

Appendix B
Dauphin County Human Services Plan DRAFT

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2020-01.

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

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

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

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

Dauphin County has a human services structure that supports the communication and collaboration necessary to ensure quality administration of this block grant, as well as other grants,

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

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

PART II: PUBLIC HEARING NOTICE

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

Article I. Proof of publication;

Section 1.01 Attached is attach a copy of the actual advertisements for the public hearings.

When was the ad published? **12/06/2019**

Section 1.02 When was the second ad published (if applicable)? **06/09/2020**

Article II. Please submit a summary and/or sign-in sheet of each public hearing.

NOTE: Sign in sheets and summaries will be submitted at a later date. The public hearing meeting minutes were not completed fully at the time of this submission.

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

Dauphin County has developed a Human Services Integration Plan across all human services and related departments. The human services departments who are part of the integration process include: Area Agency on Aging, Social Services for Children and Youth, Drug and Alcohol Services, and Mental Health/Autism/Developmental Programs. The Human Services Director's Office provides cross-system integrated direction and oversight to each human service's categorical departments. 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 Services, and Pretrial Services. The plan for Human Services Integration continues to be a top priority across all human services' departments to provide improved, cost effective customer-service oriented services, processes, and programs. Full

integration will take years to complete but Dauphin County is committed to accomplish numerous steps annually.

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

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

1. Providing Holistic services to customers and increased efficiencies among staff
2. Better education, outreach, and communication with the community members and among departments
3. Increased coordination of human services for individuals and families across systems and within the community
4. Utilization of expertise within each department effectively
5. Maximize funding by analyzing cost-effectiveness
6. Shared data reduces duplication and increases efficiencies
7. 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 until full integration is achieved. Human Services' Departments work in a truly collaborative manner to assist the individuals and families they serve. Integration, however, is well beyond collaboration. It requires staff to work together in new spaces and workgroups toward common goals within and across all systems in a new, intensive manner. Each department will be building new forms of strong inter-departmental relationships over the next several years as we strive towards full integration.

Dauphin County will continue making steps toward full integration over the next three to five years. As a result, the County will continue to expand the process of integration within Human Services and related departments and services. To that end, we will develop procedures that serve customers in a holistic manner and provide services to an individual and families 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
- Drug and Alcohol Service needs and the Opioid Epidemic
- Transportation

Human Services Areas of Integration (First concurrent steps):

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

Two areas of integration that began in 2017:

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

The QA team has analyzed processes within each of the human services' departments and created detailed procedures for each area examined across the human service departments during the 2019-20 Fiscal Year. Several processes have been improved and new ones created, specific to each department's needs.

2. A Cross-System Community Outreach, Education, and Communication Team (Outreach Team) has been developed over the past 4 years. There have been hundreds of coordinated events, activities, and discussion sessions throughout the community over the past few years. The Outreach Team remains decentralized within this integration process. Representatives from each department are a part of the Outreach Team. Each department created a plan that communicates and coordinates all efforts within the scope of Community Outreach, Education, and Communications.

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

Employment:

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

Housing:

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

- Respond to referrals of new clients in timely manner, including completing the intake and assessment of the client's needs and preferences.
- Communicate regularly and effectively with the client, service coordinators, service providers, and support personnel to ensure that clients meet housing application requirements and maintain housing once secured.
- Identify and present housing options for clients that fulfill their specific location, size, and affordability requirements.
- Assist clients in qualifying for housing. This can require making community referrals for credit counseling/legal assistance, assembling letters of support, and helping clients apply for eligible financial assistance.
- Organize regular client community workshops.
- Regularly communicate with property managers/affordable housing developers to maintain a current and accurate list of affordable housing/rental properties which are accepting applications for a wait list. Additionally, keep current application forms and other requirements for being placed on the wait list.

- Identify opportunities for housing advocacy and collaborate with Housing Authorities and Executive Directors in pursuing them.

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

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

Dauphin County Commissioners are considering a new cross systems Housing Initiative, as Dauphin County is committed to increasing housing opportunities for our most vulnerable populations by offering additional supports for those we are serving across human services and with our criminal justice partners. This will allow the County to address the full scope of the housing issues and allow the Human Services Director's Office staff to have oversight and monitoring roles with great impact on the coordinated entry system. Additionally, the Commissioners previously agreed to use Gaming Funds to support a homeless overnight winter shelter at Downtown Daily Bread which reinforced the HSBG-supported homeless efforts. Dauphin County offers transitional housing opportunities as well as rapid rehousing resources. The Dauphin County Mental Health/Autism/Developmental Programs continues to assist consumers with supportive housing as well as Shelter Plus Care and offers Prepared Renters classes.

Continued implementation of Bridge Rental Housing with the Dauphin County Housing Authority is an opportunity for additional services. Dauphin County will continue to research initiatives and opportunities in housing across all high-risk populations.

Leadership within Dauphin County Human Services and all human services' categorical departments are represented in CACH and are encouraged to emphasize county-wide coordination and continually grow and develop the role of CACH through collaborative efforts within the community. Currently the Human Services Director, CACH Leadership, MH Leadership, and the QA Unit from HSDO have developed a new process utilizing a LEAN model for process mapping, service process, and the client experience to improve the coordinated entry practice and simplify the process for all entities involved. Additionally, preserving the full range of safe and affordable housing options to meet the needs of the County continues to be at the forefront of concerns; as funding continues to diminish, services continue to lack resources, and vulnerable populations continue to grow and have increased needs.

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

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Dauphin County changed the name of the County program to the Department of Mental Health/ Autism/Developmental Programs. This name change was critically important to clarify and highlight the vast programming and administration of services and supports within our community. In this new name it still falls short of explaining specific aspects which include Crisis Intervention Services, Early Intervention Services, Medical Assistance Transportation, Housing Assistance Programs and Emergency Solutions Grants. This department administers and provides access to a wide array of services that are of major importance to a healthy community.

Mental health consumers are the largest population of County residents served through the Block Grant; however, reductions in funding and a lack of a Cost of Living Allowance (COLA) will continue to decrease quantity of MH services in our community and threatens to decrease the quality of services. Additionally, it will decrease timely access and exacerbate staffing issues. Few resources exist to create alternative funding options, particularly for Adults with a serious mental illness (SMI) and/or co-occurring disorders. To this end, Dauphin County routinely assesses the benefits of using available grants each year. Low salaries for direct care staff in provider agencies are a significant issue. The FY12-13 budget cuts totaling \$1,931,200 have never been restored, and new demands from other systems cannot be addressed through service integration, data systems, or coordination strategies. Dauphin County’s Mental Health system has benefitted from the Human Services Block Grant process in the past, but those opportunities continue to diminish. Direct service funds are the best way to serve persons on waiting lists, and those who need specialized, individualized care are growing. The system lacks the flexibility and resources to meet those demands/needs.

FY18-19 is the most recent full year of mental health programs operations for data analysis in the HSBG Plan. The mental health funds are 93.6% expended for services to County residents. Expenditures are closely tied to funding levels. Just over six percent (6.4%) are administrative costs. This is the first increase in administrative costs in many years. In the MH program, there was a decrease in the number of persons served which is primarily due to eligibility for HealthChoices (managed Medical Assistance) funding.

Table 1 – Comparison of Persons served FY15-16 through FY18-19

PROGRAM AREA	PERSONS SERVED FY15-16	PERSONS SERVED FY16-17	PERSONS SERVED FY17-18	PERSONS SERVED FY18-19
Mental Health	4,208	3,958	3,041	2,779
Crisis Intervention	3,230	3, 346	3,291	4,136

Outcome data was received from MH providers in accordance with timely requirements. The Block Grant Outcomes for the MH system are comprehensive. Baselines were established for cost areas in FY14-15. The cost areas are formatted to reflect Block Grant reporting categories. Funds directly managed by Dauphin County Mental Health include state allocated, CHIP, federal non-Medicaid, Forensic funds, and County matching funds.

Access to other funding such as Medicaid/PerformCare and Medicare impacts how State-allocated County funds are used by residents registered in the system. The availability of funds is another factor impacting number of persons served and dollars expended. Elimination of the State's Medicaid fee-for-service system for behavioral health would decrease County allocated costs for Targeted Case Management (TCM). It is a two-step process for those eligible for MA. First is MA fee-for-service, which has rates well below costs and an incomplete menu of services, followed by MA HealthChoices. This process is not consumer-friendly nor timely. Moreover, there are some types of PA Medical Assistance in which a person never becomes entitled to HealthChoices' services.

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

MH Cost Center	2016-2017	2017-2018	2018-2019
Administrators Office	\$926,834	\$1,022,492	\$1,292,539
Assertive Community Treatment	119,769	139,135	\$83,402
Administrative Case Management	1,520,315	1,520,943	\$1,514,851
Community Employment	245,641	243,678	\$243,740
Community Residential	10,969,105	10,788,632	\$10,912,594
Community Services	368,616	332,496	\$352,397
Consumer-Driven Services	153,739	161,474	\$149,856
Emergency Services	616,037	546,602	\$692,099
Facility-Based Voc. Rehab.	0	0	0
Family-Based Services	0	0	\$5,925
Family Support Services	69,614	47,180	\$54,590
Housing Support	1,098,078	1,157,322	\$1,150,350
Crisis Intervention	999,887	1,005,557	\$1,181,578
Outpatient	285,390	299,102	\$337,491
Partial Hospitalization	235,034	192,795	\$210,077
Peer Support Services	36,426	43,772	\$32,162
Psychiatric Inpatient Hospitalization	6,942	65,943	\$253,367
Psychiatric Rehabilitation	439,013	70,228	0
Social Rehabilitation	603,355	618,322	\$606,740

Targeted Case Management	834,319	1,023,827	\$1,065,001
COUNTY MENTAL HEALTH TOTAL	\$20,048,114	\$19,279,500	\$20,142,674

Table 2 captures the use of State-allocated County funds for three (3) fiscal years by cost center. Dauphin County Crisis Intervention Program is close to full staffing capacity. An increase in emergency services relate to the costs for commitments and hearings. Increases in psychiatric hospitalization services are directly related to the use of Extended Acute Care for which Medicare does not pay, and the consumers do not qualify for medical assistance/HealthChoices funding. TCM costs have increased due to the variability of adult consumers being eligible for HealthChoices. When eligibility changes but needs remain, County funds cover the costs of the service. Programmatic changes due to the fee-for-services payment environment can show a rapid change in opened/closed status when a person cannot be located or refuses services, even when their assessed needs suggest otherwise. Psychiatric Rehabilitation did not convert to fee-for-service until 19-20 and the costs were covered through an Alternative Payment Arrangement (APA) with PerformCare. A comparison between three (3) fiscal years on the number of County funded persons served is illustrated in Table 3 using service type or cost centers. The Base Service Unit operated by CMU initiated an effort to review every person receiving administrative case management and reassess, with the consumer, their needs for the service.

Table 3 – Service Types by Numbers of County Registered Persons

Service Type	2016-2017	2017-2018	2018-2019
Assertive Community Treatment	15	13	13
Administrative Case Management	3,174	2,088	1,603
Community Employment	79	93	138
Community Residential Services	396	399	393
Community Services	1,196	1,183	1,169
Consumer-Driven Services	197	97	101
Emergency Services	1,815	1,692	1,753
Facility-Based Vocational Rehabilitation	0	0	0
Family-Based Mental Health Services	0	0	1
Family Support	103	51	32
Housing Support	201	219	168
Crisis Intervention	2,359	2,489	2,371
Outpatient	197	192	114
Partial Hospitalization	41	33	28
Peer Support Services	27	30	24
Psychiatric Inpatient Hospitalization	1	1	5

Psychiatric Rehabilitation	102	12*	0*
Social Rehabilitation	123	119	129
Targeted Case Management	748	901	852

*Primary funding started through HealthChoices/PerformCare; 13 County funded served

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

Medical Assistance managed care or HealthChoices Behavioral Health services are managed locally in a five-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 FY16-17 11,732 persons expended \$52,885,633 in treatment and rehabilitation costs. In FY17-18 11,769 persons were served and expenditure for treatment and rehabilitation services were \$53,331,613.

