



County Human Services

Each year, over two million Pennsylvanian's and their families turn to, or are referred to, counties for human services programs to meet their needs. Across Pennsylvania today, human services accounts for up to 60 percent of county budgets. Decisions affecting funding, administration, planning and delivery of human services are a critical component of county government.

HUMAN SERVICES STRUCTURE AND OVERSIGHT

County commissioners and council members have the ability to choose an administrative structure for human services that addresses their community needs in the most efficient manner possible. Since there is no legal state entity named or statutes defining the general or comprehensive human services administration at the county level; the structure of human services varies between counties.

There are currently three main structures of county human services in Pennsylvania: (1) departments that have a human services director with oversight of multiple departments including categorical services such as children and youth services, (2) departments with a human services director that has coordination responsibilities, but no oversight of categorical services and (3) systems where there is no human services director for oversight or coordination purposes and county agency directors report directly to chief clerks, county administrators or commissioners.

Nearly one half of Pennsylvania counties have chosen an administrative structure that includes a human services director with oversight of categorical and community services. These human service directors oversee the categorical services such as children and youth services within a county or joinder and often develop shared administrative services including information technology, fiscal support and comprehensive planning efforts designed to provide consistency and efficiencies of scale. The most common categorical services overseen in this type of structure are children and youth services and mental health and mental retardation programs. There are also approximately 20 aging and drug and alcohol agencies in this type of structure.

Approximately 15 counties currently have an administrative structure that includes human service coordinators and directors with responsibilities such as oversight of more generic human services like transportation, information and referral, housing and adult and community services.

Services

The primary human services provided at the county level include: aging, children and youth, substance abuse, early intervention, juvenile justice, mental health, mental retardation, nursing homes, adult services and veteran affairs. Depending on the structure of the county, additional services may include: child day care and juvenile detention. Coordination and support services also include: attendant care, transportation and the homeless assistance services. Human services agencies also are often the agency that coordinates the Integrated Children's Services Plan (ICSP).

Human services staff must design programs and services that fill gaps in the system, where individuals may not qualify for funding through categorical funds, or where needs overlap several categorical programs. The Human Services Development Fund (HSDF) is one resource counties may utilize for such needs. HSDF is administered at the state level through the Department of Public Welfare (DPW).

The human services departments often serve those individuals or families who are in need of "basic" assistance such as food, shelter, etc. and who do not meet the "definitions" set for services by the categorical programs. Staff assisting with these needs are frequently referred to as the staff "generalist or coordinator". They assist individuals

who may have met a temporary crisis, who may be facing long-term physical challenges or who may be without income or with very limited means.

Relationship with government entities

Relationships with other government entities are a critical component of human services program administration. Depending on the services, relationships are critical among county agencies and with state agencies such as the Pennsylvania Department of Public Welfare, Department of Health, Department of Aging and the Office of Long Term Living. There may also be interaction with the Department of Transportation (for coordinated transportation and vehicles), Corrections (for serving juveniles and/or adults in this system), Education (for coordinating in-school social services and transitioning out of school), Community and Economic Development (for community action and housing services) and others depending again on the scope of their responsibility in the county's structure.

AGING

In 1965 Congress enacted the Older Americans Act in response to the challenges a burgeoning older population imposed upon our nation's system of health care, housing, employment, social and community services. The Act prescribed structures at the federal, state, and local levels to administer and plan essential service programs to enable the nation's elderly to "age in place" – maintaining their dignity, health and independence in their homes and communities.

Within Pennsylvania, 52 Area Agencies on Aging (32 of which are units of county government) serve as the outreach arm for the PA Department of Aging in reaching the elder population in 67 counties and furnishing a single point of entry into a service network that provides unbiased access to comprehensive resources and assistance.

