Comments
Consumer Satisfaction Team	Yes	570	CABHC contract with CSS Inc.
Family Satisfaction Team	Yes	For both	CABHC contract with CSS Inc.
Compeer	No	NA	
Fairweather Lodge	Yes	10	Two Community Lodges
MA Funded Certified Peer Specialist	Yes	129	Three Providers
Other funded CPS	Yes	18	County funded
Dialectical Behavioral Therapy	Yes	DBT 10 DBT-A 20	Two certified providers; Two providers trained in DBT -A
Mobile Medication Services	Yes	78	Mobile Psychiatric Nursing
Wellness Recovery Action Plans (WRAP)	Yes	69	Five Providers
Shared Decision Making	Yes	3	CAPSTONE (FEP)
Psychiatric Rehabilitation Services	Yes	94	One licensed provider Site & Mobile
Self-Directed Care	No	NA	
Supported Education	Yes	3	CAPSTONE (FEP)
Treatment of Depression in Older Adults	Yes	250	Older Adult OPT Clinic
Competitive Employment	Yes	60	
Consumer-operated Services	Yes	95	Drop-in service
Parent Child Interaction Therapy	Yes	50	Two certified providers
Sanctuary	Blank	NA	Questionable value certification does not always lead to practice.
Trauma Focused Cognitive Behavioral Therapy	Yes	14	One certified provider in MH
EMDR	No	NA	
First Episode Psychosis CSC	Yes	3	NAVIGATE Model
The Incredible Years	Yes	10 Child 4 Parents	One provider in two school districts through school based outpatient; parent group County funded
Mental Health First Aid Adults and Children	Yes	150	

*Estimate for FY16-17

** Both adults, children and families

h) Certified Peer Specialist Employment Survey:

Total Number of CPS Employed	18
Number of Full-Time (30 hours or more) Employed CPS	9
Number of Part-time (under 30 hours) Employed CPS	9

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.

Figure 1: Individuals Served

Service Type	Estimated Individuals served in FY 16-17	Percent of total Individuals Served (n = 1317)	Projected Individuals to be served in FY 17-18	Percent of total Individuals served
Supported Employment	35	3%	35	3%
Pre-Vocational	0	0	0	0
Adult Training Facility	0	0	0	0
Based Funded Supports Coordination	300	23%	300	23%
Residential (6400)/unlicensed	3	<1%	4	<1%
Life Sharing (6500)/unlicensed	1	<1%	1	<1%
PDS/AWC	130	10%	145	11%
PDS/VF	36	3%	45	3%
Family Driven Family Support Services	90	7%	90	7%

Service Area Planning for 2017-2018 – Everyday Life for All

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 First strategies into everyday practices, not only in the intellectual disabilities system, but also local school systems as well. Employment First reflects the belief that individuals with disabilities can work and there is a real job for everyone; a job with real wages and benefits, side-by-side with co-workers without disabilities. It raises the expectation among individuals, families, schools, human service agencies and businesses, that individuals with intellectual disabilities of working age will be hired because of their abilities, not because of their disability. Work brings not only increased financial security, but also increased opportunities for membership in the community, choice, access and control.

The following services, targeted towards community integrated employment, are available to Dauphin County residents: Project SEARCH and Supported Employment and Transportation. Through Dauphin County's Employment First group, we have arranged for employment specialists to become certified in Customized Employment, including Discovery.

NOTE: Our County is not an Employment Pilot County.

1. Increase the number of employment specialists certified in Customized Employment and Discovery: Through Employment First, agencies collaborate in arranging local staff training opportunities. Another cohort of employment specialists will complete their training by July 2017. School district staff are invited and regularly participate in these training opportunities.
2. One of two large facility-based employment providers are 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 occur much sooner than anticipated due to individuals locating acceptable alternatives.
3. Information is shared with early intervention providers about the opportunities for youth and adults with disabilities as they enter adulthood and the world of work. It is emphasized that all people with disabilities, with natural and formal supports, can be contributing members of their community. Early intervention providers are asked to share this information with the families of the infants and toddlers they are serving so the vision can start early.
4. Through Employment First, outreach continues with the local workforce development board, Chamber of Commerce, and other business-led networks. Outreach highlights the "untapped" workforce that is available in the community. The County Board of Commissioners have joined Dauphin County in recognizing businesses that are hiring a diverse workforce.
5. Local funding is prioritized to support the employment needs of Dauphin County residents with intellectual disabilities.
6. Continue collaboration with area school districts:
 - a. School district representatives are active members of the local Employment First stakeholders group. This group has developed documents that are shared with students and families at an earlier age regarding futures planning and the important role that families and the community have in successful transition to employment.
 - b. The county continues to collaborate with schools and employment providers to offer employment support to transition-age youth. Youth are encouraged to work – having a work experience prior to graduation.

7. An annual Transition Fair is scheduled in March annually. Sponsored by Dauphin County, Cumberland/Perry County, and HACC (Harrisburg Area Community College), 11th graders with disabilities, teachers, and parents are invited to attend this event. Events in the Fall are scheduled to provide transition information to parents of younger students. A dynamic group of families, disability agencies, and school district transition staff partner to bring this day together. Participants hear inspiring stories of success as well as attend a variety of workshops and visit resource tables for detailed and personalized information.
8. Collaboration with OVR (Office of Vocational Rehabilitation) and other employment systems to support folks with ID in obtaining and maintaining employment:
 - 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 holds 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 third cohort started in April 2017. These interns are between the ages of 21 and 28. They are working within county government and complete three (3) internship rotations throughout the entire program year.
9. The county collaborates with both Goodwill and the Center for Industrial Training (facility-based employment programs) to identify individuals interested in moving from employment at a sheltered workshop to competitive employment.
10. Individuals receiving OVR services receive “follow along” services once OVR funding ends. OVR’s Early Reach Coordinator collaborates with staff at our SCO, as well as with families and individuals.
11. Collaboration with families, students and higher education programs:
 - a. County staff has been instrumental in outreach to local colleges and universities and in assisting families to explore college options during the last years of special education and after graduation.
 - b. ID Administrator is a member of the D.R.E.A.M. partnership Advisory Committee and Millersville University’s Integrated Studies Advisory Group.

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.

The following strategies support engagement of individuals and families:

1. CMU, Dauphin County's SCO has hired several Support Coordinators that are bilingual/fluent in Spanish. Interpreter services are utilized for individuals and families that do not speak English or Spanish.
2. CMU has designated Support Coordinators (SC) located at the Northern Dauphin Human Services Center. These SCs are very familiar with the community in the rural part of Dauphin County.
3. The county has established a regional initiative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". Training has occurred for Support Coordinators as well as families in understanding this new way of doing business. Training and technical assistance will continue throughout the year.
4. The county will support efforts of the SCO, as well as other community efforts, to share resources, both formal and informal community resources with individuals and their families using the Community of Practice strategies, as well as attending resource fairs and using alternative media opportunities.
5. A Fall event is planned – coordinated and facilitated by families – during which families will identify key areas of support that can be tackled by our regional collaborative.

Describe how the county will assist SCs (Support Coordinators) to effectively plan for individuals on the waiting list.

1. The county and the SCO meet on a regular basis to review the waiting list and prioritize waiver and other funding opportunities. This ongoing communication will continue. When service gaps exist, the SCO works with the county program to identify providers and other community resources to meet service needs.
2. The county and the SCO are exploring additional opportunities to reach "unserved" individuals and their families and keep them engaged in the system through e-mail, electronic 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 his/her natural supports prior to use of these highly restrictive and costly service options.