Table 4- Dauphin County HealthChoices FY18-19 Mental Health Services by Number of Persons / Costs

Type of Mental Health Service	Persons Served	Dollars
Inpatient psychiatric, includes Extended Acute Care	1,119	\$18,418,201
Partial Hospitalization	413	1,651,766
Outpatient	9,975	7,578,513
Behavioral Health Rehabilitation Services (BHRS)	1,630	11,678,238
Residential Treatment	33	2,275,075
Crisis Intervention	1,469	571,316
Family-Based MH Services	326	4,107,833
Targeted MH Case Management	2,120	4,927,593
Peer Support Services	95	115,491
Other MH, includes Assertive Community Treatment, Specialized treatment, Tele-psychiatry	841	2,140,234
MANAGED CARE MH TOTAL:	11,821	\$ 53,464,261

Persons served and the associated costs stayed fairly the same between FY17-18 and FY18-19. A decrease is documented in Residential treatment (children only). Compared to other Counties, Dauphin County is a low user of Peer Support services for adults and teens. The number of consumers does not quite fit with the funds expended by PerformCare. PerformCare and CABHC were requested to identify more Peer Support providers in Dauphin County, especially to serve teens. No action was taken in FY19-20. Approximately 549 persons received their outpatient services through tele-psychiatry. Data in FY19-20 which is not yet available will show an increase in telehealth services due to COVID19.

Program Highlights and Initiatives:

- **Forensic**

Dauphin County continues to implement recommendations from the comprehensive Stepping Up Technical Assistance project report published in April 2018. Key initiatives in the Mental Health system include developing a short-term CRR for persons with serious mental illness (SMI) released from Dauphin County Prison or state correctional facilities and development of a

specialized treatment program for persons with SMI, who are co-occurring and involved with the criminal justice system. Dauphin County also developed a Crisis Intervention Team (CIT) training for police/security officers which was implemented in FY19-20. A proposal for a co-responder model was also funded by OMHSAS in FY19-20. Dauphin County continues dedicated efforts to identify, track, and develop early release plans for all eligible persons with SMI entering the County prison. Dauphin County MH also participates in Team MISA targeting service planning for inmates with mental illness and/or substance use disorders. In FY 18-19 639 persons were screened for eligibility for early release, and 117 persons were approved. There were 499 persons ineligible, 147 of whom were pending transfer to another facility while 134 persons were released prior to a MH intervention, and 123 were ineligible due to the nature of their criminal charges. The average prison length of stay for persons eligible for early release was 126 days.

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

CAPSTONE is a first episode psychosis (FEP) program funded by OMHSAS with federal Community Mental Health Services Block Grant dollars for persons ages 16-30 experiencing an initial diagnosis of a psychotic disorder. The partnership includes: Pennsylvania Psychiatric Institute for Team Leadership, Clinical Services and Peer Support, YWCA of Greater Harrisburg for Supported Employment and Education services, Merakey for Peer Support in Cumberland/Perry counties, Geisinger-Holy Spirit for targeted case management services in C/P Counties and CMU (Case Management Unit) for targeted case management. Year five proposal for continued Federal funding for non-medical assistance funded services and activities was submitted in May 2020.

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

Persons using services, family members, MH/A/DP Advisory Board members, MH program staff, and other stakeholders were included in developing the Block Grant narrative. Dauphin County Community Support Program (CSP) Committee is a conduit for receiving input and tapping into ideas, skills, and expertise in an evolving recovery-oriented system. The MH Committee of the MH/A/DP Board recently reviewed the consumer satisfaction data from CSS, Inc. on Health Choices MH services in Dauphin County among adults and children.

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

- **Dauphin County needs partners, including OMHSAS, to address the need for intensive short term, out-of-home treatment options which can incorporate**

individualized care, evidenced based treatment, and be located within a supportive community.

Dauphin County MH is focused on reducing the use of Residential Treatment, because it is not evidence-based or community-based care. Dauphin County believes RTFs have a value in a comprehensive system but should be used on a short-term basis, as needed. Other options such as CRR-Group Homes should also be developed. The RTF census in 2017-2018 totaled 42 unduplicated children and teens. In FY19-20 33 children and teens were served. Other children wait in inpatient care or shelters, some for many months. CRR-Host Homes and Intensive Treatment Programs are not available to children and youth deemed appropriate/medically necessary for out-of-home treatment in CRR level of care. Children with unique needs in addition to serious emotional disturbances are not suitable for in the large congregate settings many miles away – sometimes in other States. Families may not be engaged in treatment. Teams try to piece together a variety of services and supports. Children involved with the CYS system may have no discharge resources developed for their specific needs, and like children with an intellectual disability and autism, they remain in RTF settings for disproportionate periods of time. This leads to institutionalization of children.

The Building Bridges Initiative (BBI) is supported by the Federal Health and Human Services, Substance Abuse and Mental Health Services Administration. A dysfunctional children's MH system in PA prevents Counties, BH-MCOs, and providers from developing more outcome-oriented programming in local communities in a timely manner. New regulations fail to be developed and processed timely. The same behaviors and issues begin promptly after discharge with few gains or positive outcomes. Reinvestment funds were approved to develop a small RTF within the five-County managed care area, and a provider has been selected; however, finding a suitable location shall take some time. Diverting from RTF into community-based treatment, reducing the length of stay in RTFs, and preventing readmission to an RTF remain very active goals within children's mental health services.

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

Dauphin County MH/A/DP's HealthChoices behavioral health partners are PerformCare and the administrative oversight agency of PerformCare, Capital Area Behavioral Health Collaborative (CABHC). County roles include monitoring and administrative functions and person-specific involvement. County mental health has provided most local analysis of inpatient and services data investigating the root cause of high (over 10%) psychiatric inpatient readmission rates, 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 two or more 30-day inpatient readmissions was established in FY13-14 and continues. Positive results are within reach. County MH hosts meetings with inpatient, case management entities, and other interagency team members within the MH system to strategize on changing the overuse of inpatient care at an individual and cross-system level. The Mobile MH/A/ID Behavioral Services team will convert from reinvestment funding to a supplemental service under HealthChoices. A RED – like (Re-Engineering Discharges) at Pennsylvania Psychiatric Institute (PPI), called READY, has been successful at reducing the number of inpatient readmissions in the County. A Nurse Navigator program is underway in the County with Merakey.

- **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

underscores the existing systems strengths and future opportunities for improvements as well as emerging issues/trends. The following charts provide a brief display of the populations served in the system, unique strengths to the specific population, and identified opportunities. Services 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 that address the needs and demands of Dauphin County residents and responsibly manage the funds allocated are limited. Plans to implement any needs under County auspices are dependent upon the restoration of \$1.9 million dollars lost in allocation FY12-13 and COLA increase on MH funds.

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

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

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

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

Strengths	Opportunities
Homeless Outpatient Clinic weekly access WRAP and IMR Evidenced-based outpatient clinic services (DBT, CBT, TF-CBT, Co-Occurring MH & D/A Integrated MH D&A and EMDR) Two (2) free-standing Peer Specialist programs Certified Peer Specialists imbedded in IP units Consumer Operated Drop-in Center	Continued Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County Local MH & Forensic access to South Mountain equal to DOC access for hard to place individuals in nursing home settings under age 60 Improve timeframes of IST dispositions from evaluation completion to legal action. Sustainability planning with Performcare for FEP

<p>Team MISA collaborative service planning with Courts/County Prison and Pre-Trial services</p> <p>NAMI Dauphin County Family-to-Family and Peer-to-Peer Program</p> <p>Restructured Forensic CRR Program</p> <p>DBT-focused Adult CRR program</p> <p>SAMHSA-model Supported Employment Services</p> <p>Transitional CRR Programs for Crisis and Diversion</p> <p>Sex Offender Outpatient Services</p> <p>CAPSTONE an FEP program with CPS services</p> <p>Three (3) Permanent Supportive Housing programs and Prepared Renters program</p> <p>Classes</p> <p>Shelter Plus Care</p> <p>Behavioral Health RED Program at PPI in collaboration with PerformCare</p> <p>Site and mobile Psychiatric Rehabilitation services also MA funded.</p> <p>EAC diversion from Danville State Hospital</p> <p>Long-Term Structured residence (11 beds)</p> <p>Use of Adult Protective Services reporting and processes to improve services to victims</p> <p>Expanded Extended Acute Care beds at Mt. Gretna/Ephrata Philhaven.</p> <p>Active Consumer Support Program & Joint Annual Conference with C/P</p>	<p>Implement Forensic short-term CRR (14 beds)</p> <p>CSP Leadership Training</p> <p>Continue identification of persons for PRA 811, HCV and Mainstream vouchers with CACH, HACD, & MH providers</p> <p>Suspension of Medicaid benefits while in SMH rather than terminated from benefits comparable to DOC arrangement with DHS.</p> <p>Expansion of Certified Peer Support providers/understand causes for lack of growth.</p> <p>Add three (3) Dauphin County beds to LTSR complement with CHIPP funds.</p>
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• **Transition-age Youth (ages 18-26) including Persons Transitioning from Residential Treatment Facilities**

Strengths	Opportunities
<p>Evidenced-based outpatient clinic services (DBT-Teens, DBT, CBT, TF-CBT, Co-Occurring MH D&A Outpatient and EMDR)</p> <p>IBHS Licensing/Implementation</p> <p>Transition Planning to Adult Services by TCM</p> <p>The JEREMY Project</p> <p>Transitional Adult Program –CRR</p> <p>CRR Host Home- Intensive Treatment Program</p> <p>CAPSTONE FEP program</p> <p>PREP Classes and Three (3) permanent Supported Housing programs</p>	<p>Expansion of existing CRR-ITP program</p> <p>Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs</p> <p>Identify funding source for JEREMY –like project for transitioning teens with autism with A/DP</p> <p>Continue to identify eligible persons for PRA 811, 811 HCV and mainstream vouchers with Local Lead Agency – CACH and MH providers.</p> <p>Reduce use of mechanical restraints for all children</p>

<p>Access to Homeless Outpatient Clinic for Valley Youth House teens/young adults. The JEREMY Project – transition to high-risk population model for children with only MH diagnoses</p>	
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• **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 Annual SD training on applying for MA/HC School-based Mental Health Outpatient IBHS Licensing /Implementation Respite Multi-systemic Therapy Functional Family Therapy CRR –Host Home Intensive Treatment Program Coaching and support to CMU Children’s Supervisors Human Services’ Supervisors Group County cross-system protocol for collaboration PCIT and DBT-A FBMHS Team expansion VALLEY STRONG initiative in Northern Dauphin County Transition Planning to Adult Services by TCM CAPSTONE (FEP) MH consultation to Student Assistance Program MH services at Schaffner Youth Center</p>	<p>Expand capacity in CRR-HH/ITP Establish a CRR-ITP model for CYS/JPO youth to decrease LOS in RTFs Reduce the use of mechanical restraints for all children Engage County A/DP staff in reducing length of stay in RTFs. Continue Resiliency in Action training Implement Circles of Security Continue to address strategies with PerformCare on over authorization and long-term use of BHRS among older teens Advocate for CRR-Group Homes Identify site in CAP5 for small local RTF PerformCare to implement Intensive-Attachment Based Family Therapy and Intensive- Aggression Replacement Training and Therapy Expand capacity of child partial hospitalization Expand adolescent CPS Identify new providers to deliver school based OPT services</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 and EMDR) Assertive Community Team (ACT)</p>	<p>Collaboration with County located Skilled Nursing facilities Limited access to skilled nursing homes/services when psychiatrically stable Suspension of Medicaid benefits while in SMH rather than terminated from benefits. Identify additional Certified Peer Support providers/understand causes for lack of growth.</p>