Mission

The Area Agencies on Aging (AAAs) serve as community focal points to coordinate services for older people and to responsibly represent the issues and concerns of aging. As such, they assure three key services to persons aged 60 years and over: advocacy, assessment of need and development of comprehensive community-based long-term care service plans to meet those needs as identified. The ultimate goal of the AAA's is to furnish/promote the least restrictive service and environment to maximize an older person's independence.

Services

Although offering an extensive array of services which differ to a degree from one AAA region to another, all of Pennsylvania's AAA's offer information and counseling, assessment and care management, protective services to prevent or stem abuse and exploitation, transportation, legal assistance for those who cannot afford it, home support to help with tasks of daily living, home health care, family caregiver support services, socialization/recreation and educational activities, home delivered and congregate meals, Ombudsman support to help negotiate complaints concerning long term care providers, aid with shelter and housing needs, older worker employment services, guardianship, attendant care, adult day services, assistive technology and domiciliary care.

Regardless of location, however, all AAA services are focused on the home and supplemented by a network of senior centers.

Eligibility criteria

All Pennsylvanians over the age of 60 are eligible for service from their local Area Agency on Aging. Although specific guidelines may apply to individual services such as the Pennsylvania Department of Aging Medicaid Waiver, AAA's generally give priority of services to persons that have the greatest need and least resources. Factors used to gauge priority include: functional disability, absence of related adults in the home, advanced age (75+), low income, minority status if underrepresented, inadequate housing and lack of access to socialization opportunities.

Consumers

Given the broad array of services furnished by AAA's, Pennsylvania's 400,000 consumers run the gamut from active, working seniors to persons who are disabled or frail and, in the absence of agency in-home services, would require institutional care. It should be noted that today's 'typical' AAA consumer is considerably more frail/ill than that of 10 to 20 years' past.

Relationships with other government entities/funding mechanisms

Each of the 52 AAA's maintain an Area Advisory Council, and a level of accountability to its unit of local government or board of directors, along with the PA Department of Aging - its link to the national network. At the state level, the Department of Aging, Department of Public Welfare and the Office of Long Term Living all have

functions that interact with AAAs. The State Council on Aging also serves in an advisory capacity, and reports to the Governor, the Legislature, and the U.S. Administration on Aging. In this manner, while the network structure ensures that national priorities for the care and support of seniors are met, the system affords latitude at the state and county level to remain responsive to local interest and special need.

Funding

Federal funds are allocated based upon the age 60 and over population in each state, and Pennsylvania applies its own formula for allocation of both federal and PA lottery dollars among the AAA's. AAA's in turn, plan, coordinate, monitor and evaluate service within their own PSA; and via contract with local providers, expand and assure quality services within the community.

It should also be noted that AAA's are also connected to the Department of Public Welfare for Medicaid Waiver slot funding.

CHILDREN AND YOUTH

The Child Welfare System in Pennsylvania is a state mandated, county operated system. This means that while the state legislature passes the laws and the Pennsylvania Department of Public Welfare (DPW) issues policies and regulations, each county has some discretion in exactly how it provides child welfare services to its citizens. To help them make those determinations, commissioners appoint an administrator and a citizen's advisory board that is representative of the county to their child welfare office. Most agencies are named the (name) County Children and Youth Services Agency, or a variation of this. Although staff members are county employees, personnel procedures are, in most counties, governed by the State Civil Service Commission. In addition to the agency administrator, the staff complement will typically include casework supervisors, caseworkers, case-aides, clerical and fiscal staff. Most agencies retain their own attorney to handle juvenile court related activities and DPW appeals. DPW completes an annual licensing review of the agency to determine compliance with state law and regulations. The periodic federal Child and Family Services Review (CFSR) monitors county and state compliance with federal laws relating to child safety, permanency and well-being.

Mission

To put it simply, the agency's mission is to protect children from harm, by act or omission, at the hand of their parent or caretaker and to ensure, to the extent possible, that they have a safe, stable and permanent environment in which to grow.