Describe how the county will assist the SCO to develop ISPs that maximize community integration and Community Integrated Employment.

1. The county will engage the SCO and providers to embed "Supporting Families through the Lifespan" practices.
2. The county is developing an OVR/ID funded position to assist Support Coordinators in their work with transition-age youth. This position focuses on community integrated employment and direct engagement of youth in their last two years of high school.
3. The county and the SCO shares success stories with individuals and families using accessible media options.
4. The SCO is an active member of Dauphin County's local Employment First group. The county supports their active involvement by sharing information and working collaboratively on all projects/initiatives.
5. Often, individuals with disabilities and their families are reluctant to explore independent living, instead seeking a community group home with higher levels of staff supervision and restriction.

Information is shared about the use of independent living technology to enhance a person's ability for independent living and safety.

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

Life Sharing 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 with families.

How can ODP be of assistance to you in expanding and growing Life Sharing as an option in your county?

1. A statewide listening tour to explore the following: what is working? What is needed? What are the barriers to expanding this service opportunity?
2. Coordinated effort to share success stories. Dauphin County has a video that is shared with families. This has been helpful.
3. Some barriers that need to be addressed:
 1. lack of startup funds
 2. developing a life sharing relationship takes time – emergency needs sometimes take precedence when waiver opportunities are available
 3. 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 lessens 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 initiative as presenters, participants, attending meetings, etc. Regular provider meetings are held to keep the provider network informed of local, state and national requirements and practices.
3. The county is exploring additional options to support individuals to live in their community i.e. transitional housing. Transitional housing would assist the individual, their family, and the SC to better identify formal and informal support needs.
4. Another focus for Dauphin County is ensuring that every individual has an effective method of communication. The county program will provide access to technical assistance to develop provider expertise in this area. In addition, the use of communication technology is emphasized. Fiscal year 2017-18 will focus on developing a framework for having these conversations by the SC with individuals, families and providers of service. It must be assured that each individual is afforded an adequate communication assessment and accessibility of communication devices as needed.

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 Support Coordinators are involved in this process, as well as increase their competencies through training and materials developed related to this practice. Training has occurred for Support Coordinators as well as families in understanding this new way of doing business. In addition, the county office and SCO have been sharing information about the Community of Practice with local school districts.
2. Employment First seeks to get information, via school districts, out to families of younger children through sharing of information, attendance at school fairs, workshops, and other events that engage both schools and families.
3. Information is shared with early intervention providers about the opportunities for youth and adults with disabilities as they enter adulthood and the world of work. It is emphasized that all people with disabilities, with natural and formal supports, can be contributing members of their community. Early intervention providers are asked to share this information with the families of the infants and toddlers they are serving so the vision can start early.

Describe how the county will 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 with intellectual disabilities also have mental health challenges. Planning for systemic change is occurring at the management level is just as important.
2. One 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 teaming on behalf of individuals having both an ID and mental health diagnosis. This has resulted in increased understanding and partnerships between the systems. Training and technical assistance to teams will continue throughout FY 17-18. In addition, PPRT (Positive Practices Resource Team) is used as a tool 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 folks 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, as well as local police departments.
3. Crisis Intervention Services are available 24 hour a day/7 days a 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 folks will go without service until funding is made available. Dauphin County complies with the ODP requirement that individuals served first are those individuals designated in Emergency Status on the PUNS. While individuals are waiting for funding, base dollars are used for respite care, habilitation, and other low cost services.
5. In the case of an emergency situation, individuals have 24-hour access to Dauphin County's Supports Coordination Organization (SCO), as well as to Crisis Intervention. An agreement exists between the SCO and Crisis for 24-hour emergency 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 when 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. Please see attachment C1.

Additional planning for Fiscal Year 2017-2018 is based on the folks currently listed on both the emergency and critical PUNS. While folks move on and off the PUNS list as their needs change or services are provided, the overall number of folks in both categories at any one time remains relatively the same.

Figure 2. PUNS Report (May 16, 2017)

Adult Day Supports	31	11
Agency Group Home or Apartment less than 24 hours	9	10
Agency Group Home of Apartment – 24-hour staff	23	19
Assistive Technology	16	13
Community Employment (Supported Employment)	57	35
Environmental Accessibility	9	8
Family Living/Life Sharing	19	14
Habilitation	107	78
Individual Home Owned/Leased by the person with under 24 hours staff support	7	7
Individual Home Owned/Leased by the person with 24-hour staff support	8	1
Occupational Therapy	5	10
Other Day Supports – Volunteering	30	15
Physical Therapy	7	3
Post-Secondary/Adult Education	11	7
Pre-Vocational Supports	22	9
Respite Supports – less than 24 hours	36	35
Respite Supports – 24 hours	32	25
Speech Therapy	11	5
Transportation	63	45

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” with the comprehensive goal of supporting families, with all of their intricacies, assets and unique skills is so they can best support, sustain, care for and facilitate opportunities for the achievement of self-determination, independence, productivity, and inclusion in all aspects of community life for their family members. 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 when 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 and provides updates to providers, including 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 reinforces the key concepts from ODP's Risk Mitigation webinars, but includes real-life situations relevant to Dauphin County. Teams are better equipped to identify and mitigate risk, even for folks with the most challenging needs.

2. 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 folks with ID and a MH diagnosis.
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. The following are in addition to those listed 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.
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. The SCO supports coordinator assists the individual and family in navigating and ultimately obtaining housing and supportive services, as contracted.
2. 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 issues. Information has been and will continue to be shared with individuals and families. Success stories are being collected to assist individuals in understanding what is possible when greater control is exercised over their services.

2. The county (as mentioned previously) will offer the services of trained Support Brokers. This service can support individuals receiving PDS.
3. Information will be shared with individuals and families to inform about PDS and encourage PDS participation.
4. It is recommended that ODP:
 - a. Develop training materials for Common Law Employers (CLEs) and Managing Employers (MEs), including webinars that can be viewed by new and reviewing CLEs and MEs.
 - b. Develop an ON-LINE orientation for all new CLEs and MEs.
 - c. Provide annual training and updates on employment law.
 - d. Hold regular forums/networking events and opportunities for participants, MEs and CLEs.

Community for All:

ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community?

1. Advocate for increased capacity.
2. The county and the SCO will conduct a review of the needs of the individuals listed in the data source.

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, 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. We continue to refine the use of data through HMIS and our block grant reporting.

Bridge Housing:

Bridge Housing is a transitional housing program that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Clients must receive case management, supportive services, and develop a service plan that describes how the program will assist them for up to 18 months with the goal of returning each client to the most independent life situation possible. This component is designed to "bridge" the gap between Emergency Shelter and stable long-term housing. Clients are generally eligible for 12 months of program participation. With county permission, a service provider can extend a client's eligibility from 12 to 18 months. The YWCA and Brethren Housing Associates 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 16-17 Block Grant Plan. The adoption of trauma informed care principals, the offering of the support of a resiliency group, as well as the pursuit of the prospect of on-site mental health services, are ways HAP Bridge Housing services in Dauphin County are working to improve services to families experiencing or at-risk for homelessness. Affordable housing for those with criminal and credit issues is creating a significant gap in service. There also has been an increase in the number

of clients who have already been evicted from public housing. These evictions have occurred for a variety of reasons, all related to incidents that often impact the client population and create a barrier that is challenging to overcome. Transportation is another significant gap that consistently affect clients across the HAP spectrum as well as extensive delays to see a psychiatrist. No changes are planned to Bridge Housing in FY 17-18.