<p>Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family and Peer-to-Peer Programs 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 Licensed Psychiatric Rehabilitation Site-based and Mobile Services BCBA Consultation to LTSR and Enhanced PCBH Expanded EAC beds at Mt. Gretna and Ephrata for SMH diversion Two (2) Free-standing Peer Support Programs</p>	<p>Add three (3) Dauphin County beds to LTSR complement with CHIPP funds. Support recruitment and retention strategies among provider network.</p>
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• **Individuals with Co-Occurring Mental Health/Substance Use Disorder**

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, County prison and Pre-Trial Services via Team MISA Assertive Community Team (ACT) Integrated COD Outpatient Clinics at two dual-licensed providers Implement forensic funded MH/D&A IOP and Recovery Center Site acquired for Short-term Forensic CRR</p>	<p>Monitoring of MH and SA service use through PerformCare by Co-Occurring identified target population Continued implementation of STEPPING UP recommendations Short term CRR implementation (14 beds)</p>

• **Criminal Justice Involved Older Adults, Adults and Transition-age Adults**

Strengths	Opportunities
<p>Homeless Outpatient Clinic County-level State Hospital Diversion/Coordination Team MISA Extended Acute Care access</p>	<p>Use data-driven information to educate other systems on role/responsibilities of MH system Limited access to skilled nursing homes/services</p>

<p>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 and EMDR) Center-based/Individualized Social Rehabilitation Three (3) PSH programs and PREP Classes Consumer Operated Drop-in Center NAMI Dauphin County Family-to-Family and Peer-to-Peer Program SAMHSA-model Supported Employment services Transitional CRR programs for Crisis and Diversion DBT Focused CRR Sex Offender Outpatient Services CJAB Member Coordination with DOC Forensic services funded: MH& D/A IOP with Recovery Center</p>	<p>Continued use of Forensic Contingency Funds Service access for HealthChoices members in DOC-Community Correctional Centers while in DOC custody Continued to implement Bridge Rental Housing with Housing Authority of Dauphin County Short-term Forensic CRR Implementation (14 beds)</p>
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• **Criminal Justice Involved Children**

Strengths	Opportunities
<p>Student Assistance Program MH Consultation School-based Mental health Outpatient IBHS licensing and Implementation Multi-Systemic Therapy & FBMHS Functional Family Therapy 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 (2) outpatient providers Tele-therapy at select RTFs VALLEY STRONG initiative in Northern Dauphin County Triage Group at Schaffner Shelter to access needed services MH services at Schaffer Youth Center TCM Transition Strengths and needs assessment conducted annual beginning at age 16</p>	<p>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 PerformCare to implement Intensive- Attachment Based Family Therapy and Intensive- Aggression Replacement Training and Therapy Expand capacity of child partial hospitalization</p>

Direct communication at case specific level with assigned dependency and delinquency judges Director-level Case Reviews (CYS & JPO cases)	
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• **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.</p> <p style="text-align: center;">Stand Down</p> <p>Ongoing commitment at County and BH-MCO to developing and sustaining clinical expertise in trauma –related evidenced based interventions and provider/clinician certification.</p> <p>Dauphin County Veteran’s Court may coordinate services with the MH system as needed.</p>	<p>Continue to commitment and participation to the items listed as Strengths</p> <p>Maintain information and linkages to new developments in treatment, employment and housing initiatives for veterans and their families.</p> <p>Keep case management entities updated on Veteran services in treatment, housing, etc.</p>

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

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

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

Strengths	Opportunities
<p>Community-wide Diversity Forum participant</p> <p>Two (2) Provider Agencies convene internal Diversity/Cultural awareness Committees</p> <p>Agencies recruit and retain staff representative of diverse community</p>	<p>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</p>

<p>The relationship between health and mental health are fully understood and prioritized among persons registered with the MH system.</p> <p>County continues to be the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare as well as primary planning function with the BH-MCO.</p> <p>On-going commitment to wellness activities for children and adults in MH system. Emphasis on coordination and communication between primary care, specialized care and behavioral health.</p> <p>BH-MCO has multi-year priorities identified on PH/BH integration.</p> <p>Active Quality Assurance Management in County MH Program in addressing chronic/preventable health issue among adults and children with MH concerns.</p> <p>Advocacy with BH-MCO and OMHSAS on needs related to dual eligible (Medicaid and Medicare)</p> <p>Medication Reconciliation Toolkit from PerformCare</p> <p>Natural Support Toolkit from PerformCare</p> <p>Nurse Navigator program at Merakey</p> <p>Using BH-MCO Social Determinants of Health Protocol</p>	<p>services and waiting periods to access services.</p> <p>Maintain role in County level planning for county funded as well as BH-MCO funded services.</p> <p style="text-align: center;">Continuation of active Quality Management</p> <p>Continue learning curve on Community HealthChoices</p>
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• **All Persons with Limited English Proficiency 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 publicly 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</p>	<p>A comparative survey of workforce demographics has not been conducted since the 1990's among County MH system.</p> <p>Advocacy with BH-MCO on rates to address interpreter rates/reimbursement when workforce is not representative of language and linguistic support needs.</p> <p>Work with International Service Center as needed on program modifications. For specific target groups. Follow-up with Millersville University on needs of Congolese population in Dauphin County.</p>

<p>service providers when staffing is not representative of population in services. CMU and Keystone Human Services maintain on-going cultural competency taskforces. Renewed Court processes for interpreters for MHPA commitment hearings Established outpatient resources for Bhutanese population</p>	
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• **Deaf and Hard of Hearing Individuals with support 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. Use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. Participation in training when identified/available on issues of persons with deaf and hard of hearing needs. Use of technical support to enhance participation in MH system. Contract with PAHrtners for deaf-specific services in CRR and targeted case management FY14-15 BH-MCO credentialing of PAHrtners for deaf-specific MH services in 2015</p>	<p>Continued use of consultation with OMHSAS, Department of Labor and Industry, and advocacy organizations on resources and expertise. Continued participation in training when identified/available on issues of persons with deaf and hard of hearing needs. Use of technical support to enhance participation in MH system. Continued identification of resources for deaf-specific services both County-funded and BH-MCO funded.</p>

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

Strengths	Opportunities
<p>Cross-system interagency team meetings at person-specific and administrative levels 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 Nurse Navigator Program Using BH-MCO Social Determinants of Health Protocol</p>	<p>Continue learning on Community HealthChoices.</p>

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

Yes No

Plans to implement any Cultural and linguistic Competence Training under County auspices are dependent upon the restoration of \$1.9 million dollars lost in allocation FY12-13 and a COLA increase on all funds.

Does the county currently have any suicide prevention initiatives?

Yes No

Dauphin County works with Derry Township School District, PerformCare, and a parent-led coalition. The coalition is focused on raising awareness about MH concerns in school-age youth and preventing suicide. Activities have included the development of a *We Matter* Student Club at Hershey High School. They offer monthly QPR training and other related activities. Three school districts: Halifax, Upper Dauphin, and Williams Valley have *Aevidum* (suicide prevention) student clubs. Dauphin County participates in the Garrett Lee Smith Suicide Prevention Grant which provided training for Student Assistance Program (SAP) MH Liaisons on BH-works (suicide risk screening tool). MH Liaisons administer BH-works during informal assessments. Performance standard are in place on risk assessment for SAP provider. Dauphin County is interested in using this in school-based outpatient services.

PA Act 36 of 2018, The Employment First Act requires:

1. Dauphin County contracts with the YWCA of Greater Harrisburg, and they exclusively use the SAMHSA Supported Employment Model which is about working in competitive employment settings only. Job search and attaining employment are less successful when persons with co-occurring SMI and substance use disorders seek employment and refuse D&A treatment. There are no exclusionary criteria for referrals to YWCA Supported Employment services. Person must be registered with the BSU and the service is County-funded. Services are authorized by Dauphin County. In the FEP-CAPSTONE program enrollees ages 16-30 also receive supported employment and education services.
2. Persons interested in working with OVR have on-site access at the CMU in Dauphin County. Unfortunately, we have not seen data to indicate that OVR helps individuals with SMI that are referred in Dauphin County. OMHSAS should explore sharing information on a County basis for this specific population. Dauphin County agencies use CareerLink to assist person with their job searches. Some individuals need additional assistance or support to use CareerLink services fully, as much of it is computer oriented.
3. Administrative and Targeted Case Managers participate in students' IEP and all other cross-system team meetings to coordinate education and mental health services with the student's permission. Periodic County and School District administrative meetings throughout the year have resulted in follow-up between inpatient and partial hospitalization program's interface at discharge on academic issues as well.
4. Does the County have a mental health point of contact for employment services?
 Yes No

In Dauphin County, the Mental Health point person on employment services is the Deputy MH Administrator.

c) Supportive Housing:

SUPPORTIVE HOUSING ACTIVITY includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify program activities approved in FY19-20 that are in the implementation process. Please use one row for each funding source and add rows, as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY19-20, until the submission of next year’s planning documents.)**

<ul style="list-style-type: none"> • 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 <small>(include grants, federal, state & local sources)</small>	Total \$ Amount for FY18-19 <small>(only County MH/ID dedicated funds)</small>	Projected \$ Amount for FY20-21 <small>(only County MH/ID dedicated funds)</small>	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Targeted BH Units	Term of Targeted BH Units <small>(e.g., 30 years)</small>		Year Project first started
Sunflower Fields	FY 13-14 Reinvestment	\$500,000	0	6	5	5	30 years with option to own		FY 14-15
Notes:	Capital project funds were expended. Rental subsidy is provided by Housing Authority of the County of Dauphin. Dauphin County MH maintains a short waiting list for the Sunflower Fields residences in agreement with the property management agency.								

<ul style="list-style-type: none"> Bridge Rental Subsidy Program for Behavioral Health 				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Bridge Subsidies in FY18-19	Average Monthly Subsidy Amount in FY18-19	Number of Individuals Transitioned to another Subsidy in FY18-19	Year Project first started
Housing Authority of the County of Dauphin	FY 12-13 Reinvestment	101,236	129,153	18	12	18	\$544.60 per voucher is the average monthly subsidy	1 in FY 17-18 2 in FY 18-19 5 in FY 19-20	FY 14-15
Notes:	Excellent relationship with the Housing Authority of the County of Dauphin. Moving folks to permanent vouchers in FY 19-20 and 20-21.								

• Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY18-19	Average Subsidy Amount in FY18-19	Year Project first started
	FY 12-13 Reinvestment	208,213							
Notes:	Since these funds were originally approved for Master Leasing, we have tried twice to engage an interested provider with housing or residential services experience. Each time we had resistance to the model of an integrated setting without a condition of services. At one point we consulted with TAC, a few years ago. CABHC is following up with OMHSAS to discuss an alternative plan for these funds in Bridge Rental Subsidy program.								

• Housing Clearinghouse for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
								0.75 FTE	ongoing
Notes:	All activities are performed by County MH staff in coordination with MH Case Management entities and housing support agencies as well as LLA/CACH and the Regional Housing Coordinator. Programming includes Shelter Plus Care, PATH, PRA 811, HCV 811, and mainstream vouchers. Coordination conducted through monthly								

	meeting and ongoing person-specific follow-up as well as coordination and planning with the CEAR/CES system.
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<ul style="list-style-type: none"> Housing Support Services (HSS) for Behavioral Health 	<input type="checkbox"/> Check if available in the county and complete the section.
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HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
	Block Grant	1,047,106	928,510	168	170			12	1990 (Base) & 2006 CHIPP

Notes:	Includes one Housing Locator position; two contracted agencies. Both agencies have several experienced staff vacancies. There are currently four staff vacancies between the two programs. During FY 19-20 staffing was modified in one program. We hold hope to have some additional part-time Housing Locator resources in FY 20-21 due to demand. Vacancies being filled in March 2020 were temporarily placed on hold due to the coronavirus pandemic.
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<ul style="list-style-type: none"> Housing Contingency Funds for Behavioral Health 		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Average Contingency Amount per person	Year Project first started
	Block Grant, PATH (homeless MH), Reinvestment FY 13-14 (forensic)	\$49,290	\$66,000	95	140			\$500	1990s
Notes:	Available for all case management entities and Crisis Intervention Services. The County is increasingly involved in housing for persons with SMI and making positive use of federal housing resources through OMHSAS/PFHA.								