Services

The safety of the child is paramount. To accomplish their mission, the agency's efforts with a family, in the home as a unit, will be sufficient to help most families to become safe and stable. However, in some circumstances, temporary or permanent placement of some children out of their family home may, once the court has determined that the family cannot or will not provide for them, be ordered by the court. The agency may directly provide, or purchase through non-county agencies, a wide variety of supportive, rehabilitative or child placement services. These services are offered to the family or child on a voluntary basis (if the family is requesting assistance), or on an involuntary basis (if the circumstances are dangerous for the child and court action is required to protect the child in their own home or to temporarily remove the child). Often, families on the children and youth caseload will also be receiving services from other community social, educational and medical programs. Coordinating the delivery of multiple community services is critical to helping the family get to the point where services of the agency are no longer necessary.

Eligibility criteria

Both the family unit and the child (generally under the age of 18) are "clients" of the agency. There is no income or eligibility guidelines other than that the child's circumstances match one or more of the legal definitions of abuse or neglect. As child welfare services are an "entitlement", all families in the county with such a circumstance are eligible for agency services, whether they request them or not, without regard to family income. Usually, the only client paid fees associated with agency services arise from the cost of care for a child who has been placed outside of the home. The family will be assessed by the Domestic Relations Office to determine their ability to contribute to the cost of that care and a support order is issued.

Relationship to other government entities

The administrator must ensure that the operations of the agency are in compliance with all applicable regulations issued by the Office of Children, Youth and Families (OCYF) in order to maintain a state license to operate and receive state and federal reimbursements.

At the same time, the county children and youth administrator has a responsibility to the Judicial System and may act as an arm of the court under the Juvenile Court Act, the Child Protective Services Law, and the Adoption Act.

Funding

All agency expenses are typically paid up front by the county and reimbursed, at varying percentages (depending upon the type of costs, e.g. child abuse, foster care, administration, etc.) by the state or federal government. Most funding streams are limited in the total amount available in any given fiscal year, which, for the state, runs from July 1 to June 30. Since most agency services are an “entitlement”, services may exceed the reimbursement level, or “cap”. The county “needs-based plan and budget” prepared by the agency is submitted by August 15 for the following state fiscal year, therefore service and cost estimates are for nine to 23 months in advance. If costs are in line with expectations, the county can anticipate, after all reimbursements are received, paying for 25 percent or less, of the total expense, with the state and federal funding covering the remainder. The agency also prepares a county budget according to the county schedule.

Areas of potential liability

Because the agency is working with families in crisis, the potential for litigation or negative publicity is significant. The agency is responsible for making decisions, in conjunction with other community services and the court, everyday on whether it is safe for a child to remain with a parent or caretaker. While casework staff receives special training and support in these areas, often they do not stay in the job for more than a year or two, which means that most agencies are constantly training new staff. Emotions and the consequences of action/inaction are high. Staff is “on-call” 24 hours a day, often going to client homes in the middle of the night. Staff is frequently called upon to transport clients in their personal or county owned vehicles. Many counties contract with private providers for that service. Since agency services are an “entitlement”, the agency is often expected to cover services from other community programs that have reached their budgetary limits for the year.

MANDATORY MANAGED CARE – HEALTHCHOICES

HealthChoices is Pennsylvania's innovative mandatory managed care program for medical assistance consumers. The program is designed to improve access to and quality of care for medical assistance consumers throughout Pennsylvania. There are separate components for physical and behavioral health; physical health is overseen by Department of Public Welfare's (DPW) Office of Medical Assistance Programs, while the behavioral component is overseen by the Office of Mental Health and Substance Abuse Services.

HealthChoices has been implemented in one of two ways. With enough covered lives and a demonstrated capacity to meet the program's fiscal requirements, counties were offered the opportunity to implement at risk or join the north central zone of counties under the state's direct contract with a behavioral health managed care organization (BHMCO) - Community Care Behavioral Health. Counties implementing at risk have either chosen to manage the program directly or pass the risk along to a subcontracted, risk assuming BHMCO.