Case Management:

Case management services assist clients in overcoming barriers in order to move from homelessness (out of shelter, off the street, or out of danger of eviction) to a more stable situation and in obtaining self-sufficiency. Case managers make referral and connections to mainstream resources, other social service agencies, as well as medical and treatment providers. Case managers work with HAP clients to establish realistic goals in the areas of basic life skills, financial management, parenting, home maintenance, employment preparation, and/or employment skills. HAP clients benefit from the advocacy role that case managers provide and assistance with navigating social services and educational systems, obtaining funding for other services, finding health care, meeting basic needs, and obtaining support in their search for permanent housing. Case management services are available to any client receiving HAP services. Gaudenzia and Christian Churches United are funded 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 16-17 Block Grant Plan. An increased amount of 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 client referral looks like, as well as broaden the awareness of community resources that are available to meet client needs. Case Management services have provided clients with support vital to securing and successfully maintaining permanent housing. In addition, this support has enabled clients to successfully remove barriers that commonly impede their progress and resulted in clients repairing their credit, securing drivers licenses, and obtaining full-time employment. Many significant gaps consistently impact clients across the HAP spectrum, including lack of affordable housing and lack of child care. With client resources being extremely limited, it is nearly impossible for folks to overcome the childcare barrier independently and the wait lists of Child Care Network, Inc. are exceptionally lengthy. No changes are planned to Case Management in FY 17-18.

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. Clients have the opportunity to participate in budgeting, money management, and landlord tenant information workshops to further assist clients in overcoming barriers and obtain assistance in gaining stability and becoming self-sufficient. 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 16-17 Block Grant Plan. Our Rental Assistance Program is continuing to improve the client assessment process by more effectively leveraging internally available rental assistance options to determine the best, most expedient rental assistance alternative for clients. In addition, an increased amount of In-Service training opportunities for community agencies are being conducted to inform them about the Rental Assistance Application

process, develop an understanding of what appropriate client referral looks like, as well as broaden the awareness of community resources that are available to meet client needs. The lack of affordable housing, as well as the loss of landlords who are willing to accept Rental Assistance on behalf of clients, continues. More frequently clients are required to pay application fees which often result in the failure to be approved as a potential renter due to barriers such as bad credit, arrearages, and/or criminal histories. Viewing landlords as "business partners" will improve meeting these challenges and maintain landlord relationships which are critical to a successful Rental Assistance program. Some landlords are now asking for both first and last month's rent in addition to a Security Deposit. This, coupled with the reality of increased rents, threatens to continue the possibility of an unmet housing need even though a client is eligible for HAP Rental Assistance because the established maximum amounts that a client may receive, are not adequate - \$1,000 (adult-only household) or \$1,500 (households with children). 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 17-18.

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 client'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: Shalom House, Interfaith Shelter for Homeless Families, the only emergency shelter provider in the capital region that serves intact families, as well as the YWCA of Greater Harrisburg. At Interfaith Shelter for Homeless Families flexible bed space allows the shelter to serve up to forty-five residents. The YWCA of Greater Harrisburg serves homeless women and homeless women with children and has a capacity of twenty beds. Shalom House also serves homeless women and their children and has a capacity of twenty-one beds. 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 16-17 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 to improve services to families experiencing or at risk of homelessness. As a result, when families leave shelter, they are moving into more stable, private housing situations 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. Access to affordable housing, finding landlords who are willing to rent to clients, and the increased requirement of application fees which result in a significant increase in costs to clients 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 a challenge, 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 17-18.

Other Housing Supports:

Dauphin County does not provide "Other Housing Supports". "Other Housing Supports" 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

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 our offices or at any of our contracted outpatient treatment providers; additionally, outpatient providers are able to screen and assess for all levels of care. 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. 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 which include assessments, referrals to treatments, and follow-up services.

The SCA has a host of ancillary services provided to clients to assist with their non-treatment needs and for special populations. This includes intervention level services for youth with our SCA partnership with Juvenile Probation which instituted the Interrupted program. The SCA in partnership 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. The SCA is also involved in a myriad of programs to assist those with substance use disorders embroiled in the criminal justice system. These such programs include the Department of Drug and Alcohol Programs (DDAP) and Department of Human Services (DHS) Medical Assistance (MA) Prison Pilot Project. school-based treatment services, Outpatient and Intensive Outpatient services onsite at the Dauphin County Work Release Center, and diversion to treatment opportunities at the County's Judicial Booking Center. In addition, 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 all criminal justice involved clients.

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 provide the regular executive meetings of all stakeholders to ensure coordination and success of the COE's.

Although the SCA has been effective at managing access to its treatment provider network, capacity, particularly at the detox and inpatient level, can generate temporary wait lists at both levels of care. Dauphin County has a limited number of inpatient facilities, as it relies on other counties and a statewide network to meet the full continuum of care. Thus, some facilities are at capacity at varying times. This fiscal year the SCA will contract with more inpatient level facilities in an attempt to minimize waitlists and manage increased need for detox and inpatient level of care treatment. There remains little to no wait for outpatient and intensive outpatient levels of care. In June 2017 Gaudenzia Common Ground, with a \$500,000 reinvestment grant from CABHC and matching Dauphin County dollars, will open an expanded detox program that will add at least ten additional detox beds to our County.

To assist in the coordination of care across the system, the SCA is a part of the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization, PerformCare. This serves as an on-going resource for treatment services. Moreover, the SCA Director sits on the CABHC Board of Directors and 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 will provide startup funds for a new female recovery house and a new recovery center in Dauphin County by the end of 2017. New reinvestment planning is occurring to expand recovery support services through an additional provider in the Cap 5 counties: Dauphin, Cumberland, Perry, Lancaster, and Lebanon.

The SCA after exploring the creation of drug and alcohol school-based services currently has a provider in all four school districts in the Northern part of our county for the past two years and all the other eleven districts in Dauphin County.

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 Meeting, Family Group Conference and Family Engagement committees, the Steelton-Highspire Initiative, Hamilton Health's Healthy Start Consortium, Northern Dauphin Human Services Advisory Panel and Superintendent's meeting, Systems of Care Planning Committee and Faith Based Initiative, DDAP's Overdose Rapid Response Task Force, DDAP's Latino and Veterans Access Committee, DDAP's Prevention Data Work Group, DDAP's Needs Assessment Team, County Reentry Subcommittee, Criminal Justice Advisory Board, 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 CJAB Board. The SCA also has team members that regularly attend Systems of Care (SOC) family engagement committee, SOC community partners' committee, SOC faith based committee, and SOC

youth engagement committee. SCA staff attend many other county initiatives including the children and youth MDT and death review meeting, the MH/ID Supervisors meeting primarily reviewing Residential Treatment Facility placements, the MH/ID wellness committee, the diversity forum and the poverty forum. Staff members in the SCA also attend stakeholder meetings for Veterans Court. 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 on collaboration and coordination for individuals with co-occurring disorders.

According to the United States Census Bureau, Dauphin County is experiencing an increasing population trend since 2011.

