

Appendix B County Human Services Plan Template

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

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

Describe the county planning and leadership team and the process utilized to develop the Plan for the expenditure of human services funds by answering each question below.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems involved in the county's human services system.
2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.
3. Please list the advisory boards that participated in the planning process.
4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)
5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

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.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
 - b. When was the ad published?
 - c. When was the second ad published (if applicable)?
2. Please submit a summary and/or sign-in sheet of each public hearing.

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

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

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

Housing:

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussion in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, and other funding.

a) Program Highlights: (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 18-19.

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

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

- **Older Adults (ages 60 and above)**
 - Strengths:
 - Needs:

- **Adults (ages 18 to 59)**
 - Strengths:
 - Needs:

- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
 - Strengths:
 - Needs:

Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:
- Needs:

Please identify the strengths and needs of the county/joinder service system (including any health disparities) specific to each of the following special or underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning from state hospitals**

- Strengths:
- Needs:

- **Individuals with co-occurring mental health/substance use disorder**

- Strengths:
- Needs:

- **Criminal justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for individuals involved with the criminal justice system to include diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.

- Strengths:
- Needs:

- **Veterans**

- Strengths:
- Needs:

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

- Strengths:
- Needs:

- **Racial/Ethnic/Linguistic Minorities (including individuals with Limited English Proficiency)**

- Strengths:
- Needs:

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, Acquired Brain Injury, Fetal Alcohol Spectrum Disorders)
 - Strengths:
 - Needs:

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of any plans to implement CLC trainings in the future. (Limit of 1 page)

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Based on the Governor's Employment First Initiative:

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

Yes No

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

Yes No

If yes to the questions above, in a sentence or two, please describe the collaboration.

c) Supportive Housing:

DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

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

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

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

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

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| 2. Bridge Rental Subsidy Program for Behavioral Health | <input type="checkbox"/> Check if available in the county and complete the section. |
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Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.

| | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | Number of Bridge Subsidies in FY 17-18 | Average Monthly Subsidy Amount in FY 17-18 | Number of Individuals Transitioned to another Subsidy in FY 17-18 | Year Project first started |
|--|--|------------------------------|----------------------------------|---|---|--|--|---|----------------------------|
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| Notes: | | | | | | | | | |
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| 3. 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 FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | Number of Owners/ Projects Currently Leasing | Number of Units Assisted with Master Leasing in FY 17-18 | Average Subsidy Amount in FY 17-18 | Year Project first started |
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| Notes: | | | | | | | | | |

| 4. Housing Clearinghouse for Behavioral Health | | | | <input 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 FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Number of Staff FTEs in FY 17-18 | Year Project first started |
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| Notes: | | | | | | | | | |

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| 5. Housing Support Services (HSS) for Behavioral Health | | | | <input type="checkbox"/> Check if available in the county and complete the section. | | | | | |
| 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 FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Number of Staff FTEs in FY 17-18 | Year Project first started |
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| 6. Housing Contingency Funds for Behavioral Health | | | | <input 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 FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Average Contingency Amount per person | Year Project first started |
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| 7. Other: Identify the Program for Behavioral Health | <input type="checkbox"/> Check if available in the county and complete the section. |
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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**.

| Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.) | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Year Project first started |
|---|--|------------------------------|----------------------------------|---|---|--|--|----------------------------|
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| Notes: | |
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d) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 19-20 at current funding levels. For **each** transformation priority, please provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priority (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources).
- A plan mechanism for tracking implementation of the priorities.

1. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

2. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

3. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

4. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

5. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source or sources utilized.

| Services By Category | Currently Offered | Funding Source (Check all that apply) |
|--|--------------------------|---|
| Outpatient Mental Health | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Psychiatric Inpatient Hospitalization | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Partial Hospitalization | | |
| Adult | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Child/Youth | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Family-Based Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| ACT or CTT | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Children's Evidence-Based Practices | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Services | | |
| Telephone Crisis Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Walk-in Crisis Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Crisis Services | <input type="checkbox"/> | <input type="checkbox"/> County <input 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 type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Targeted Case Management | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrative Management | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Residential Rehabilitation Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Psychiatric Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> County <input 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 type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrator's Office | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Housing Support Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Family Support Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Peer Support Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Consumer-Driven Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Services | <input type="checkbox"/> | <input type="checkbox"/> County <input 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 type="checkbox"/> | <input type="checkbox"/> County <input 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 type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Additional Services (Specify – add rows as needed) | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |

Note: HC= HealthChoices

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 | | | | | | | | |
| Supportive Housing | | | | | | | | |
| Supported Employment | | | | | | | | Include # Employed |
| Integrated Treatment for Co-occurring Disorders (MH/SA) | | | | | | | | |
| Illness Management/ Recovery | | | | | | | | |
| Medication Management (MedTEAM) | | | | | | | | |
| Therapeutic Foster Care | | | | | | | | |
| Multisystemic Therapy | | | | | | | | |
| Functional Family Therapy | | | | | | | | |
| Family Psycho-Education | | | | | | | | |

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits:

<http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs>

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 | | | |
| Compeer | | | |
| Fairweather Lodge | | | |
| MA Funded Certified Peer Specialist- Total** | | | |
| CPS Services for Transition Age Youth (TAY) | | | |
| CPS Services for Older Adults (OAs) | | | |
| Other Funded Certified Peer Specialist- Total** | | | |
| CPS Services for TAY | | | |
| CPS Services for OAs | | | |
| Dialectical Behavioral Therapy | | | |
| Mobile Medication | | | |
| Wellness Recovery Action Plan (WRAP) | | | |
| High Fidelity Wrap Around | | | |
| Shared Decision Making | | | |
| Psychiatric Rehabilitation Services (including clubhouse) | | | |
| Self-Directed Care | | | |
| Supported Education | | | |
| Treatment of Depression in OAs | | | |
| Consumer-Operated Services | | | |
| Parent Child Interaction Therapy | | | |
| Sanctuary | | | |
| Trauma-Focused Cognitive Behavioral Therapy | | | |
| Eye Movement Desensitization and Reprocessing (EMDR) | | | |
| First Episode Psychosis Coordinated Specialty Care | | | |
| Other (Specify) | | | |

*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.

Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices and Programs for more information on some of the practices at the link provided below.

<http://www.nrepp.samhsa.gov/AllPrograms.aspx>

h) Certified Peer Specialist Employment Survey:

“Certified Peer Specialist” (CPS) is defined as:

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or the Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

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| Total Number of CPSs Employed | |
| Number Full Time (30 hours or more) | |
| Number Part Time (Under 30 hours) | |

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to enabling individuals with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also afford the families and other stakeholders access to the information and support needed to help be positive members of the individuals’ teams.

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

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

**Please note that 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 18-19</i> | <i>Percent of total Number of Individuals Served</i> | <i>Projected Number of Individuals to be Served in FY 19-20</i> | <i>Percent of total Number of Individuals Served</i> |
|---------------------------------------|---|--|---|--|
| Supported Employment | | | | |
| Pre-Vocational | | | | |
| Community participation | | | | |
| Base-Funded Supports Coordination | | | | |
| Residential (6400)/unlicensed | | | | |
| Life sharing (6500)/unlicensed | | | | |
| PDS/AWC | | | | |
| PDS/VF | | | | |
| Family Driven Family Support Services | | | | |

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.

- Please describe the services that are currently available in your county such as discovery, customized employment, and other services.
- Please identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

Supports Coordination:

- 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 to anyone in the community.
- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

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 your county.
- Please describe the actions you found to be successful in expanding these services in your county despite the barriers.
- Please explain how ODP can be of assistance to you in expanding and growing Lifesharing and Supported Living as an option in your county.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- 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 families paradigm.
- 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 have access to the information they need to access community resources, as well as formalized services and supports through ODP.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on your county's emergency response plan including:
 - Does your county reserve any base or HSBG funds to meet emergency needs?
 - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does your county provide mobile crisis services?
 - If your county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
 - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

Emergency Supports - Continued:

- Is training available for staff who are part of the mobile crisis team?
- If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

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.
- Please describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- Please describe the kinds of support you need from ODP to accomplish the above.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in your program.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- 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 higher levels of need.
- Please describe how ODP can assist the county's support efforts of local providers.
- Please describe what risk management approaches your county will utilize to ensure a high quality of life for individuals.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.
- Please describe how you will utilize the county housing coordinator for people with autism and intellectual disabilities.
- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Participant Directed Services (PDS):

- Please describe how your county will promote PDS (AWC, VF/EA) services including challenges and solutions.
- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.
- Are there ways that ODP can assist you in promoting or increasing self-direction?

Community for All: ODP has provided you 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.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county 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.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 19-20.
- If bridge housing services are not offered, please provide an explanation.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 19-20.
- If case management services are not offered, please provide an explanation.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 19-20.
- If rental assistance services are not offered, please provide an explanation.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services?

Emergency Shelter - Continued:

- Please describe any proposed changes to emergency shelter services for FY 19-20.
- If emergency shelter services are not offered, please provide an explanation.

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 19-20.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Homeless Management Information Systems:

- Please describe the current status of the county’s implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS?

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

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

Please provide the following information:

1. Waiting List Information:

Withdrawal Management
 Medically-Managed Intensive
 Inpatient Services
 Opioid Treatment Services
 (OTS)
 Clinically-Managed, High-
 Intensity Residential Services
 Partial Hospitalization Program
 (PHP) Services
 Outpatient Services

| # of Individuals | Wait Time (days)** |
|------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

**Use average weekly wait time

2. **Overdose Survivors' Data:** Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Please indicate if a specific model is used and provide the following data.

| # of Overdose Survivors | # Referred to Treatment | # Refused Treatment | # of Deaths from Overdoses |
|-------------------------|-------------------------|---------------------|----------------------------|
| | | | |

3. **Levels of Care (LOC):** Please provide the following information for your contracted providers.

| LOC ASAM Criteria | # of Providers | # of Providers Located In-County | # of Co-Occurring/Enhanced Programs |
|-------------------|----------------|----------------------------------|-------------------------------------|
| 4 WM | | | |
| 4 | | | |
| 3.7 WM | | | |
| 3.7 | | | |
| 3.5 | | | |
| 3.1 | | | |
| 2.5 | | | |
| 2.1 | | | |
| 1 | | | |

4. **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.
5. **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.
6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county.

Warm Handoff Data:

| | |
|------------------------------|--|
| Number of Individuals Served | |
| Number Entering Treatment | |
| Number Completing Treatment | |

Please identify Challenges with Warm Handoff Process Implementation:

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

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on “please choose an item.”***

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

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:

Description of Services:

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g., salaries, paying for needs assessments, and other allowable costs).
- how the activities will impact and improve the human services delivery system.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

| Category | Allowable Cost Center Utilized |
|---------------------------|--------------------------------|
| Mental Health | |
| Intellectual Disabilities | |
| Homeless Assistance | |
| Substance Use Disorder | |

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (non-block grant counties only).

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.

Warm Handoff

Direct transfer of overdose survivors from the Emergency Department to a drug treatment provider.

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

Services for adults (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.