The counties participating under the state contract are Bradford, Cameron, Centre Clarion, Clearfield, Columbia, Elks, Forest, Huntingdon, Jefferson, McKean, Juniata, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne. Implemented in 1997, HealthChoices in Greene County is managed through a state contract with Value Behavioral Health.

Three goals drive the HealthChoices program: (1) to improve access to health care services for medical assistance recipients, (2) to improve the quality of health care for medical assistance recipients and (3) to stabilize Pennsylvania's medical assistance spending.

MENTAL HEALTH

Mandated by state law in 1966, the county Mental Health/Mental Retardation Programs offer an array of community based treatment and support services to persons with mental illness or mental retardation. Counties with low population density are generally served through a “joinder” with one or more other counties. Pennsylvania’s 67 counties are served by 48 county MH/MR programs. Mental health and mental retardation programs are managed together at the county level by one MH/MR administrator with support from one advisory board appointed by the county commissioners. At the state level, however, these are considered to be separate programs supervised by the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP). Both are part of the Department of Public Welfare. Generally speaking, the state provides funding, establishes policy and licenses providers of some services. Most counties offer service through a series of contracts with local providers of service, and some provide services with county staff.

Mission

“Every individual served by the Mental Health and Substance Abuse Service system will have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family members and friends.”

Services

Mental health services range from community treatment to state hospitalization with emphasis on helping people to remain in their communities. Counties emphasize home and community based services to help people who have serious mental illness break the cycle of repeated hospital admissions and become contributing members of their communities.

The state’s six mental hospitals, one restoration center (long-term care) and one juvenile forensic unit for people with mental illness provide special intensive services for consumers who need psychiatric rehabilitation. A state restoration center provides care for geriatric patients, all of whom are former residents of state hospitals. The goal of the state hospitals is to move residents into appropriate community programs whenever possible and to provide long-term care for the others. Continued downsizing and closing of state hospitals will continue as community based services expand.

A wide-range of community-based services is provided including short-term inpatient, outpatient and partial hospital care, emergency “crisis intervention” services, counseling, information, family support services, family based mental health services, in home and in school intensive supports, services for children and adolescents and several levels of case management.

Eligibility and typical consumer of mental health services

The priorities for community mental health programs are adults with serious mental illness such as major depression, schizophrenia, or bipolar disorder and children with serious emotional disturbances or mental illness. Most adult consumers served by the county mental health system are eligible for Medicaid which reimburses providers for medications, in patient and partial hospitalizations, outpatient treatment and some community supports. Most mental health consumers can live and work in the community with appropriate medications, treatment and supports.

Relationship to other government entities

The Department of Public Welfare’s Office of Mental Health and Substance Abuse Services (OMHSAS) has oversight responsibilities under the MH/MR Act of 1966. OMHSAS provides the funding allocations, licensing, and regulatory and policy direction to the county MH/MR program.

Funding (excluding HealthChoices)

The total budget for mental health services is currently \$728,730,000. This includes both community based (county managed) mental health funding, and dollars that are assigned to state mental health facilities, because they are included in one line item of the state budget. Generally, we expect that slightly more than half of the total figure will be allocated to county MH/MR Programs.

MENTAL RETARDATION

Mandated by state law in 1966, the county Mental Health/Mental Retardation Programs offer an array of community based treatment and support services to persons with mental illness or mental retardation. Counties with low population density are generally served through a “joinder” with one or more other counties. Pennsylvania’s 67 counties are served by 48 county MH/MR programs. Mental health and mental retardation programs are managed together at the county level by one MH/MR administrator with support from one advisory board appointed by the county commissioners. At the state level, however, these are considered to be separate programs supervised by the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs. Both are part of the Department of Public Welfare. Generally speaking, the state provides funding, establishes policy and licenses providers of some services. Most counties offer service through a series of contracts with local providers of service and some provide services with county staff.