Year	2011	2012	2013	2014	2015	2016
Population	269,124	269,857	271,017	271,453	272,983	273,707

County demographic data reflects that there have been changes in the demographics from 2010 census to the 2015 (most recent) census. Comparison Chart:

Race	2015	2010
White	73.6%	72.7%
Black/African American	18.8%	18.0%
Native American	.4%	.2%
Asian	4.1%	3.2%
Pacific Islander	.1%	0%
2 or more races	3.1%	3.1%
Ethnicity	2015	2010
Hispanic	8.6%	7.0%
Gender	2015	2010
Male	48.5%	48.3%
Female	51.5%	51.7%
Age	2015	2010
Under 5	6.2%	6.3%
Under 18	22.5%	23.5%
19-64	55.4%	56.8%
Over 65	15.6%	13.7%

The largest population in the county are White/Caucasian 73.6% followed by Black/African Americans 18.8%. The county currently has .4% Native Americans, 4.1% Asian, .1% Pacific Islanders and 3.1% of those identifying 2 or more races. The county is primarily 51.5% female and 48.5% male. In the past 10 years, there have only been slight shifts in population's numbers. There is a trivial decrease in white population and a minor increase in other populations. It is noticeable that the Hispanic population has increased 1.6% in the past 5 years. County demographic data suggests an increasing diverse county populace, all with distinct needs and cultural norms that may have an impact on successful treatment. Additionally, these groups also need special consideration for prevention efforts as well. Linguistically, the county has Spanish speaking ability at one treatment provider and subcontracts with a Spanish speaking Inpatient provider for those services. Additionally, the SCA encourages its treatment provider network to retain counselors of all racial/ethnic backgrounds and has maintained an African American and Islamic owned outpatient facility to its network. The SCA prevention efforts have also strived to be culturally competent as well with services and curriculums in a multitude of communities and school districts that consider the diverse learning styles, experiences, and cultural norms of the youth we serve. In the most recent fiscal year

the prevention team developed an awareness presentation to an ever-growing Bhutanese population and for the Dauphin County Amish community.

Prevention

In response to changing needs in prevention/intervention/support services as well as treatment and recovery services, the SCA has put in place and continues to search out effective evidence-based programs and practices. Most recently Dauphin County has been one of the counties nationwide that is addressing the Opioid Epidemic. In response to this, a needs assessment has shown that concerns are consistent across all demographics of the county. As part of its prevention plan, this SCA hosted several assemblies, community task forces, and parent meetings where we have developed a program titled "What about my Child" (What every parent should know about drugs, alcohol, signs, symptoms, and the sub-culture). We have also hosted 3 Town Hall meetings in the FY 2106 – 2017 and are planning to do 4 more Town Talk Backs in the following fiscal year along with several youth focus groups. Out of these town hall meetings about the heroin and prescription drug overdose epidemic, several task force/parent groups have started at the grassroots level. These groups will start to mobilize their communities at the local community level. The prevention team through community-based process is providing these groups technical assistance, guidance and resources throughout the communities using the SPF – Strategic Prevention Framework.

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 overdoes) we have been building an assembly of volunteers. These volunteers come from the public and the faith-based community are trained and tested to be Certified Recovery Specialists (CRSs). These volunteers are tested and trained as rigorously as staff and providers and are deployed, as needed, with our mobile case management unit and into the community as needed. This year we added several community members who have been in stable recovery and parents/family members to this group. We plan to continue this training again next year and are researching the SMART recovery training for current and future CRSs to be able to start independent recovery support groups for adults, parents, and teens. Along with this initiative we continue to meet quarterly with our Recovery Orientated Systems of Care (ROSC) group to insure and provide quality services to help our communities. We continue to support and disseminate information about our existing support groups in this community geared to sober living: Alcoholics Anonymous, Narcotics Anonymous, Alanon, Alateen, Naranon, Narateen, Celebrate Recovery, and Overcomers in our area. The SCA also partners with RASE Project to do 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 among youth attending school followed by narcotics, synthetic marijuana, and hallucinogens. Overall, from the 2015 Pennsylvania Youth Survey (PAYS) data, the drugs of choice Dauphin County (urban, suburban, & rural areas) included alcohol, marijuana, and nicotine. 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. 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 and for FY 2015-2016 was 122.

Through the use of the PAYS data and focus groups, it is notable to mention that heroin and synthetic drugs have become more prevalent in Harrisburg and Hershey school districts. Lower Dauphin School District saw a rise in the lifetime use of illicit drugs other than marijuana in its 6th grade population, Middletown Area School District showed concerns with inhalant and other illicit drug use in 2011. Steelton-Highspire School District showed lifetime use of marijuana and alcohol was greater than the state average according to PAYS data and heroin was a concern according to law enforcement. In the Halifax area school district there was a significant increase in inhalant use according to PAYS. Lifetime prescription drug use for Williams Valley students was 9.4% and 4.4% of methamphetamines in the 12th grade population which was significantly higher than most of national and state reported data. Also reported use of Molly (a drug similar to ecstasy) and methamphetamine was reported by student focus groups.

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 number one was alcohol 15.6%, followed by marijuana at 10.5% and nicotine at 5.2%. Thus far in 16-17 school year, our SAP data shows we have seen 102 students 69% white, 17% black, 7% Hispanic and .7% Asian. Of those 77% were male students and about 22% female. Recommendations completed for this group were 14 complete school based group, 32 recommended to complete community based group, 55 referred to outpatient, 4 referred to intensive outpatient and 8 were referred to inpatient treatment.

Prevention Risk Factors include: Low Neighborhood Attachment, Community Disorganization, Availability of 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 Standards 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.

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 abuse problem. This far exceeds the National averages of 3-4% of the overall population. Substance abuse is a pervasive and on-going issue in Dauphin County. Using some of this prevalence data gives us a picture of our county when a comprehensive needs assessment is completed we can see exactly where risk and protective factors are and what outcomes we can target to get effective results from our programming. In prevention, we use a comprehensive needs assessment which encompasses the use of the Federal Government required tool the Strategic Prevention Framework (SPF).

Target Populations

Older Adults (age 60 and above)

Research on substance abuse of older adults indicates that alcohol and prescription drug use among adults 60 and older is one of the fastest growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under-identified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse, which affects up to 17 percent of older adults, was not discussed in either the substance abuse or the gerontological literature (D'Archangelo, 1993; Bucholz et al., 1995; National Institute on Alcohol Abuse and Alcoholism, 1988; Minnis, 1988; Atkinson, 1987, 1990).

The following are statistical information from the Center for Substance Abuse Treatment:

- By 2010, the baby boomers will swell the ranks of older adults to 40 million and begin to depend on Medicare.
- By 2030, the 65 and over population will grow to 70 million- DOUBLE the current number- or 1 out of every 5 Americans.
- Potentially inappropriate use of prescription drugs affects up to 23.5% of older adults who live in the community.
- Mental health disorders, especially depression, often co-occur with alcohol and drug use in older adults.
- This "hidden epidemic" increases the need for prevention and early detection.