<ul style="list-style-type: none"> • Other: Identify the Program for Behavioral Health 				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Year Project first started
Community Lodges (2)	Reinvestment for one Lodge Start-up	\$17,500	\$0*	11	10			2011
2011	*Previous funding has been exhausted. Support for the Lodges is based upon availability of funds at the end of each FY. Block Grant funds have been used to support the Lodge coordinator position. Provider operates an office cleaning busines for Lodge participants if they are not employed elsewhere.							

d) Recovery-Oriented Systems Transformation:

Priority 1: Persons discharging from State Correctional Institutions, Dauphin County Prison and Work Release Center have unique needs and goals in transitioning to their community of residence. A program designated to meet their needs and goals may provide some benefit for further assessment, offer a supportive living arrangement, and improve their transitional success.

A short-term CRR for persons with a serious mental illness and criminal justice involvement (14 beds) will be developed by Community Services Group, Inc. after the April 2020 acquisition of a site. A successful start-up is key.

Steps	FY20-21 Timeline	Fiscal /Other Resources	Priority Tracking
1. Review renovation budget and time frames with provider. Identify any needed changes in FY20-21 contract and implementation plan.	July 2020	No additional financial resources are needed beyond the Forensic funds annualized by OMHSAS	<p>This priority will be tracked through County MH staff meetings, which occur every two weeks and the Adult MH Team meetings.</p> <p>The priority is included in the County Adult work plan and reviewed in supervision with the Deputy MH Administrator.</p>
2. Meet with provider program staff to review target population, admission process including any COVID specific issues.	August 2020 and on-going		
3. Meet with MH case management entities and provider to work out any issues or process details on program.	October 2020		
4. Review promotional materials for criminal justice system before distribution.	November 2020		
5. Monitor referrals, admissions and d/c through monthly reporting and quarterly meetings with provider.	December 2020 and on-going		

Priority 2: School-based outpatient has become an important service for students that need to build resiliency, support, and additional treatment leading to school success. School districts encourage these resources in school buildings. School based Outpatient treatment (SBOT) among the ten (10) public school districts is experiencing some changes due to a provider discontinuing services in

Dauphin County. Effective June 30, 2020 an established SBOT provider is discontinuing all school-based outpatient services. Work has already begun collaboratively with PerformCare and the school districts impacted by this change. The goal is to have services to existing students transferred to providers of choice and staff ready at the beginning of the school year regardless of the COVID-19 situation.

Steps	FY 2019-20 Timeline	Fiscal /Other Resources	Priority Tracking
1. Identify existing distribution of outpatient satellite clinics at school buildings in Dauphin County.	May 2020	No additional financial resources are needed.	This priority will be tracked through County MH staff meetings, which occur every two weeks.
2. Work with PerformCare to identify experienced providers doing quality work.	May 2020		The priority is included in the County Child MH Annual work plan and reviewed in supervision with the Deputy MH Administrator.
3. Arrange meetings with school district administration and potential providers.	May-June 2020		Periodic meetings with School District administration will include feedback on SBOT.
4. Monitor agency staffing, processes, licensing requirements between providers and school districts in preparation for school year.	June- September 2020		
5. Amend service descriptions and provide Letters of Support from County and School Districts to OMHSAS.	June-September 2020		
6. Establish provider meeting with SAP consultants.	September-October 2020		
7. Monitor implementation with providers and with school district administration.	October 2020 and on-going		

Priority 3: The benefits of a therapeutic structured environment contribute to an individual's continued MH recovery. MH residential is a transitional program, and individuals are reassessed for transition in two (2) years. Waiting list for all residential programs are unceasing, so a lack of referrals is not the problem. Individuals tend to stay in inpatient or temporary settings longer than is clinically necessary while waiting for appropriate placement in residential programming.

Providers will re-evaluate their Admission/Discharge processes to improve occupancy. Maintaining a 90% occupancy rate annually is a programmatic standard for non-diversion residential programs. Residential programs are an important resource that can improve MH recovery. A County MH/A/DP policy and procedure on MH Occupancy in residential services is in development for FY20-21. Annual occupancy is calculated for all programs except the short-term CRR services.

Steps	FY 2020-21 Timeline	Fiscal/Other Resources	Priority Tracking
1. County MH will finalize a MH policy and procedure on occupancy standards. Service description already include occupancy standard language.	July-August 2020	No additional fiscal or staff resources are needed Beyond the annualized Forensic funds.	This priority will be tracked in Adult MH team meetings held weekly.
2. Based upon occupancy rates for FY19-20 select providers will be identified for a review of admission and discharge practices to determine some causes for occupancy rates below 90%.	August-October 2020		The priority will be added to the Adult Annual Work Plan will be reviewed in supervision with Deputy MH Administrator.
3. Among these Providers, County staff in collaboration with agency will identify strategies to improve occupancy rates.	October -December 2020		
4. County will bring exiting resources to assist providers in addressing identified barriers to improving occupancy rates.	January-April 2021		

Priority 4: From our experience Certified Peer Support is a valuable resource for persons working on their MH recovery, but there have been ongoing issues with the stability and success of the service. Marketing CPS services needs to be reconfigured in the MH service network among clinical and rehabilitative professionals as well as among consumers.

Peer support services were initially funded in Dauphin County with one provider as a reinvestment service in the CAP-5 area. When Certified Peer Support became a free-standing MA reimbursable service in 2006, two additional providers offered services. Beginning in 2017, CABHC hosted a discussion group on teen peer support services. In 2018-2019, Dauphin County was identified by OMHSAS as having low enrollment of those involved in CPS. In 2019, a statewide CPS agency approached the County about CPS enrollment, and there was discussion with CABHC about expanding the CPS provider choices. In April 2019, a Dauphin County CPS program closed.

Steps	FY2019-20 Timeline	Fiscal /Other Resources	Priority Tracking
1. Reengage Performcare/CABHC in expanding peer support	July-September 2020	Will assess availability of any County funds dependent upon the	This priority will be tracked in MH staff

<p>services in Dauphin County and assisting with better marketing of the service among prescribers and consumers.</p> <p>2. Assisting with RFP development & review to include teen peer support services.</p> <p>3. Explore the availability of start-up funds as needed.</p> <p>4. County participation in proposal review and recommendation process leading to selection.</p> <p>5. Develop implementation plan with selected provider in Dauphin County</p> <p>6. Monitor implementation.</p>	<p>October-December 2020</p> <p>December 2020</p> <p>January 2021</p> <p>February-March 2021</p> <p>March-June 2021</p>	<p>continuation of MH block grant funds at FY19-20 levels.</p>	<p>meetings held every two weeks.</p> <p>The priority will be added to the Adult and Annual Work Plan will be reviewed in supervision with Deputy MH Administrator.</p>
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Priority 5: Dauphin County is collaborative, using the professional experiences of its provider network for Coordinated Specialty Care (CSC) services. In FY16-17 CAPSTONE, a first episode psychosis program, was established. In FY18-19 the age group was expanded to 16-20 years of age. In FY19-20 Cumberland/Perry MH/IDD providers were added. Peer support was embedded at PPI in 2020 following a gap of nine (9) months.

A Year 5 grant proposal was submitted to OMHSAS in May 2020. Sustainability is the priority goal during FY20-21. CAPSTONE must continue to increase the number of enrollees monthly.

Steps	FY2019-20 Timeline	Fiscal /Other Resources	Priority Tracking
1. Develop a data-based proposal with PPI for an enhanced OPT APA rate for Clinical services plus CPS for PerformCare members.	July – September 2020	No additional staff resources are needed at County or among provider partners beyond those identified in proposal to OMHSAS submitted May 2020.	This priority will be tracked through County MH staff meetings, which occur every two weeks.
2. Engage CABHC/ PerformCare in approving an enhanced OPT APA for CAPSTONE Clinical services and CPS in 2021.	October -December 2020		Add to the County Adult and Child Annual work plan and reviewed in supervision with the Deputy Administrator.
3. Develop a marketing plan for Cumberland, Perry and Dauphin outreach to	September – November and on-going		Maintain Implementation Team

<p>inpatient, schools, and MH providers to expand referral base.</p> <p>4. Identify existing funds to transfer CMHSBG SEE funds to Block Grant/base within MH program.</p>	<p>February 2021 and on-going</p>		<p>meeting which occur every 8-10 weeks.</p> <p>Orient new MH/A/DP Administrator to program.</p>
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e) Existing County Mental Health Services:

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

***Not funded with MH dollars; *Health Choices only

f) Evidence-Based Practices (EBP) Survey*:

Evidenced-Based Practice	Is the service available in the County/Joinder? (Y/N)	Current number served in the County/Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Yes	84	TMAC	Perform Care CABHC	Annual	Yes	Yes	Urban Team
Supportive Housing	Yes	168	No	N/A	N/A	N/A	No	Providing Supportive Housing since the 1980s
Supported Employment	Yes	138	SAMHSA Toolkit	Agency Program Director	Annual	Yes	Yes	Number Employed: 18
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	308	Hazeldon Patient Rating Scales	Agency Program Director	Day 1-30-60-90	No	Yes	Two OPT D&A providers
Illness Management/Recovery	Yes	13	SAMHSA IMR Toolkit	Group Leader	After group completion	Yes	Yes	Five providers
Medication Management (MedTEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A	Mobile Psychiatric Nursing/HC
Therapeutic Foster Care	This is not an EBP							
Multisystemic Therapy	Yes	75	Therapist Adherence Measure	Provider MST, Inc.	Weekly	No	Yes	Two certified providers
Functional Family Therapy	Yes	72	Clinical Service Systems FFT Global Therapist Rating	FFT LLC	Weekly	No	No	One certified provider
Family Psycho-Education	Yes	20	SAMHSA Toolkit	Class Leader	After group completion	Yes	Yes	NAMI Family-to-Family

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	500	CABHC contract with CSS, Inc.
Compeer	No	N/A	
Fairweather Lodge	Yes	11	Two Community Lodges
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	95	Three Providers
CPS Services for Transition Age Youth (TAY)	Yes		No provider
CPS Services for Older Adults (OAs)	Yes		In total number served
Other Funded CPS- Total**	Yes	24	
CPS Services for TAY	Yes	12	Available through CAPSTONE only
CPS Services for OAs	Yes		In total number served
Dialectical Behavioral Therapy	Yes	DBT 6 DBT – A 16	Two certified provides; also trained in DBT – A (DBT lite program not included)
Mobile Medication	No	67	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Yes	13	Residential, psych rehab, peer support, IP
High Fidelity Wrap Around	No	N/A	Active multi-system interagency teams
Shared Decision Making	Yes	30	CAPSTONE (FEP)
Psychiatric Rehabilitation Services (including clubhouse)	Yes	70	One licensed provider site & mobile not HC and County funded
Self-Directed Care	No	N/A	
Supported Education	Yes	12	CAPSTONE (FEP)
Treatment of Depression in OAs	Yes	365	Older Adult OPT clinic
Consumer-Operated Services	Yes	101	Drop-in service
Parent Child Interaction Therapy	Yes	58	Three certified providers
Sanctuary		N/A	Questionable value: certification does not always lead to practice
Trauma-Focused Cognitive Behavioral Therapy	Yes	5	One certified provider in MH
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	10	Two providers
First Episode Psychosis Coordinated Specialty Care	Yes	30	NAVIGATE Model
The Incredible Years	No	0	Provide reduced services in Dauphin County
Mental Health First Aid Adults and Children	Yes	20	Three active certified trainers. Spring 2020 training canceled due to coronavirus.