Mission

Persons with mental retardation are offered the opportunity to exercise control over their life decisions. This includes the right to be part of a community, to develop relationships, to have friends, to be with family, to work, and to have real choices about where to live. These opportunities must be provided to all regardless of the type or severity of the disability.

Services

Pennsylvania’s Department of Public Welfare’s Office of Developmental Programs operates six facilities for people with mental retardation, in addition to one unit on the grounds of a state mental hospital. The objective of the institutional program is to prepare residents for life in the community.

A variety of community mental retardation services are available to people with mental retardation and to their families, including early intervention, residential services and vocational programs that focus on work opportunities. These programs are designed to enable individuals with mental retardation to live in their home communities, develop to their fullest potential and become contributing members of their communities. Individual and family support services also are available. They include respite care, in-home therapy, transportation, homemaker services and recreation.

Eligibility/consumers

A person is eligible who has mental retardation. Pennsylvania recognizes the definition of mental retardation adopted by the American Association on Intellectual and Developmental Disabilities, which is “mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18. Most consumers of county MR services are adults, although some children receive services.

Relationship with other government entities

The Department of Public Welfare’s Office of Developmental Programs (ODP) has oversight responsibilities under the MH/MR Act of 1966. ODP provides the funding allocations, licensing of providers and regulatory and policy direction to the county MH/MR program. Effective July 1, 2009, the Department of Public Welfare has contracted directly with provider agencies that offer services under Medicaid Waivers. The Department has contracted with willing county governments to manage “Administrative Entities” and allocations to counties have been reduced significantly.

Funding for community mental retardation services including state and federal dollars is **\$156,619,000**.

Early Intervention

Early Intervention services are mandated by state law. At the state level the Office of Childhood Development and Early Learning (OCDEL) is responsible. Counties serve children ages 0-3 with developmental delays through the

early intervention program. At age three children in Early Intervention are transferred to the Department of Education and served through local school districts. OCDEL is a part of both the Department of Public Welfare and the Department of Education.

Funding for early intervention services totals \$122,251,000.

NURSING HOMES

There are several different types of organizational structures within the county nursing home framework. The most common are: (1) a facility totally owned and operated by the county with all county employees, (2) a facility with an outside management firm providing one or more of the following: administrator, director of nursing, or fiscal officer with the remainder of the employees on the county payroll and (3) the county used to have a county nursing home but have privatized the facility as a 501 (c) 3 (private nonprofit) or some other arrangement but still have a contractual relationship with the facility – to maintain a certain percentage of indigent residents, located on county property, assist in times of financial needs, county commissioner representation on facility board, etc.

Administrators must be licensed in Pennsylvania and maintain ongoing continuing education credits.

Mission

The mission statement may vary somewhat from facility to facility but the clear emphasis is to provide care for the indigent on a first come basis without financial consideration that permits each individual to attain or maintain their highest practical, physical, mental and psychosocial well being.

Services

Nursing homes can provide skilled nursing care, sub-acute type services, respite care, hospice care and rehabilitation and restorative therapy services. In addition many county homes have expanded their services to independent living units within their facilities.

They have nursing, housekeeping, laundry, maintenance, dietary, admission, financial, social service, case management, utilization review, quality assurance departments and therapeutic recreation/activities.

Eligibility

Eligibility for admission to nursing homes is usually based on Medicaid, Private Pay or Medicare. Medicaid is for persons with little or no financial resources and their financial eligibility is determined by the local county assistance office. The Area Agency on Aging determines if an individual meets the medical needs criteria – making them eligible for nursing home care; Private Pay – where the resident or the family of the resident pays for the care provided; Medicare – where partial coverage is paid by the federal Medicare program for a limited number of days (usually less than 100) after which the resident would become Medicaid or private pay.

Typically county nursing homes have between 80-90 percent of their residents on Medicaid, with the remainder split between Medicare and private pay. Only a few are on other sources of payment such as long term care insurance or veterans payments.