SCA data indicates what the above research reflects which is that older adults are underrepresented in treatment. Therefore, the SCA estimates are that only 1% of its current client population would meet the criteria of older adult. The current services for this population include the already imbedded services in the SCA plan which includes the clinical services of assessments, inpatient treatment services (detox and rehab), and case management. To address the low numbers of older adults in treatment, the SCA expanded its Injection Drug Use Outreach Protocol program (IDU Outreach Protocol). The IDU Outreach Protocol is a direct contact, information, and referral program designed for individuals that inject drugs. The SCA through a contract with Alder Healthcare hires direct service workers that canvas locations throughout Dauphin County known for IDU activity. Service workers offer information and referral to treatment and provide when necessary cotton and bleach kits to individuals as a means to reduce the transmission of diseases and incidences of overdose. This program is highly effective, in that service workers develop relationships with communities and reach individuals where they are located. The SCA has expanded this model with BHSI funds for not only those injecting drugs but other drugs as well, including alcohol, and reach out specifically to the older adult community as meeting individuals where they are most comfortable which has served as a successful model for client engagement. Further, direct service workers have engaged physicians and hospitals as research suggests identifying within this population, individuals that may need a referral to treatment services.

Adults

The current services for this population include all levels of treatment to include assessments, outpatient, intensive outpatient, inpatient (hospital and non-hospital rehab, detox), and Medication Assisted Treatment (MAT) i.e. Methadone and Buprenorphine. Additionally, adults are eligible for recovery support services. Adults are also the target of the IDU Outreach Program and have access to CONTACT Helpline services. BHSI and Act 152 funding will be utilized to support the following

services for adults: assessments, case management services, detox, rehab, access to CONTACT Helpline (see description) referral services, and the recovery support programs that include the Bridges and Recovery Community Project (see description) and funds will be utilized for the Buprenorphine Coordination Project (see description). Lastly, funds will also be utilized to help subsidize a position at the county's Judicial (Booking) Center (see description).

Transition Age Youth (18 to 26)

Prevalence data from the National Survey on Drug Use and Health (NSDUH) shows that potentially 32,991 residents in Dauphin County may at some point in their lives have an issue with substance abuse. This can run the gamut of use and abuse to addiction. The age group most at risk according to the prevalence rate is 18-25 years of age. This may be because of adolescents transitioning into adulthood, leaving their families, potentially continuing their education, and, in many instances, away from home. Further, primary prevention has targeted school age children more so than adults. This can create a vulnerable time with decreased family and community supports which are risk factors for abuse and addiction.

In the SCA system, transition-age youth are regarded as adults, thus they have access to all the services mentioned above with special emphasis on recovery support services and for individuals abusing opiates; the Buprenorphine Coordination Project which has shown to be effective among this age group.

Adolescents (under 18)

The SCA plan for use of its allocated amount in BHSI and Act 152 funding streams for adolescents rests in several strategies informed by the preceding information on youth use trends: the SCA contracts with an agency to provide intervention services. The program is called the Community Intervention Project (CIP) and serves approximately 250 youth per year. This program reflects SAMHSA's prevention/intervention strategy of Problem Identification and Referral which is programming designed for youth that have experimented with ATOD or at risk for use. Additionally, the SCA will also provide assessment, case management, inpatient, and detox services to this population.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

The SCA works in conjunction with Dauphin County Mental Health and the Case Management Unit to provide services to individuals identified as having co-occurring disorders. This includes revisions in the referral process and better tracking of these clients. The SCA served 269 clients identified as having a co-occurring disorder. In FY 2010-2011, individuals within the SCA system identified as co-occurring have access to all services for adults. The SCA makes available rehab that designed for individuals with co-occurring disorders within its provider network to meet the needs of this population.

Criminal Justice Involved Individuals

Currently, 70% of the individuals that the SCA serves for treatment services are involved in the criminal justice system on some level, including arrests, prison, probation, pre-trial, etc. Dauphin County has been prudent in its efforts in serving this population. Typically, these individuals have high recidivism rates due, not only to their substance use disorders and often co-occurring mental health issues, but also for ongoing criminal behaviors developed, at times, as a result of chronic incarcerations. Treating these individuals often presents barriers including probation restrictions and

transportation which suggests that the SCA Case Management staff must often work on a multitude of non-treatment needs including physical health, education, and employment. The SCA is currently a part of the DDAP and DHS MA Prison Pilot. This pilot seeks to have an inmate's Medical Assistance turned on and a warm transfer from jail to treatment in lieu of lengthy jail stays. The SCA also works with two treatment facilities to provide Outpatient and Intensive Outpatient treatment services at the County's Work Release Center.

The county also has intentions to imbed assessment and case management services within the county's Judicial Booking Center that sees approximately 5,000 individuals that have been arrested. A high number of those arrests are substance use and abuse related.

Veterans

Services for veterans are no different than any other population. Veterans shall be assessed and referred when appropriate to the Veterans Administration for treatment services. In the instances of ineligibility, veterans have the option of county funding for treatment as with all other populations. The SCA is working with the DDAP and local veterans' organizations to better coordinate care for specific needs such as post-traumatic stress disorders, reintegration into the community, etc.

Priority Populations – Pregnant Women/Women with Children, Injection Drug Users, Veterans, and Overdose Survivors

The above populations are designated by DDAP as priority populations meaning that if any client in those categories seeks services from Dauphin County or are in our county for any reason, that residency cannot be applied and that the SCA must assess for emergent needs and refer them to needed treatment services immediately. We have mentioned in other areas of this document new programs and services for women and overdose survivors.

Veterans are also priority population for the County. Veterans shall be assessed and referred when appropriate to the Veterans Administration for treatment services. In the instances of ineligibility, veterans will have access to priority county for treatment services. The SCA is working with the DDAP and local veterans' organizations to better coordinate care for specific needs such as post-traumatic stress disorders, reintegration into the community, etc.

Medication Assisted Treatment (MAT)

In 2016-17 Dauphin County increased its number of MAT providers from two to seven, and the county was awarded a grant from DOC for Vivitrol services for our jail population. We contract with three providers for methadone maintenance and can get clients seen and induced within 24-48 hours. In addition, contracted services are available for both Buprenorphine and Vivitrol in all areas of the county. Mobile Vivitrol services are available in Northern Dauphin as well as for all criminal justice involved clients.

Warm Hand-Off of Overdose Survivors to Treatment

A new DDAP requirement for all SCA's mandates that policies and procedures are in place to provide overdose survivors in the emergency department with assessment and referral to treatment. In 2016 Dauphin County contracted with Medical Bureau Answering Service to provide 24/7 assistance to anyone calling the SCA in need of services. Calls deemed emergency as defined by the contract (including hospital, law enforcement and EMS calls) will have a Dauphin County on-call mobile case

manager dispatched within 30 minutes to the hospital to do an assessment of the patient and refer them to treatment. If there is a wait for a bed, we will put a plan in place with the client to ensure their safety and support while a bed date is secured. While the DDAP policy only mandates this service for overdose survivors, Dauphin County provides the same service for anyone hospitalized in one of our two hospital systems (PinnacleHealth and Penn State Hershey Medical Center), where SUD is suspected to be part of their health care needs. We are working closely with PinnacleHealth Systems to finalize an MOU with them to further define our services available to their patients. Also, Dauphin County recently awarded a gaming grant to PinnacleHealth to expand services in their MAT urgent care facility which provides the full array of MAT and case management services for residents. We envision a walk-in urgent care environment similar to those for physical health issues.

Narcan

100 percent of all municipal police forces within Dauphin County and the state police covering our rural areas are carrying and using Naloxone. To date there have been over 60 overdose reversals by law enforcement in Dauphin County. Dauphin County works closely with South Central EMS who provide advanced life support for all areas of Dauphin County through its EMS provider network. All Dauphin County adult and juvenile probation officers carry Narcan. In 2017-18 the SCA will have contracts with several pharmacies in the area to provide training to residents and provide them with Narcan upon completion of the training. We are also finalizing a county Narcan policy to allow county employees who are not categorized as law enforcement or first responder to be trained and carry Narcan.