*Please include both county and HealthChoices funded services. **Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

h) Certified Peer Specialist Employment Survey:

Free-standing CPS Programs: Wellspan-Philhaven and Keystone

Total Number of CPSs Employed	11
Number Full Time (30 hours or more)	2
Number Part Time (Under 30 hours)	9

Imbedded CPS: CAPSTONE FEP includes Teens, PPI Inpatient, Aurora SR, ACT

Total Number of CPSs Employed	7
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	2

i) Involuntary Mental Health Treatment

- During CY2019, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2019
 - Yes, AOT services were provided from _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY2019
- If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2019 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____
- If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2019:
- How many written petitions for AOT services were received during the opt-out period? _____
- How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))? _____

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2019	Zero	Estimate 2,100
Inpatient hospitalizations following an involuntary outpatient treatment for CY2019		Estimate 2-3
Number of AOT modification hearings in CY2019	Zero	
Number of 180-day extended orders in CY2019	Zero	Estimate 30
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2019	Zero	\$692,099

*Note: This information at this level of detail is not routinely collected and therefore, these are estimates based upon FY18-19 information. Dauphin MH/A/DP will begin collecting this information in July 2020.

INTELLECTUAL DISABILITY SERVICES

The Administrative Entity of the Dauphin County Department of Mental Health/Autism/ Developmental Programs is located at 100 Chestnut Street, Harrisburg, PA 17101. This is the administrative office that administers services for citizens with autism and intellectual disabilities. These services have been designed to meet the needs of local citizens with autism and intellectual disabilities and to support their families and caregivers. Dauphin County’s community system has operated with the belief that individuals with autism and 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 the individual’s unique needs and the needs of their family.

Continuum of Services Narrative:

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

**Please note that (below) under Person-Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Individuals Served

	<i>Estimated Number of Individuals served in FY 19-20</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 20-21</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	20	1.5%	20	1.5%
Pre-Vocational	0	0	0	0
Community participation	1	>1%	1	>1%
Base-Funded Supports Coordination	199	15%	225	16%
Residential (6400)/unlicensed	2	>1%	2	>1%
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	154	12%	155	12%
PDS/VF	37	2%	38	3%
Family Driven Family Support Services	140	10%	150	11%

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. ODP is strongly committed to competitive integrated employment for all.

Article III. Please describe the services that are currently available in the county such as discovery, customized employment, and other services.

The following services, targeted towards community integrated employment, are available to Dauphin County residents: Benefits Counseling, Career Assessment, Job Finding, Job Development, Job Retention and Job Support. Through Dauphin County’s Employment 1st group, we have arranged for employment specialists to become certified in Customized Employment, including Discovery.

Article IV. Please identify changes in the county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.

1. Continue to increase the number of employment specialists certified in Customized Employment and Discovery. Through Employment 1st, agencies collaborate in arranging local staff training opportunities. School district staff are invited and regularly participate in these training opportunities.
2. 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.

3. Through Employment 1st, outreach continues with the local workforce development board, Chamber of Commerce and other business led networks. Outreach highlights the “untapped” workforce that is available in the community. The County Board of Commissioners have joined Dauphin County in recognizing businesses that are hiring a diverse workforce.
4. Local funding is prioritized to support the employment needs of Dauphin County residents with autism intellectual disabilities.
5. Continue collaboration with area school districts:
 - a. School district representatives are active members of the local Employment 1st stakeholders’ group. This group has developed documents that are shared with students/families at an earlier age regarding 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 and having work experience prior to graduation.
 - c. Business Champion event with schools and local businesses.
6. An annual Transition Fair is scheduled in March of every year. Sponsored by Dauphin County, Cumberland/Perry County and HACC (Harrisburg Area Community College), students 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.
7. Collaboration with OVR (Office of Vocational Rehabilitation) and other employment systems to support people with autism and/or an intellectual disability in obtaining and maintaining employment.
8. 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.
9. Collaboration with families, students, and higher education programs. 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.
10. Dauphin County participates in both the Central Region employment collaborative and the statewide employment collaborative. ODP provides the forum for all AE’s and local employment coalitions to work together and share ideas. ODP can assist the county by continuing to provide these meeting opportunities. ODP can also assist by continuing to develop new service definitions that allow providers to work with those folks with a higher level of need as it relates to employment.

Article V. Please add specifics regarding the Employment Pilot if the county is a participant.

Dauphin County is not an Employment Pilot county.

Supports Coordination:

Article VI. Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.

1. CMU, Dauphin County's SCO has hired Support Coordinators that are bilingual/fluent in Spanish. Interpreter services are utilized for individuals and families that do not speak English or Spanish.
2. CMU has designated Support Coordinators located at the Northern Dauphin Human Services Center. These SCs are very familiar with the community in the rural part of Dauphin County.
3. The county has established a regional initiative to increase its understanding and embed practices related to the Community of Practice known as "Supporting Families through the Life Span". Training has occurred for Support Coordinators, as well as families in understanding this new way of doing business. Dauphin County Department of Mental Health/Autism/Developmental Programs, and CMU have identified a Supports Coordination Supervisor to lead the effort to integrate LifeCourse Framework principles, values, and tools into supports coordination practices in Dauphin County. Some activities include:
 - Trainings for Supports Coordinators and SC Supervisors in using the Integrated Star.
 - Training for EI Supervisors and Service Coordinators.
 - Providing Charting the LifeCourse training for all new Supports Coordinators as a component of their new staff orientation process.
 - Facilitating PATH planning for individuals on a case by case basis, including support for individuals transitioning from one residential provider organization to another.
 - Training with intake staff including orientation to the Charting the LifeCourse Framework and process for introducing the LifeCourse Framework at intake. Reviewing for development of a tool to use during intake process as well as direct support from the LifeCourse Supervisor during intake meetings.
 - Development of an Integrated Star developed in conjunction with the Individual Transition Guide distributed by ODP. The Integrated Star was provided for IDD Supports Coordination staff to support conversations with individuals, families, and teams related planning. Integrated Star was also saved to Microsoft Teams for remote access by staff and to encourage sharing and contribution of new ideas to the document by those using it.
 - Participation, collaboration, and skill development by the LifeCourse Supervisor through participation in local and statewide Community of Practice Activities. The LifeCourse Supervisor also participated in a webinar with the PA Family Network on LifeCourse and Waiver services with Darcy Elks. The LifeCourse Supervisor has become a member of the Charting the LifeCourse in Action private group on Facebook and will be participating in the Ambassador series through by Charting the LifeCourse Team at UMKC IHD: 1) Person Centered Planning and 2) No Wrong Door System
4. A fall event is planned that will be coordinated and facilitated by families, during which families will identify key areas of support that can be tackled by our regional collaborative.

Article VII. Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

1. The county and the SCO meet on a regular basis to review the waiting list and prioritize waiver and other funding opportunities. This ongoing communication will continue. When service gaps exist, the SCO works with the county program to identify providers and other community resources to 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/paper newsletters, remote meeting technology, etc.
3. The county and the SCO have developed a tool that assists the SCO/Support Coordinators in sharing information about residential services (6400 licensed facilities) with local teams. The goal is that teams consider the needs and preferences of the individuals and consider natural supports prior to use of these highly restrictive and costly service options.

Article VIII. Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

1. The county has engaged a provider in adding Support Broker to their service array. In addition, several independent contractors are in the process of offering this service to Dauphin County. This is a service option that will enhance the work of Support Coordinators as individuals and families explore the use of community resources and community integration. In addition, multiple individuals currently living in licensed community homes, are seeking to live on their own. This service provides the support to develop a plan for this to become a reality.
2. The SCO is an active member of Dauphin County’s Provider Forum. The county supports their active involvement by sharing information and working collaboratively on all projects/initiatives, including promoting self-direction.
3. The County and SCO offer annual training on service options including self-directing services. The goal is that teams consider the needs and preferences of the individuals and consider natural supports, and self-directed support, prior to other service options.

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.
 - Please describe the barriers to the growth of Lifesharing and Supported Living in the county.
 - Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.
1. Dauphin County continues to address the needs of individuals listed on the emergency PUNS for Life Sharing. The challenge in serving this group of individuals is in locating individuals/families willing to offer Life Sharing services in their home.
 2. County staff is active on the Statewide Life Sharing Coalition, which seeks to overcome barriers and enhance outreach to local communities.
 3. SCs receive annual training specifically targeted to understanding Life Sharing, the options, the benefits, etc. They are also encouraged to view the Dauphin County video on this service option and share with families.
 4. Dauphin County holds a provider forum regularly, directly targeting Residential and In Home and Community Support providers to target new ways to increase capacity of these services in Dauphin County.
- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

1. The County would like a statewide listening tour to explore what is working; what is needed; and what are the barriers to expanding this service opportunity.
2. The County would like a coordinated effort to share success stories. Dauphin County has a video that is shared with families which has been helpful and look forward to expanding opportunities to share successes.
3. Some barriers that need to be addressed:
 - Lack of startup funds;
 - Developing a life sharing relationship takes time, but emergency needs sometimes take precedence when waiver opportunities are available; and
 - Handling emergencies such as hospital stays by the Life Sharing provider (using reserved capacity when caregivers have extended hospital stays.)

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to support individuals more fully with multiple needs, especially medical needs.

The County and engaged stakeholders are focusing on areas of Everyday Life that reduce dependence on the formal system. We believe that if people are engaged in their community, their safety is enhanced. In addition, working adults rely less on formal support systems. Training and resource development have focused on employment and respite care. Renewed emphasis will focus on Participant Directed Services during the coming year.

- Providers are engaged in County initiatives 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.

The County is exploring additional options to support individuals to live in their community (i.e. supportive living, transitional housing). Transitional housing would assist the individual, their family, and the SC to better identify formal and informal support needs.

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.

- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/ supporting family's paradigm.

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 conducting business. In addition, the County office and SCO have been sharing information about the Community of Practice with local school districts.

Employment 1st seeks to get information via school districts, out to families of younger children through sharing of information, attendance at school fairs, workshops, and other events that engage schools and families.

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 begin early.

- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging, and the mental health system to enable individuals and families to access community resources, as well as formalized services and supports through ODP.

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 Mental Health partners continues to be enhanced. Cross-system team meetings occur when individuals have autism and/or ID, as well as mental health challenges. Just as important, planning for systemic change is occurring at the management level.

One (1) diversion bed, specifically for individuals with autism or intellectual disabilities, is utilized with Community Services Group. The bed is used to divert a person's stay at a psychiatric hospital or as a step down when they leave the hospital. In addition, these opportunities can be used to learn more about a person and their abilities when a person is new to the ID system and requesting residential support services.

Dauphin County has focused efforts to enhance communication, collaboration, and teaming on behalf of individuals having both an ID and a mental health diagnosis. This has resulted in increased understanding and partnerships between the systems. In addition, High Level Reviews are used as a tool/support as well.

The County Mental Health/Autism/Developmental Programs has a Memorandum of Understanding (MOU) with the Dauphin County Area Agency on Aging. This MOU outlines collaborative practices and cross system communications.

The County (both ID and MH) has engaged in active conversation, training, and collaboration to support individuals having multiple needs.

Emergency Supports:

- Please describe how individuals in an emergency will be supported in the community (regardless of availability of county funding or waiver capacity).

The County program follows the Planning and Managing Unanticipated Emergency Bulletin.

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.

Crisis Intervention Services are available 24 hour a day/7 day a week/365 days per year.

- Please provide details on the county's emergency response plan including:
 - a. Does the county reserve any base or HSBG funds to meet emergency needs?

All funding, community resources and family resources are considered when an individual has an emergency need. Base dollars are utilized to meet emergency needs as available.

- b. What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?

The county has an Emergency Response Plan. All funding, community resources, and family resources are considered when an individual has an emergency need. Base dollars are utilized to meet emergency needs, as available. Due to the high need for some individuals for very expensive ID services, it is likely that some people will go without service until funding is made available. Dauphin County complies with the ODP requirement that individuals served first are those individuals designated in Emergency Status on the PUNS. While individuals are waiting for funding, base dollars are used for respite care, habilitation, and other low-cost services.

In the case of an emergency, individuals have 24-hour access to Dauphin County's Supports Coordination Organization (SCO) as well as to County Crisis Intervention Services. An agreement exists between the SCO and Crisis for 24-hour service. If 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.

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.

- c. Does the county provide mobile crisis services?

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.