Consumers

Approximately two-thirds of nursing home residents in Pennsylvania are female. The Medicaid payments for nursing home care in Pennsylvania have recently topped the \$3 billion mark annually.

Counties have a requirement for 10 percent of the cost of Medicaid residents' (the "county share"), but have not had to pay that for the last several years because another funding source, known as the Intergovernmental Transfer (IGT) has made the payment. The loss of this payment is currently scheduled to occur after 2011, and will be a huge financial burden on counties unless a permanent relief from this payment is achieved. CCAP and PACAH continue to look for an administrative or legislative solution to this issue.

Relationship with other government entities

Nursing homes interact with a variety of other government entities at both the state and federal level. The Department of Health (DOH) surveys and licenses the facilities on an annual basis, and in many cases, much more frequently than that. The Department of Public Welfare (DPW) is the major payment source at most facilities as it

provides the Medicaid funding for those residents on Medicaid. DPW also reviews the documentation of resident conditions at the facility through the use of Utilization Management Review teams that periodically perform onsite audits of the facility. The Department of Aging administers many home and community based programs that nursing homes may have involvement with; the local Area Agencies on Aging (affiliated with the state Department of Aging) perform the pre-admission assessments to determine eligibility for placement in a nursing facility. The Department of Education approves the nurse aide training programs that may be conducted at the nursing home. The Pennsylvania State Police administers the criminal background checks that employees are required to pass before they begin work at the facility. The Office of the Auditor General has the responsibility for annual financial audits of county nursing homes and has made the manner in which the Department of Health performs its responsibilities a priority issue. The Office of Attorney General may also become involved in investigations at nursing facilities. It is still not clear what changes might occur with the proposed merger of the Departments of Aging and Office of Long Term Living within DPW. At the federal level the Centers for Medicare and Medicaid Services (CMS) oversees many of the federal regulations governing nursing homes.

Funding

Most residents' care at county nursing facilities is paid by Medicaid, which means that DPW pays the nursing facility a portion of the cost for their care. The payments used to be made based on the acuity level of the resident, known as a case-mix payment system. Starting in 2006, county nursing homes are paid mostly on a flat percentage increase subject to what the Legislature approves in the yearly budget. Resident acuity is still a factor as a bonus payment to county nursing homes that increase their overall resident acuity. The Medicaid payment is derived from a variety of funding sources such as the nursing home assessment, certified public expenditure, tobacco settlement, lottery and Intergovernmental Transfer. Some residents have their care paid for by Medicare, which can pay all or some of the care for up to 100 days. Like Medicaid at the state level, the Medicare payments are subject to yearly budget decisions at the federal level. Some residents have adequate private resources and pay for their own care.

SECURE JUVENILE DETENTION CENTERS

The purpose of Pennsylvania's juvenile justice system is to provide programs of supervision, care and rehabilitation which are consistent with the protection of the public interest and which provide balanced attention to the protection of the community, the imposition of accountability for offenses committed and the development of competencies to enable children to become responsible and productive members of the community.

Juvenile detention services are mandated, and must be understood within the context of the services available within the juvenile justice system, and within the broader context of the purpose of the system and of the juvenile justice process. A child admitted to a juvenile detention center is provided access to a wide range of services, custody, supervision, screening and assessments.

Juvenile detention is a critical part of the broad spectrum of services to children, youth and families in the Commonwealth and is essential to the protection of the communities. Juvenile detention in Pennsylvania has evolved into a system that simultaneously balances the needs and welfare of the detained child, respects the experiences of the victim and preserves the safety of the community.

Pennsylvania's 21 secure juvenile detention centers operate primarily as county based entities with the exception of three: two of which are operated by private providers and one which is county owned but administratively operated by a private provider. Administrative oversight of juvenile detention differs in that it could be provided by the juvenile court judge, chief juvenile probation officer, children and youth administrator and in second class counties, a board of managers. Juvenile detention centers are licensed annually by the Department of Public Welfare, Office of Children, Youth and Families.