RECOVERY – ORIENTED SERVICES

Recovery has been an important aspect of the SCA, but it has lacked a formal framework. In Fiscal Year 2010-2011 the Dauphin SCA reviewed its Treatment Needs Assessment and how the SCA could further incorporate recovery and recovery principles into our current systems. An average of 70% of the SCA's treatment clients has had experience with the criminal justice system and many of them have had prior experience with treatment services. Research indicates that supporting clients' recovery helps reduce recidivism and makes better use of the limited funding available.

The SCA contracts with the two Recovery Support Providers (RSP) for recovery support services. In FY 2102-2013 both organizations served over 1,080 Dauphin County residents with recovery services. The 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. The primary purpose of RCS is to help individuals in early recovery navigate through cross-systems successfully while assisting them to gain access to resources, services, or supports needed in order to achieve sustained recovery.
- Life Skills classes which provide educational skills that individuals need in everyday life. Topics covered included prioritizing, budgeting, appropriate workplace behavior, appropriate attire, anger management, self-respect, personal hygiene, responsible citizenry, coping skills, personal development, health, and positive attitudes.
- Recovery 101 support groups- Classes are interactive and provide the fundamental tools to begin and maintain recovery. The curriculum covers perspective, pathways to recovery,

spirituality, 12-step meetings, meeting etiquette, sponsorship, boundaries, relationships, maintaining focus, behaviors, feelings, triggers, and any other needs that may arise among the individuals in attendance. Weekly co-occurring disorders support group for individuals both currently involved in formal treatment and after. This group provides health promoting behaviors such as medication adherence, assistance in seeking healthcare, and engaging in self-care activities.

- Recovery check-up services identified local outpatient providers.
- Outreach services and distribution of recovery materials. These services are accomplished through media campaigns, literature and brochures, referral information, community events, website, and a quarterly newsletter.

The SCA established, in February of 2011, the Recovery Oriented Systems of Care (ROSC) Committee. The committee is comprised of representatives from all aspects of human services as well as treatment, prevention, support, and intervention providers, the Courts, clients, and members of the community. The group initially focused on the definition of recovery, where recovery was happening successfully, and how we could expand it to a systems-wide perspective understanding the paradigm shift from an acute care to a chronic care model which is client-centered and client-directed. The work of this committee is to support the ongoing development of the framework required for successful implementation of a ROSC. The committee is currently developing a series of survey instruments to further access all areas impacted by substance abuse disorders in Dauphin County.

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 other 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 sessions. 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 (1) time per week for one (1) hour for the duration of weeks 1-12, two (2) times per month for one (1) hour for the duration of weeks 13-24, and one (1) 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 outpatient drug and alcohol treatment, as further defined by the Pennsylvania's Client Placement Criteria (PCPC) manual as implemented by the Pennsylvania Department of Drug and Alcohol Programs.

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

Inpatient 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.: \$70,000.00

- **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 severe impairment of social, occupational or school functioning, with rehabilitation or habilitation as a treatment goal.

Total to be served: 20- Cost est.: \$104,160.00

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: 750- Cost est.: \$75,000.00

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 aide the teams working across service systems.

To be transferred to HSDF- Cost: \$75,000

Booking Center Criminal Justice Liaison – The newly opened booking center in Dauphin County has become the centralized area for all law enforcement and is an opportunity for the county to do early identification of client needs. All clients that enter the center are reviewed by the center staff and the judicial system for disposition. Some clients are sent to Dauphin County Prison, some held until sober, and others released on their own recognizance. After coordinating with the center, the county's prison and the reentry subcommittee, it has become evident that a position is needed at the

center to help make recommendations to divert some of the individuals entering the booking center to drug and alcohol treatment/detox, mental health facilities or other resources. The 2014/15 YTD data is suggesting that the current supply of detoxification beds under contract by Dauphin County Drug & Alcohol Services is inadequate for the demand. Often these individuals are processed and released and without available services usually return to using their drug of choice. This could result in overdose or re-arrest. Those who are formally arraigned and held on bail until a bed is found generally have completed detox at the prison. The data also beginning to suggest inpatient treatment beds also need to be expanded. Once inside the prison it becomes more difficult to adjust bail and secure an individual's release.

To be served: 240 assessments Cost is estimated to include at a minimum: \$134,840.00.

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

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 Booking 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 provided through other funding sources by the SCA.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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 our need for this service has declined by approximately ten individuals. Some whose needs are being met now through AAA and some 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.

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

Program Name: The Shalom House Emergency Shelter

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

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- Dauphin County is not planning for services in this area under HSDF.

Children and Youth- Dauphin County is not planning for services in this area under HSDF.

Aging Services

Program Name: CONTACT Helpline

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.

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. Examples of I&R services include adult and child protective services, consumer education, economic development, crime protection/prevention, domestic violence, employment and education.

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: Northern Dauphin Transportation Program

Description of Services: This is a new initiative in the northern rural area of Dauphin County. Under this initiative, the program is contingent on leveraging Restricted and Gaming Funds for the purchase of vans 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.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services

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 FPIG% is 150% based on the Department of Agriculture's Guidelines issued annually.

Interagency Coordination

Dauphin County Human Services continues to plan and build partnerships through collaboration with private and public organizations to design overall solutions to community problems and to improve the effectiveness of the service delivery system. These areas include partial salary funding for several staff members associated with the Human Services Development Fund/Human Services and Supports, including a human services IT position and contract and program monitoring. In total \$107,478 in personnel costs. Those reported include any management activities pertaining to county human services provided by Area Agency on Aging, Children & Youth, Mental Health/Intellectual Disabilities, Drug and Alcohol and HSDF. Those management activities include 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 service, creation and evaluation of partnerships with community organizations relative to human services provided in the county, management activities dedicated to the development and enhancement of organizing the county human service programs.

Also included is support funding for our Systems of Care program in the amount of \$1600.00, which enables community based organizations, faith based groups, 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 community recovery day. In addition, programming like the Summer Youth Drop-in Centers for kids at risk of getting into formal human service and juvenile justice systems.

Small amounts of funding are used for the following: Northern Dauphin Human Services Center, for various community events such as a Women's Health Event, Men's Health Event, Early Reading/Literacy Program, 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 high costs of annual community assessments. The YWCA provides programming and training in Cultural Diversity for employees and community members. They plan and coordinate monthly information and training sessions and we dedicate \$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 in order 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. We commit \$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 involves both formal and informal systems the opportunity to plan together to ensure gaps are filled 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 two, of a three-year funding plan and will dedicate \$500,000 of HSBG and other potential funding this fiscal year 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 data identified targeted areas across Dauphin County will aide in customer service. This process will assist consumers in receiving the right services at the right time and aide the teams working across service systems. This funding will be utilized for a contract with Deloitte Development LLC to build the platform and components necessary to obtain a Dauphin County Human Services Integrated Data System.