- d. If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?

- e. Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

The County 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. This team has been in full operation for the past few years and has had success.

Both professionals have a background in intellectual disabilities and mental health concerns. If additional resources are needed, the team accesses them through their provider agency or other community or State resources. Other professionals have consulted, as appropriate, to meet the needs of the individual and their support network.

- f. Is training available for staff who are part of the mobile crisis team?

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 as well as

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 also exist 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 crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966. **MOU ATTACHED**

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

Figure 2. PUNS Report (April 2020)

Service Area	Emergency	Critical
Adult Day Supports	1	0
Agency Group Home or Apartment less than 24 hours	1	4
Agency Group Home or Apartment 24-hour staff	11	7
Assistive Technology	21	14
Behavioral Supports	23	17
Community Supports	47	43
Environmental Accessibility	9	4
Family Living/Life Sharing	6	4
Habilitation	3	1
Home and Community Supports	70	73
Homemaker/Chore Supports	0	0
Individual Home Owned/Leased by the person with under 24 hours staff support	0	0
Individual Home Owned/Leased by the person with 24-hour staff support	9	10
Job Preparations Supports	9	33
Lifesharing	6	4
Occupational Therapy	0	0
Medical Supports	4	1
Ongoing Transportation	38	37
Other Individual Supports	15	13
Other Residential/housing supports	15	13
Other Therapies	20	19
Periodic Transportation	16	23
Physical Therapy	2	6
Post-Secondary/Adult Education	17	27
Pre-Vocational Supports	0	0
Respite Supports – less than 24 hours	32	34

Respite Supports – 24 hours	31	27
Senior Supports	0	0
Supported Employment	43	48

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

- Please describe the county’s interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.

The County has established a regional initiative to increase its understanding and embed practices related to the Community of Practice known as “Supporting Families through the Life Span”. The County will coordinate efforts with the Family Advisors and Trainers to offer training and support to families in Dauphin County wishing to explore the Community of Practice tools. Parents from this county have been encouraged to identify as Family Advisors. 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.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.
 1. Continue to explore media options that can be used to share information with families and individuals.
 2. The County will continue to explore remote meeting technology to provide greater convenience to family and individuals in accessing information.
 3. Develop and share resources and materials that can be shared with individuals, families, and providers.
 4. Continue expanding Community Links, our local online community resource bank for all.
- Please describe the kinds of support the county needs from ODP to accomplish the above.
 1. Resources are needed to hire a local Family Navigator to support families living in Dauphin County.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county’s program.

Dauphin County engages with the HCQU during quarterly consortium meetings to review trends of services provided by the HCQU and develop actionable plans to improve the effectiveness of the HCQUs resources. For example, in-person syllabus training was declining. When input was received from residential providers, it was determined that an online-training model would allow for more direct service providers to attend. In response to this, the HCQU piloted an all virtual training syllabus for Dauphin County. After this was established, participation increased. Dauphin County also works with the HCQU to determine how data from the HRST can benefit a future training syllabus.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

Dauphin County utilizes the data generated by the HCQU, and it is included in the QM Plan. We partner together to review data and themes that pertain to trends in the county – prioritizing on reducing issues involving health and safety.

- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.

Dauphin County will utilize the data provided from both the local program and the statewide program to help determine the types of needs in the system. Dauphin County presents this information to all our providers, MH/A/DP Advisory Board, and the ID Committee. We also share the information regularly at our SCO meeting

- Please 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, and other reasons.

The HCQU presents information regarding ways to support consumers at our bi-monthly Dauphin County Provider Forums. Dauphin County holds routine individual provider meetings to discuss agency specific concerns. Additionally, Dauphin County supports providers to collaborate through large group meetings such as the Residential Dream Team, which includes participation from the HCQU and SCO. Providers are assisted to discuss improving the quality of residential services as a large group, to share ideas and receive feedback from others. Dauphin County utilizes the Human Rights Committee for oversight of behavioral health services and shares feedback with providers.

- Please describe how ODP can assist the county's support efforts of local providers.

ODP can support the local counties by continuing to attend some of our Provider Forums. ODP can also highlight some of the new and innovative ways that providers are doing business.

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.

Monthly 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.

Dauphin County will utilize the data provided from both the local program and the statewide program to help determine the types of needs in the system, pertaining to risk management, and Dauphin County will continue to promote Everyday Lives.

- Please describe how the county will interact with individuals, families, providers, advocates, and the community at large in relation to risk management activities.

Leadership staff at the SCO and County attend weekly meetings to review trends, solutions, and follow up, as needed.

Dauphin County will hold community forums and provider forums to discuss topics pertaining to risk management.

- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

In addition to what has been listed above, 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.

ODP could develop family-friendly materials that could be utilized by county, SCOs, providers and advocates to address risk management priorities.

Dauphin County was a pilot with other Counties of Risk Management providers. The process has begun, and Dauphin County continues to be a lead for the Central Region Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.

All efforts to assist individuals in locating affordable and safe housing will be utilized.

- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Residential providers are requested to submit their emergency preparedness plan to the County bi-annually. All providers are required to develop an Emergency Preparedness Plan. The content of the plan is reviewed during provider monitoring activities.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.

Dauphin County Promotes PDS every year. Increasing Participant Directive Services is a goal included in Dauphin County's Quality Management Plan. Yearly surveys are sent to individuals who utilize traditional services so feedback can be received on whether there is interest in pursuing Participant Directed Services or resume traditional services.

- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.

The County (as mentioned previously) will offer the services of trained Support Brokers. This service can support individuals receiving PDS.

Information will be shared with individuals and families to inform about PDS and encourage PDS participation.

- Are there ways that ODP can assist the county in promoting or increasing self-direction?

It is recommended that ODP:

1. Continue developing training materials for Common Law Employers (CLEs) and Managing Employers (MEs), including webinars that can be viewed by new and reviewing CLEs and MEs.
2. Develop an ON-LINE orientation for all new CLEs and MEs.
3. Provide annual training and updates on employment law.
4. Statewide Online Forums on PDS including the panel of Directors in the Agency with Choice model and the Vendor Fiscal model should continue to occur and frequently. This will allow for outreach and easy access to receive the information and distribute to consumers and families.

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

- Please describe how the county will enable individuals in congregate settings 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 PROGRAM SERVICES

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

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

Due to the impact of the coronavirus on the HAP providers, Dauphin County has applied for additional funding through the ESG – CV grant for increased spending with Street Outreach, Emergency Shelter, Rapid Rehousing, and Homeless Prevention.

Every year, CACH conducts the 24-hour point in time census survey to gain answers about those who experience homelessness as unsheltered, or in emergency or temporary housing situations, and those who are not permanently housed. The 2019 point in time study identified 418 men, women, and children experiencing homelessness. More men were sheltered than women and over 25% were considered chronically homeless.

With eviction due to non-payment of rent as the primary reason for homelessness, followed by unemployment, family discord, and mental health/substance use, the need for increased social services supports, case management, job training, homeless prevention, and rapid rehousing

became clearly evident. Now, in addition to the already sharp increase in need for persons who were unsheltered, Dauphin County has seen more than 50 additional homeless, unsheltered individuals having extensive needs brought about by the issues associated with COVID – 19.

It was also noted that the community was already experiencing a significant increase in the demand for shelter with the crisis housing limiting the length of stay, often being over capacity, and being unable to assure supportive services are able to address the needs of the sheltered leading to maintained housing situations. This situation was only exacerbated by the COVID - 19 epidemic. Shelters were forced to turn away those in need, stopping all intakes during this pandemic due to CDC recommendations and social distancing, and capacities were tremendously diminished across the County. This also impacts Bridge Housing Services and the inability to transition to permanent housing, the inability to apartment hunt, and the fear of moving safely outside of the current housing placement.

Bridge Housing Services:

The YWCA of Greater Harrisburg and Brethren Housing Association provide Bridge Housing services in Dauphin County. At both agencies, families are offered their own unit either in an apartment or in a dorm-like setting. All families are provided case management, and an individualized goal plan is developed that focuses on areas to help the family move toward gaining stable housing. Providers are using trauma-informed care principles, offering the support of resiliency groups, peer support, and on-site mental health services. A continuing trend is that many consumers with mental health diagnoses and substance abuse issues find it difficult to maintain their Bridge Housing placement, because they are not willing to enroll in mental health and/or substance abuse treatment. Barriers are also created if a consumer has a criminal history or poor credit; this often creates difficulty not only with housing but also in gaining employment. Case managers work with consumers on record expungement, credit repair, and housing search to refer to landlords who are willing to work with consumers with these histories. Providers have also continued to serve an increasing number of parenting youth (between the ages of 18-26) who present a unique set of challenges. Young parents often need intensive case management as they may not yet have fully developed the skills and resources to live independently. Referrals to benefits such as food stamps, medical assistance, subsidized childcare, and document procurement are necessary to help these families begin to move toward self-sufficiency and independence.

Currently, between the two agencies, there is a capacity to serve a total of 58 women and children. Success of the programs are assessed through positive housing outcomes at discharge from the program, increasing income, and accessing mainstream benefits. In FY 18-19, as this is the last full year data available at the time of the writing, 70% of households were discharged to stable housing, 35% increased their income while in the program, and 128 mainstream resources were obtained.

Along with Bridge Housing providers, Dauphin County staff has continued to evaluate the Bridge Housing application process to make access easier for consumers and to assure that supports serve those most in need. Collaboration with the CACH Coordinated Entry Assessment and Referral process has been essential in achieving this initiative.

Case Management:

Case management services have been critical in providing HAP consumers with the advocacy needed to navigate social services, educational systems, linking to health care, meeting basic needs, connecting to mainstream services, and obtaining assistance in their search for permanent housing. In Dauphin County, Gaudenzia and Christian Churches United (CCU) are funded with HAP funds to provide case management services to consumers in need of advocacy, support, and access to

resources. Case Management continues to provide consumers with the assistance essential to securing and successfully maintaining permanent housing. In addition, this support has enabled consumers to successfully remove barriers that commonly impede their progress. Achieving credit repair, receiving vocational/job skills training, and connecting with mainstream benefits has helped consumer realize self-sufficiency. As with Bridge Housing, consumers face many of the same barriers. Lack of affordable housing and stringent application and income requirements implemented by many landlords and property management companies makes it difficult to obtain housing. Building relationships with landlords is important to overcoming this barrier. Christian Churches United employs a case manager who has the responsibility of conducting housing searches and developing landlord connections. This type of liaison is imperative in helping consumers access safe and affordable housing. Dauphin County plans to take a more active leadership role in the future to aid in relationship building, especially for placement supports for those with involvement in the criminal justice systems. CCU has taken an active role in integrate case management into the coordinated entry system. Case Managers are prioritizing those most in need and collaborating with all providers in becoming the main point of entry for all housing needs.

Success of Case Management services is measured by positive housing outcomes and access to mainstream benefits. In the 18-19 fiscal year, 140 households were discharged to stable housing, 48 increased their income, and 120 increased their benefits/mainstream resources while in the program.

Rental Assistance:

Christian Churches United implements the HAP Rental Assistance Program in Dauphin County. This program has been successful in preventing eviction through financial assistance for rental arrears and quickly moving families back into housing with financial assistance with first month's rent and security deposits. In the 18-19 fiscal year, a total of 801 consumers were provided with rental assistance, and 503 families avoided eviction. These numbers are representative of the overall success of the program. In addition, improving skills and accessing mainstream resources is also considered an effectiveness measure for participants. All consumers served must participate in a budgeting/money management session. This helps those that may lack the skills to budget their money and prioritize purchases. Lack of budgeting can often lead to eviction. In addition, unexpected and sudden costs/bills can also cause a family to fall behind on their rent. The extremely high average rent in Harrisburg City that continues to trend upward contributes to this problem, as well. What was once affordable may no longer be for someone who has a limited or fixed income. The lack of affordable housing, as well as landlord hesitancy to accept Rental Assistance on behalf of consumers, are continual challenges. Consumers are more frequently required to pay application fees, but the imposition of those fees is an additional burden when the applicant is not approved as a potential renter due to barriers such as bad credit, arrearages, and/or criminal histories. As mentioned previously, establishing ongoing relationships with landlords is vital to the success of the Rental Assistance Program. Viewing landlords as "business partners" assists in meeting challenges and maintaining landlord relationships. Some landlords are now asking for both first and last month's rent in addition to a Security Deposit. This, coupled with increasing rents, threatens to exacerbate unmet housing needs even though a consumer may be eligible for HAP Rental Assistance because the established maximum amounts that a consumer may receive, are not adequate to fund landlord requirements.