Detention centers are intended to hold youth pre-adjudication and post-adjudication, pre-placement on a short-term basis, typically less than 30 days. Detention centers only hold youths charged with or adjudicated of a felony or misdemeanor. A minor charged with a summary offense can not be placed in detention. Bed capacities for detention centers range from eight to 130 beds with a total of 805 beds throughout the Commonwealth. For fiscal year 2009-2010, there will be approximately 13,400 admissions to detention.

Mission

Juvenile detention in Pennsylvania has evolved into a system that simultaneously balances the needs and welfare of the detained child, respects the experiences of the victim and preserves the safety of the community. We view our role as a catalyst for change to prevent future criminal behavior by providing a myriad of vital services to youth and communities.

Services

Juvenile detention not only provides security and safety to youth and communities but also provides opportunities for competency development, psychosocial evaluation, behavioral observation and assessment, exposure to community volunteers, medical services, behavioral health screening and in many cases short-term treatment planning.

Educational services are provided to detained youth through local intermediate units or teachers whom are staff of the detention center. One of the main difficulties in providing quality education is the short-term nature of the detention center stay. Because of the time constraints it is almost impossible to obtain information and schoolwork from school districts to ensure continuity in coursework.

Medical services provided include a written health and safety assessment within 24 hours of admission, health examination, immunizations if needed, hearing screening, eye examinations, dental services and medication management.

The majority of Pennsylvania juvenile detention centers use the Massachusetts Youth Screening Instrument (MAYSI-2) to screen youth for mental health and drug and alcohol use upon admission. The screening initiative started as part of a project undertaken by the Juvenile Detention Centers Association (JDCAP) with funding from

the Pennsylvania Commission on Crime and Delinquency. The purpose of the project was to provide detention centers with a standard and reliable method of identifying and triaging youth with behavioral health needs as well as determining the number of youth with behavioral health needs being admitted to detention centers.

Detention centers provide programming that help youth gain knowledge and skills to become productive and law abiding members of their communities. Programming includes activities and speakers that promote pro-social skills, moral reasoning, academic skills, workforce development and independent living skills. Some examples include animal care, career fairs, CPR/first aid, HIV education, Narcotics Anonymous Group, Yellow Ribbon Suicide Prevention Program, yoga, gardening and speakers such as a Holocaust survivor.

Shelter programs are operated by nine of the 21 detention centers. The utilization of secure detention over shelter is typically determined based on the level of threat to re-offend or to abscond.

Guidelines for detention

The “Standards Governing Secure Detention Under The Juvenile Act” adopted by the Juvenile Court Judges’ Commission were developed with an understanding that overcrowding in juvenile detention centers presents a danger to both residents and staff and can severely disrupt programs and services. Consequently, juvenile court judges and chief juvenile probation officers should take a leadership role in advocating for adequate juvenile detention services and alternatives, in monitoring detention center populations at the local level and in developing strategies to be undertaken as facilities approach capacity.

These standards were also developed on the premise that decisions regarding admissions to secure detention facilities must be based on a commitment to utilize the most appropriate level of care consistent with the circumstances of the individual case. When the admission of a child to a secure detention facility is being considered by a judge, master, or juvenile probation officer, preference should be given to non-secure alternatives which could reduce the risk of flight or danger to the child or community.

Relationship to other government entities

Detention centers typically have a very close relationship with the juvenile probation offices and the judicial system for the counties from whom they take referrals. These centers also have a close fiscal relationship with the children and youth offices. The children and youth fiscal agent is responsible to submit state reimbursement reports for the detention centers. Detention administrators often participate in the Needs Based Budget Planning discussions. All juvenile detention centers are licensed annually by the Department of Public Welfare, Office of Children, Youth and Families. The licensing of the facility is based on Title 55 PA Code Chapter 3800.