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

Directions:	Using this template, please provide the proposed human services expenditures and number of individuals to be served in each program area.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal HSBG allocation for each program area (*MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
<p><input type="checkbox"/> Please use the FY 16-17 HSBG primary allocation for completion of Column 2 (HSBG allocation).</p> <p>* Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please do not include MCAE, Fairweather Lodge, Network of Care, and Regulatory Reform funding. <input type="checkbox"/> If your county received FEP funding in FY 16-17, please do not include in the 17-18 allocation as funding amounts are subject to change. <input type="checkbox"/> If your county received supplemental CHIPP funding in FY 16-17, please annualize and include in the FY 17-18 budget. <p><input type="checkbox"/> The county should submit to the department for prior approval, a revised budget for any change in service expenditure level of 10% or more from the approved Plan.</p>	

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DAUPHIN						
MENTAL HEALTH SERVICES						
ACT and CTT	20		\$ 140,000			
Administrative Management	3,430		\$ 1,555,000			
Administrator's Office			\$ 990,000	\$ 3,041	\$ 10,000	\$ 3,000
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	50		\$ 230,000			
Community Residential Services	410		\$ 9,086,023	\$	\$ 470,000	\$ 398,000
Community Services	2,100		\$ 330,000			
Consumer-Driven Services	200		\$ 155,000			
Emergency Services	1,600		\$ 675,000	\$ 26,491		
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	2		\$ 1,000			
Family Support Services	40		\$ 90,000			\$ 45,000
Housing Support Services	240		\$ 1,164,000			\$ 100,000
Mental Health Crisis Intervention	2,400		\$ 670,000	\$ 46,489		\$ 390,000
Other						
Outpatient	250		\$ 375,000			
Partial Hospitalization	50		\$ 210,000			
Peer Support Services	40		\$ 150,000			
Psychiatric Inpatient Hospitalization	5		\$ 50,000			
Psychiatric Rehabilitation	100		\$ 425,000			
Social Rehabilitation Services	200		\$ 620,000			
Targeted Case Management	760		\$ 930,000			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	11,897	\$ 17,846,023	\$ 17,846,023	\$ 76,021	\$ 480,000	\$ 936,000
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 1,580,000		\$ 10,000	\$ 20,000
Case Management	300		\$ 225,000			
Community-Based Services	250		\$ 1,242,106			
Community Residential Services	15		\$ 620,000		\$ 180,000	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	965	\$ 3,667,106	\$ 3,667,106	\$ -	\$ 190,000	\$ 20,000

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DAUPHIN						
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	75		\$ 167,219			
Case Management	1,900		\$ 101,824			
Rental Assistance	625		\$ 297,000			
Emergency Shelter	715		\$ 112,231			
Other Housing Supports			\$ 25,000			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	3,315	\$ 703,274	\$ 703,274		\$	\$

SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	240		\$ 209,380	\$ 743,181		
Inpatient Hospital			\$ 4,000	\$ 4,000		
Inpatient Non-Hospital	59		\$ 195,623	\$ 148,803		
Medication Assisted Therapy	20		\$ 28,997	\$ 32,000		
Other Intervention	2,350		\$ 83,000	\$ 68,764		
Outpatient/Intensive Outpatient	650		\$ 75,000	\$ 318,475		
Partial Hospitalization				\$ 4,000		
Prevention				\$ 791,876		
Recovery Support Services	285		\$ 100,000	\$ 39,000		
Administration			\$ 135,000	\$ 653,613		
TOTAL SUBSTANCE USE DISORDER SERVICES	3,604	\$ 827,000	\$ 827,000	\$ 2,803,712	\$	\$

HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	510		\$ 10,600			
Aging Services						
Children and Youth Services						
Generic Services	1,650		\$ 9,000			
Specialized Services	1,100		\$ 90,000			
Interagency Coordination			\$ 114,078			
Administration			\$ 24,853			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,260	\$ 248,531	\$ 248,531		\$	\$
GRAND TOTAL	22,641	\$ 23,291,934	\$ 23,291,934	\$ 2,879,733	\$ 670,000	\$ 956,000

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 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.

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

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

I. MISSION

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

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

II. PURPOSE AND SCOPE

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

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

III. RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

the ID/SCO management staff person contacted and the Crisis Intervention Program supervisor on duty at the time of the contact. Crisis Intervention will be provided with the cell phone numbers as well as a duty schedule for all ID/SCO Program management staff.

IV. TERMS OF UNDERSTANDING

The term of this memorandum of understanding is for a period of one year from the effective date of this agreement and may be extended upon written mutual agreement. It will be reviewed at least annually to assure that it is fulfilling its purpose and to make any necessary revisions.

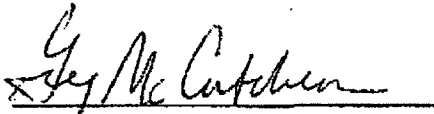
Either party may terminate this Memorandum of Understanding with sixty (60) days written notification.

Authorization

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

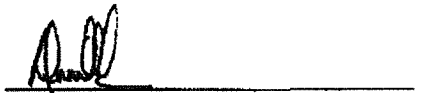
On behalf of the organization that I represent, I sign below in agreement with this Memorandum of Understanding.

FOR CMU:



Greg McCutcheon
CMU Executive Director

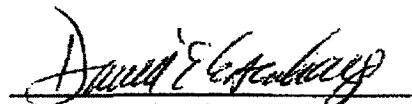
10/5/15
Date



Daniel E. Sausman
CMU Developmental Services Director

10/1/2015
Date

**FOR DAUPHIN COUNTY
CRISIS INTERVENTION:**



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

10/19/15
Date



David DeSanto
Dauphin County Crisis Intervention Director

10/19/15
Date

Attachment
B2

First Name	Last Name	Address	Phone	email
Paula	Truane	GAUBERT 5900 E 45 th HARRIS ST. PA 17241	717-579-2115	pruane@gaudensia.org
Paul	Lipley	Dauphin County	780-6294	Paul@Dauphin.org
Randy	Yeager	" "	780-6295	ryeager@dauphin.org
Scott	Burford	Dauphin County	717-780-6307	sburford@dauphin.org
Rue	SHARP	A.P.C.	717-288-2101	sharp@dauphin.org
Todd	Singer	1030 6 th Ave Syceton PA 17113	910-986-1171	T.Singer@psdscm13.org
David	Schenkler	Dauphin County Attn: D	780-7049	dschenkler@dauphin.org
Sam	Priego	Dauphin County HSD	717-780-6291	spriego@dauphin.org

Attachments

Attachment
B1

Attachments

Attachment
A3

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PUBLIC NOTICE

The Dauphin County Board of Commissioners has scheduled the following Workshop/Legislative Meetings for the year 2017. All meetings will begin at 10:00 a.m. and will be held in the Commissioners' Hearing Room, Fourth Floor, Dauphin County Administration Building, 2 South Second St., Harrisburg, Pennsylvania, unless otherwise noted, for the purpose of conducting the official business of the County. The Dauphin County Salary Board and Dauphin County Board of Elections will conduct business in conjunction with the Commissioners' Meetings. Notice of those meetings is hereby given by those Boards pursuant to Act No. 84 of 1986 (Sunshine Act).