Concerns with job loss or the need to remain at home due to lack of childcare associated with the coronavirus will also lead to increased use of this service during the current fiscal year and the next. Dauphin County applied for additional funds through ESG – CV for housing relocation and supportive services that assist with stabilizing housing situations due to the emergence of new issues with COVID – 19 leading to displacement, job loss, the inability to maintain rent and utility payments, or

the need to move from emergency shelter in to another housing situation; however, the need to increase staffing to support this surge need remains a concern.

Emergency Shelter:

The Emergency Shelter service provides an immediate refuge and housing to individuals and families who have no legal residence of their own. Shelters provide food, support, case management, and programming that promotes self-sufficiency through building life skills. Shelter providers also link participants to mainstream resources and develop strategies to identify and mitigate the circumstances that led to homelessness. Shelter stays are typically 30 days with some variance based on the consumer's needs and circumstances, which has drastically increased in the current fiscal year due to the coronavirus pandemic. It is anticipated that should a resurgence occur in the fall; the length of stay may increase again. Dauphin County funds four providers for Emergency Shelter Services: Christian Churches United, Catholic Charities of the Diocese of Harrisburg, PA's Interfaith Shelter for Homeless Families, the YWCA of Greater Harrisburg, and Shalom House. Christian Churches United (CCU) provides coordination of the shelter process for Dauphin County for the provision of intake and assessment services as well as for emergency hotel/motel vouchers for families when shelters have reached maximum capacity. CCU has also taken on the responsibility of assisting the local shelters in accessing the hotels and motels to assure proper social distancing and to quarantine before entering a shelter during the pandemic. CCU makes referrals to all three (3) emergency shelter service providers. Interfaith Shelter for Homeless Families is the only emergency shelter provider in the capital region that serves intact families and male heads of household. Flexible bed space allows the shelter to serve up to forty-five (45) residents. The YWCA serves homeless women and homeless women with children; it has a capacity of twenty (20) beds. Shalom House also serves homeless women and their children and has a capacity of twenty-one (21) beds. The capacity of each one of these shelters was drastically diminished because of COVID – 19. The County has seen an uptick in households that have landed on the streets and/or need shelter placement due to the circumstances of the pandemic. Shelters have begun planning to bring in new individuals and families using a consistent model to make things easier on the consumers; however, the need for emergency shelter support is expected to continue to increase as the County recovers from the coronavirus.

Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits due to program participation as well as housing status at exit as reported in Dauphin County's Block Grant Plan. The providers have been successful in connecting consumers to mainstream resources. During the 2018-19 fiscal year 50 shelter participants had increased their resources. Since emergency shelters are extending shelter stays, in some cases, to provide stability and increased opportunity to successfully accomplish goals to improve services to families experiencing or at-risk of homelessness, upon exiting the program more families are moving in to stable, private housing situations. Emergency shelters are generally seeing the same gaps as other HAP components. Waiting lists for transitional housing services, access to affordable housing, finding landlords who are willing to rent to consumers, and the increased requirement of application fees, result in a significant rise in costs to consumers. Consumers are also confronted with barriers as bad credit, arrearages, or criminal histories which make locating long-term, permanent housing difficult. And now, the added impact of the coronavirus, the economic downturn, and the inability to search for permanent housing, has caused additional hardships for the shelter system.

Innovative Supportive Housing Services:

Dauphin County does not provide Innovative Supportive Housing Services. We have not identified any opportunities to participate in an Innovative Supportive Housing project. Also, there are no additional HAP funds available to Dauphin County to consider this service.

Homeless Management Information Systems:

CACH is the lead agency for the HUD Continuum of Care PA 501 and administers HMIS using Bowman Service Point software. HUD, ESG and HAP data are entered into the system. Additionally, Dauphin County's contracts with HAP providers state that they are required to use HMIS. The County continues to assist CACH to set up the HAP Block Grant Report in HMIS to eliminate duplicative reporting and data entry. A staffing change within the County has caused this process to take longer than initially anticipated. It is the goal for providers to be able to generate HAP reports through HMIS. Increased funding associated with the ESG – CV grant and hiring for a Dauphin County HMIS Administrator on staff within the County staff compliment, data and reports will be easily monitored and ultimately accuracy of reports will improve.

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

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 the County's 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 of care 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 Specialty Court Programs, clients involved in other human services agencies, and those in local emergency rooms or on a medical unit. These Units also conduct 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 maintains a resource center and serves as a training hub for D & A professionals and other social service professionals by providing free Pennsylvania Certification Board approved trainings throughout the fiscal year. The SCA also provides Student Assistance Program Liaison services to all 11 Dauphin County school districts in every high school, every middle school, and some elementary schools, as requested, 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 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 for any parent within the Dauphin County community with needs in the area of substance use concerns. The D&A Mobile Case Management Unit is now also working directly with Dauphin County Children & Youth Services, the Hospital Systems within Dauphin County, and community collaborators to continue The Safe Plans of Care Program (Plans of Safe Care) as initiated by The PA Department of Human Services Office of Children, Youth and Families Regulatory Bulletin.

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, in FY 17/18, Dauphin County was awarded a \$180,000.00 grant to pilot the Dauphin County Heroin Collaborative Jail Vivitrol Program which offers Vivitrol Services as a part of a comprehensive treatment plan to all criminal justice involved clients. The SCA will be a part of the resubmission process for the FY 20/21 to continue this successful program.

In 2016 two Dauphin County providers were awarded DHS Center's for Excellence (COE) Grants of \$500,000.00. Pennsylvania Counseling was the Phase 1 awardee under the licensed drug and alcohol provider category, and Hamilton Health Center was granted the Phase 2 COE award under the category of primary physical health provider. Dauphin County Drug and Alcohol Services has and will continue to facilitate the regular executive meetings of all stakeholders to ensure coordination and success of the COE's.

To assist in the coordination of care across the system, the SCA is a leader within the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization, Perform Care. This serves as an ongoing resource for treatment services. Moreover, the SCA Director sits on the CABHC Board of Directors and Drug and Alcohol Reinvestment Committee. Reinvestment dollars have provided the County startup funds for a new female recovery house and a new recovery center. Reinvestment funds have also expanded recovery support services to a woman with children recovery house in Lancaster to serve the Cap 5 counties: Dauphin, Cumberland, Perry, Lancaster, and Lebanon. Certified Recovery Specialists (CRS) services have also been expanded within the outpatient provider network. In Dauphin County, Genesis House received the grant to obtain a Certified Recovery Specialist. This is another step toward having CRS support services closer to be an in-network, billable service within the managed care organization.

The SCA, after exploring the creation of drug and alcohol school-based services, currently contracts with multiple providers to offer services in all eleven school 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, Hamilton Health's Healthy Start Consortium, Northern Dauphin Human Services Advisory Panel and Superintendent's meeting, Systems of Care Community Engagement Committee, Family Engagement Committee, Safe Plans of Care, Youth Engagement Committee and Faith Based Initiative, DDAP's Prevention Data Work Group, DDAP's Needs Assessment Team, C&Y Stakeholders meeting, Juvenile Probation Leadership Meeting, Pennsylvania Prevention Directors Association (PPDA), Dauphin County Prison Board, Dauphin County Prison Treatment team, Dauphin County Drug Court, Dauphin County Reentry committee, and Dauphin County Criminal Justice Advisory Board (CJAB). SCA staff join many other County initiatives including the children and youth MDT and death revue meetings, the Cross-System's Supervisors group, the MH/A/DP wellness committee, the diversity forum, and the poverty forum. Staff members in the SCA also attends stakeholder meetings for Veterans Court, local community coalitions, and communities that care meetings as needed for technical assistance and resources. Additionally, the SCA participates in the annual Homeless Connect Program, sponsored by the YWCA, and continues to

meet with the County’s MH/A/DP Department on collaboration and coordination for individuals with co-occurring disorders.

Treatment and Case Management Data:

a) Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	6	1
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	0	0
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	0	0
Other (specify)	0	0

*Average weekly number of individuals

**Average weekly wait time

**There have been a few individuals that have had to wait for withdrawal management; however, of the 6 individuals that waited, it was 1 day or less and due to bed availability. These clients were all offered ancillary services.

b) Overdose Survivors’ Data:

According to the Dauphin County Coroner’s report, there had been significant increases in Drug-Related Overdose deaths. Six-year data illustrates the following: 46 deaths in 2013, 54 in 2014, 74 in 2015, 90 in 2016, 104 in 2017, and 128 in 2018. However, the County saw a decrease in 2019 of 109 deaths.

In response to this crisis, Dauphin County D&A changed its practice to include a 24/7 screening, assessment, and referral process through a mobile case management unit. This unit has faced many staffing challenges and changes in protocols from its initial inception, but the SCA – Agency Model currently in use will aid the SCA in collecting valuable data and assuring a warm hand-off for overdose survivors. The SCA has contracted with the Medical Bureau Answering service to provide answering services during the office “closed” hours. Upon receiving a call, the Medical Bureau provides immediate answering and contacts the on-call Case Manager within 15 minutes. The Case Manager then calls the referring agency and begins the process of screening, assessment, if necessary, and/or a bed search with direct referral to a withdrawal management facility.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
123	91	SCA – Agency Model	16

c) Levels of Care (LOC):

The SCA provides a full spectrum of care to adult and adolescent clients. Specialty populations served include: Co-occurring, Latino, Pregnant Women/Women with Children (PWWWC). Our priority population includes pregnant women who inject drugs, Pregnant women who use substances, individuals who inject drugs, overdose survivors, and veterans.

Many contracted providers are using evidence-based practices and programs such as Motivational Interviewing (MI), Cognitive Behavior Therapy (CBT) and Contingency Management (CM). Several SCA staff have been trained in these models as well.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM*	2	0	2
4*	2	2	2
3.7 WM	9	1	11
3.7			
3.5	15	3	14
3.1*	12	3	0
2.5*	1	1	0
2.1	9	9	1
1	9	9	2

Note that levels of care with * are not funded under this funding stream. These services are made available by funding through other sources. Medication Assisted Treatment with 1 provider is funded through HSBG, but others are available utilizing other funding sources.

- d) Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

In the overview of SCA services, it should be added that the addition of the new Recovery Center in Dauphin County will be a tremendous help in serving the needs of our county. In addition, the SCA, as stated earlier, is involved in the reinvestment projects through CABHC. This year several outpatient providers added a Certified Recovery Specialist (CRS) to their staff compliments, and almost all providers are accepting of Medication Assisted Treatment. There is a need in Dauphin County for Pregnant Woman and Women with Children non-hospital residential treatment, recovery house, and halfway house. In addition, a program that addresses LGBTQ issues, issues of older adults, homelessness concerns, and adolescent inpatient could help to provide access to appropriate clinical services and address growing complications. The SCA continues to look for collaborative and grant opportunities to meet these needs.

- e) Access to and Use of Narcan in County:** Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

Dauphin County partnered with Hershey Medical Center to distribute 100 packages of Narcan throughout Dauphin County. Each package contains 2 (4mg) nasal spray. The Narcan was to be given at various locations and evenly spread over the county. The distribution events also supplied literature and instructions to on-line trainings on how to properly administer Narcan. These events were postponed due to Covid-19 but are in the process resuming.