Funding

Act 148 sets forth the rate of reimbursements for Pennsylvania’s array of dependent and delinquent services, including juvenile detention services. Act 148 certified levels for each county are determined through the needs-based budgeting process. The Act established the responsibility for payment for detention services at 50 percent county and 50 percent state.

Act 148 also set the detention reimbursement rate low as a fiscal disincentive however the rate of reimbursement has not affected the courts decisions to detain youth. A long term funding solution of a 90 percent county and 10 percent state reimbursement rate with a commensurate increase in Act 148 funding is vital to the provision of quality detention services.

SUBSTANCE ABUSE SERVICES

The Pennsylvania Drug and Alcohol Abuse Control Act 63 of 1972 established county drug and alcohol programs, called Single County Authorities (SCA's). Counties have several organizational options for operating drug and alcohol programs - SCA's can be part of the Mental Health/Mental Retardation Program, a separate department within county government, or a private non-profit entity that contracts with the county to provide drug and alcohol services. Another option is for the Department of Health to directly contract with a private community organization to provide the functions of the SCA. Counties also have the option of forming jointers. There are 49 Single County Authorities in the Commonwealth.

The SCA must plan and administer a full continuum of prevention, intervention and treatment services must be available to all residents of the Commonwealth. SCAs ensure local access to that continuum within recognized funding limitations. Each SCA must submit a plan to the state which details how they will administer the programming locally. SCA's work collaboratively with their local entities such as law enforcement, education, health care professionals, mental health and children and youth officials and various community coalitions to assess local need and develop the most cost- effective strategies to address identified problems.

Services

Prevention and intervention services provided in the community and in school settings. The federal substance abuse block grant requires that these services be formalized into six major categories. They are information dissemination, education, alternative activities, problem identification and referral, the community-based process and environmental changes. Student assistance programs in the school districts are an example of intervention services provided by SCAs.

The continuum of treatment services include hospital and non-hospital detoxification, short and long-term residential, halfway houses, intensive outpatient, outpatient and case management services.

Eligibility criteria

All county residents should have access to the continuum of services regardless of their economic status. In the absence of insurance coverage, or eligibility for medical assistance, services will be covered through SCA funds. Individuals are responsible for co-pays, based on a sliding fee schedule implemented by the Department of Health.

Consumers

SCAs provide all services for both adolescents and adults, either at their agency or through subcontractors. Counseling services are available to both the substance user and family member. SCAs interact with county children and youth and the criminal justice systems on many occasions to provide services to clients referred from those systems. The typical SCA client is uninsured.

Federal funding is set aside to provide services for target populations such as pregnant women, women with children, intravenous drug users and HIV/AIDS clients. SCAs can also identify local priorities.

Relationship with other government entities/funding mechanisms

The Department of Health's Bureau of Drug and Alcohol Programs provides state and federal funding for drug and alcohol prevention/intervention and treatment services through contracts with the SCAs. The Bureau is the Single State Agency for receipt of federal block grant funds from the national Substance Abuse and Mental Health Services Administration (SAMHSA).

The Department of Public Welfare's Office of Mental Health and Substance Abuse Services provides funding through allocation awards to each county for treatment services to populations affected by welfare reform who are no longer eligible for Medical Assistance benefits. Act 152 funding is essential to cover the lag time that exists

between Medical Assistance eligibility and HealthChoices enrollment. DPW funding also provides Medical Assistance benefits for outpatient and non-hospital residential treatment services for eligible individuals.

The Commission on Crime and Delinquency provides grant funding to some counties through the SCAs for treatment as alternatives to incarceration. Counties apply for such grants via a competitive application process. Intermediate Punishment funding is critical to reducing overcrowding and recidivism. Funding for treatment courts is also essential to addressing the needs of the criminal justice population. Additional treatment funding will be required to continue the success that has been demonstrated through treatment and specialty courts. Medical Assistance benefits should be restored the day an individual is released from both state and county prisons if we are to successfully impact this population.