Wednesday, January 4, 2017	10:00 a.m.	Workshop Meeting
Wednesday, January 11, 2017	10:00 a.m.	Legislative Meeting
Wednesday, January 18, 2017	10:00 a.m.	Workshop Meeting
Wednesday, January 25, 2017	10:00 a.m.	Legislative Meeting
Wednesday, February 1, 2017	10:00 a.m.	Workshop Meeting
Wednesday, February 8, 2017	10:00 a.m.	Legislative Meeting
Wednesday, February 15, 2017	10:00 a.m.	Workshop Meeting
Wednesday, February 22, 2017	10:00 a.m.	Legislative Meeting
Wednesday, March 1, 2017	10:00 a.m.	Workshop Meeting
Wednesday, March 8, 2017	10:00 a.m.	Legislative Meeting
Wednesday, March 15, 2017	10:00 a.m.	Workshop Meeting
Wednesday, March 22, 2017	10:00 a.m.	Legislative Meeting
Wednesday, March 29, 2017	10:00 a.m.	Workshop Meeting
Wednesday, April 5, 2017	10:00 a.m.	Legislative Meeting
Wednesday, April 12, 2017	10:00 a.m.	Workshop Meeting
Wednesday, April 19, 2017	10:00 a.m.	Legislative Meeting
Wednesday, April 26, 2017	10:00 a.m.	Workshop Meeting
Wednesday, May 3, 2017	10:00 a.m.	Legislative Meeting
Wednesday, May 10, 2017	10:00 a.m.	Workshop Meeting
Wednesday, May 17, 2017	10:00 a.m.	Legislative Meeting
Wednesday, May 24, 2017	10:00 a.m.	Workshop Meeting
Wednesday, May 31, 2017	10:00 a.m.	Legislative Meeting
Wednesday, June 7, 2017	10:00 a.m.	Workshop Meeting
Wednesday, June 14, 2017	10:00 a.m.	Legislative Meeting
Wednesday, June 21, 2017	10:00 a.m.	Workshop Meeting
Wednesday, June 28, 2017	10:00 a.m.	Legislative Meeting
Wednesday, July 5, 2017	10:00 a.m.	Workshop Meeting
Wednesday, July 12, 2017	10:00 a.m.	Legislative Meeting
Wednesday, July 19, 2017	10:00 a.m.	Workshop Meeting
Wednesday, July 26, 2017	10:00 a.m.	Legislative Meeting
Wednesday, August 2, 2017	10:00 a.m.	Workshop/Legislative Meeting
Wednesday, August 16, 2017	10:00 a.m.	Workshop Meeting
Wednesday, August 23, 2017	10:00 a.m.	Legislative Meeting
Wednesday, August 30, 2017	10:00 a.m.	Workshop Meeting
Wednesday, September 6, 2017	10:00 a.m.	Legislative Meeting
Wednesday, September 13, 2017	10:00 a.m.	Workshop Meeting

Wednesday, September 20, 2017	10:00 a.m.	Legislative Meeting
Wednesday, September 27, 2017	10:00 a.m.	Workshop Meeting
Wednesday, October 4, 2017	10:00 a.m.	Legislative Meeting
Wednesday, October 11, 2017	10:00 a.m.	Workshop Meeting
Wednesday, October 18, 2017	10:00 a.m.	Legislative Meeting
Wednesday, October 25, 2017	10:00 a.m.	Workshop Meeting
Wednesday, November 1, 2017	10:00 a.m.	Legislative Meeting
Wednesday, November 8, 2017	10:00 a.m.	Workshop Meeting
Wednesday, November 15, 2017	10:00 a.m.	Legislative Meeting
Wednesday, November 22, 2017	10:00 a.m.	Workshop Meeting
Wednesday, November 29, 2017	10:00 a.m.	Legislative Meeting
Wednesday, December 6, 2017	10:00 a.m.	Workshop Meeting
Wednesday, December 13, 2017	10:00 a.m.	Legislative Meeting

BY ORDER OF THE DAUPHIN COUNTY BOARD OF COMMISSIONERS

Chad Saylor
Chief Clerk/Chief of Staff

Attachments

Attachment
A2



Order Confirmation

Ad Order Number 0008154622

Customer

DAUPHIN COUNTY COMMISSIONERS
 Account: 29090
 DAUPHIN COUNTY COMMISSIONERS
 PO BOX 1295,
 HARRISBURG PA 17108 USA
 (717)780-6314

FAX:

Martz, Richie <RMartz@dauphinc.org>

Payor Customer

DAUPHIN COUNTY COMMISSIONERS
 Account: 29090
 DAUPHIN COUNTY COMMISSIONERS
 PO BOX 1295,
 HARRISBURG PA 17108 USA
 (717)780-6314

PO Number HSBG Public Notice 5.

Sales Rep. Marianna Aldridge

Order Taker Marianna Aldridge

Order Source Phone

Special Pricing

Tear Sheets 0	Net Amount	\$89.76
Proofs 0	Tax Amount	\$0.00
Affidavits 1	Total Amount	\$89.76
Blind Box	Payment Method Invoice	
Promo Type	Payment Amount	\$0.00
Materials	Amount Due	\$89.76
Invoice Text		

Ad Schedule

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Production Method AdBooker	Production Notes
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Product PennLive.com	Placement/Class Main Legals
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External Ad #	Color <NONE>
Production Method AdBooker	Production Notes
Run Dates 05/02/2017	Sort Text PUBL00NOTICENOTICEISHEREBYGIVENTHATTHEDAUPHINCOUNTYHUMANSERVICESBLOCKGRANTPLANNINGA

0008154622-01

Ad Content Proof

Public Notice

Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled a public meeting for the purpose of developing and receiving public input regarding Dauphin County's Human Services Block Grant Plan. The next meeting will take place on May 19, 2017 starting at 10 a.m. to be held at Gaudenzia Inc., 2930 Derry Street, Harrisburg, PA 17111.

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

Attachments

Attachment

AI



Order Confirmation
Ad Order Number 0008018604

4800476

Customer

DAUPHIN COUNTY COMMISSIONERS
Account: 29090
DAUPHIN COUNTY COMMISSIONERS
PO BOX 1295,
HARRISBURG PA 17108 USA
(717)780-8314

Favor Customer

DAUPHIN COUNTY COMMISSIONERS
Account: 29090
DAUPHIN COUNTY COMMISSIONERS
PO BOX 1295,
HARRISBURG PA 17108 USA
(717)780-8314

PO Number DCHS

Sales Rep. Marianna Aldridge

Order Taker Marianna Aldridge

Order Source Phone

Special Pricing

FAX:

Martz, Richie <RMartz@dauphinc.org>

Tear Sheets 0	Net Amount	\$85.19
Proofs 0	Tax Amount	\$0.00
Affidavits 1	Total Amount	\$85.19
Blind Box	Payment Method Invoice	
Promo Type	Payment Amount	\$0.00
Materials	Amount Due	\$85.19
Invoice Text	Dauphin County Human Services Block Grant Planning and Advisory Committee	

Ad Schedule

Product	The Patriot News	Placement/Class	Main Legals
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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLI00NOTICENOTICEISHEREBYGIVENTHATTHEDAUPHINCOUNTYHUMANSERVICESBLOCKGRANTPLANNINGA	
		02/02/2017	

Product	PennLive.com	Placement/Class	Main Legals
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Run Dates	Sort Text	PUBLI00NOTICENOTICEISHEREBYGIVENTHATTHEDAUPHINCOUNTYHUMANSERVICESBLOCKGRANTPLANNINGA	
		02/02/2017	

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0008018604-01

Ad Content Proof

Public Notice

Notice is hereby given that the Dauphin County Human Services Block Grant Planning and Advisory Committee has scheduled a public meeting for the purpose of developing and receiving public input regarding Dauphin County's Human Services Block Grant Plan. The next meeting will take place on February 17, 2017 at 10 a.m. to be held at Tri County Community Action, 1514 Derry Street, Harrisburg, PA 17104.

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