Narcan is available to all police, EMTs, fire, and ambulance crews in Dauphin County as well as state police officers who police portions of the more rural county areas. Training had been

provided previously by the SCA to County Probation Services officers, and all adult and juvenile officers have access to this life-saving medication. The SCA previously conducted training for drug and alcohol professionals and offered additional community training in past fiscal years. A County policy remains in development for human service departments to be issued and carry Narcan.

f) County Warm Handoff Process:

As noted above, the County changed its practice to include a 24/7 screening, assessment, and referral process through a mobile case management unit. This unit begins the process of screening, assessment, if necessary, and/or a bed search with direct referral to all levels of care. Dauphin County Department of Drug and Alcohol Services follows a SCA Agency Model to ensure proper warm handoffs. This entails SCA staff being available to provide Level of Care Assessment and referral services to local hospitals twenty-four hours a day/seven days a week. SCA staff are available by hospital staff calling the main number and being connected with a Mobile Case Manger or Certified Recovery Specialist. This staff member will come to the hospital and do an in-person screening and/or assessment with the referred individual. The staff member will stay will the individual until the referral is completed and follow-up with the individual afterwards. After hours, calls are answer by a professional answering services, and the same protocols are in place.

Challenges to the warm hand off process has been turnover in SCA staff, turn over in hospital staff, and immediate facility placement being available.

Warm Handoff Data:

# of Individuals Contacted	123
# of Individuals who Entered Treatment	91
# of individuals who have Completed Treatment	unknown

Prevention

In response to changing needs in prevention/intervention/support services as well as treatment and recovery services, the SCA utilizes evidence-based programs and practices and continues to seek innovative, promising programs and practices. Most recently Dauphin County has been one of the counties nationwide that is focused on addressing the Opioid Epidemic within the Prevention system not just with treatment. 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 that assisted in the development of a program titled “What about my Child?” (What every parent should know about drugs, alcohol, signs, symptoms, and the sub-culture). 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 County using the Strategic Prevention Framework (SPF).

As a part of making our County stronger, more cohesive, and supportive (especially to our youth, to those in recovery, surviving overdose victims, and to the families effected by addiction and overdose), the SCA has been building an elite group of volunteers. These volunteers come from the public and

faith-based community and are trained by the SCA to be able to test to become Certified Recovery Specialists (CRS). These volunteers are trained as rigorously as staff and providers, test, and then are deployed, as needed, with the mobile case management unit and within the community. This year, several community members, who have been in stable recovery and/or are parents/family members to those in recovery, have joined this elite group of volunteers. In FY 17-18, the SCA trained a cadre of 25 CRS's in the Evidence Based Practice of SMART recovery to begin independent recovery support groups for adults, parents, and teens. At the end of the FY 17-18, there were 77 Certified Recovery Specialists trained by the SCA. In fiscal year 18-19, the SCA offered the Certified Family Recovery Specialist (CFRS) program to 30 individuals. These individuals are from the many grassroots coalitions that have formed after the past years' successful Town Hall Meetings. Along with this initiative, the SCA continues to meet quarterly with its Recovery Orientated Systems of Care (ROSC) group to ensure quality services to help our communities. The SCA continues to support and disseminate information about existing support groups in this community geared to sober living: Alcoholics Anonymous, Narcotics Anonymous, Alanon, Alateen, Naranon, Narateen, Celebrate Recovery, and Overcomers. The SCA also partners with RASE Project to direct Recovery Coaching, Life Skills Groups, Recovery 101, and a special youth recovery group that falls just beyond the realm of tertiary prevention and into intervention as to serve anyone who is struggling with choices in our County. We are now fortunate in 19-20 to have hired our very first paid Certified Recovery Specialist. This CRS assists in the Warm Handoff and will become part of the Drug Court support team.

Emerging Youth Trends, according to Student Assistance Program (SAP) Use Report for FY 2018-2019, suggest that marijuana, alcohol, and tobacco are the most self-reported substances among youth attending school followed by over-the-counter medications, narcotics, opiates, and synthetic marijuana. However, the SCA is currently part of the DDAP pilot project of Needs Assessment in conjunction with the Pennsylvania State EPIS Center. The preliminary data analysis is revealing Alcohol, Opioids, and Marijuana as the 3 top concerns in our county for both youth and adults. The 2019 PAYS data has been released, and one alarming data point from the 2019 survey was that 15% of students reported vaping/e-cigarette use, and from that number, 26.2% of youth reported using marijuana or hashish oil in the vaping device. The number of Student Assistance Program (SAP) assessments for FY 2016-2017 was 132, for FY 2017-2018 was 132, for FY 2018-2019 was 94, and for 2019-2020 was 77 which was radically less than expected due to the COVID - 19 Pandemic.

County-wide summation of PAYs data shows that, for lifetime use, 37.5% of the students use alcohol, 8.8% nicotine, and 16.6% marijuana. The reported past 30-day use included alcohol as number one at 13.2%, followed by marijuana and vaping. In the 2018-19 school year, SCA SAP data shows that 94 students were assessed of which 55% white, 18% black, 16% Hispanic, 5% multiracial, and 1% Native Hawaiian or Pacific Islander.

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

According to 2019 PAYs data, Dauphin County's three highest risk factors were: perceived risk of drug use (51.2% of students at risk), low commitment toward school (50% at risk), and parental attitudes favorable toward antisocial behavior (48.3% 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.

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

RECOVERY – ORIENTED SERVICES

Recovery has been an important aspect of the SCA but has lacked a formal framework. In Fiscal Year 2010-2011, the Dauphin County SCA reviewed its Treatment Needs Assessment and how the SCA could further incorporate recovery and recovery principles into current systems. An average of 70% of the SCA's treatment clients have 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 RASE Project (Recovery – Advocacy – Service – Empowerment) for recovery support services. In FY 18-19 and 19-20 the contracted programs within this organization served over 321 Dauphin County residents with recovery services. These two programs are called Recovery Community Project and Bridges. The programs provide the following services and BHSI and Act 152 funds will be utilized for the following services:

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

Program descriptions

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

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

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

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

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

Total to be served: 110 Cost: \$52,320.00

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 at least one time per week for one hour for the duration of weeks 1-12, two (2) times per month for one hour for the duration of weeks 13-24, and one time per month for 15-minute telephone support from week 25 until discharge. A minimum of 16 participants will be served. The program also provides daily Buprenorphine tablet/films dispensing for up to 6 months, medication management, urinalysis testing, and treatment oversight. All clients involved in the program must be actively participating in some form of drug and alcohol treatment, as further defined by the ASAM (American Society for Addiction Medicine) placement manual as implemented by the Pennsylvania Department of Drug and Alcohol Programs.

Total to be served: 10 Cost: \$40,000.00

Inpatient Non-Hospital Services

- **Halfway House** - A community based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment.

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

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

Total to be served: 55 - Cost est.: \$75,917.00

- **Medically Monitored Residential (Short or Long-Term)** - A residential facility that provides 24-hour professionally directed evaluation, care and treatment for individuals in acute or chronic whose addiction symptomatology is demonstrated by moderate or severely impairment of social, occupational or school functioning, with rehabilitation or habilitation as a treatment goal.

Total to be served: 62 - Cost est.: \$364,230.00

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: 408 - Cost est.: \$51,000.00

Case Management

- **Case Management Operating Expenses** - Dauphin County Human Services plans to build an Integrated Data Platform across all human service departments and over time including probation services. Integrated client views and cross-system data dashboards will enable data-driven

decisions across all human services systems. Since 1 in 4 PA citizens receive federal Health and Human Service benefits, its critical at the local level to provide holistic services to meet an individual's needs while analyzing program overlaps and gaps in services. In addition, the ability to monitor and implement strategic outreach and program efforts within targeted areas across Dauphin County will aide in customer service. This process will assist consumers in receiving the right services at the right time and aid the teams working across service systems.

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

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

To be served: 257 assessments Cost is estimated to include at a minimum: \$157,295.00

- **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: 130 - Cost: \$85,680.00

Administration

Lastly, the SCA will retain some funding for administrative costs to administer, monitor, and evaluate these services (\$135,000.00). Part of these funds will help to finance the County-wide data system which will provide invaluable information about the clients we serve and how we can work to serve them better.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Administration

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

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

Adult Services: Please provide the following:

Program Name: Christian Churches United

Description of Services: Provides service planning and direct case management services. These services include intake, assessment, case management, referrals, and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency case

management services include coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions, and utilities assistance. We have dedicated \$5000.00 for this service.

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

Program Name: The Shalom House Emergency Shelter

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

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

Aging Services: Please provide the following:

Program Name: N/A

Description of Services: Dauphin County is not funding Aging Services through HSDF in this plan.

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name: N/A

Description of Services: Dauphin County is not funding Children and Youth Services through HSDF in this plan.

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name: CONTACT Helpline (also our region's 2-1-1 provider)

Description of Services: Provides supportive listening as well as health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances.

CONTACT Helpline is the only 24-hour non-emergency service in Dauphin County with volunteer answering the phones and immediately assisting callers. They provide specific active listening services, as needed, for anonymous callers, as well. We have dedicated \$8000.00 for this service.

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: The International Service Center

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

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

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)

Program Name: Central Pennsylvania Food Bank

Description of Services: This provider meets a unique need, which our other categorial 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, Dauphin County, PA. Since opening in January 2009, the pantry has serviced an increasing number of households/individuals. The Federal Poverty Guidelines is 150% based on the Department of Agriculture's Guidelines issued annually. We have dedicated \$90,000.00 for this service.

Program Name: Northern Dauphin Transportation Program

Description of Services: This is a new initiative in the northern, rural area of the County. We were not able to secure a provider until this current planning year. Under this initiative, the program was granted Restricted and Gaming Funds for the purchase of a van for an entity to manage coordinated trips to doctor's appointments, grocery shopping, rides 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, like our township/borough managed older citizen transportation program across the County. We plan to contract with Tri-County Community Action, who will plan and coordinate needed trips for resident across the vast Northern Dauphin County area. \$15,000.00 will be dedicated to this service-coordination effort.

Interagency Coordination: (Limit of 1 page)

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

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

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

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

The Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg to qualify for U.S. Housing and Urban Development Continuum of Care funds. CACH educates and mobilizes community members and organizations. They also provide service coordination to prevent and reduce homelessness throughout the capital region. Dauphin County commits \$1000.00 for those CACH activities. Outreach Materials in the amount of \$7300.00 is

used for events and to share information and contacts on all County Human Services departments and events or trainings including the “Where to Go for Help” booklets widely distributed by the Cross-System Community Outreach, Education, and Communication Team. Training, Strategic Planning Initiatives, and Contingency provides opportunities with both formal and informal systems in planning together to ensure gaps are addressed and resources are used within the County in the most effective and efficient manner. These planning processes are identified throughout the year, as needed, across all of Dauphin County.

Human Services Integrated Data System:

Dauphin County Human Services is at the end of the three-year funding plan, and will now only incur maintenance costs for the integrated dashboards using HSBG and other potential funding this fiscal year to build an Integrated Data System across all Human Service departments and including Booking Center data, Prison data, and Probation Services data. The funds associated with this monthly maintenance is \$1200 per month. An integrated client view and cross system data dashboards will enable data-driven decisions across all Human Services systems soon. Since 1 in 4 PA citizens receive Health and Human Service benefits, it is crucial, at the local level, to provide holistic services to meet an individual's needs while analyzing program overlaps as well as gaps in services. In addition, the ability to monitor and implement strategic outreach and programming efforts within data identified targeted areas across Dauphin County will 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. Future funding will be utilized for a maintenance contract with Deloitte Development LLC to utilize the Dauphin County Human Services Integrated Data and Dashboards.

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment-Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility-Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility 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 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 adolescents 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 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 SMI and children diagnosed with or at risk of 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 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 or autism.

Community-Based Services

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

Other

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

Homeless Assistance Program

Bridge Housing

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

Case Management

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

Rental Assistance

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 experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services

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

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, 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 programs, 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 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 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 use disorder. 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 (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the 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 services approved by DHS.

Aging

Services for older adults (persons who are 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 services 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 requests retention in the court's jurisdiction until treatment is complete. Services to these individuals 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 services 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 within the current categorical programs.