

**Erie County**

**Human Services  
Block Grant Plan  
FY 2014-2015**

# **Compliance Assurance**

Appendix A  
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

COUNTY OF: ERIE

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
  1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
  2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Kathy Dahlkemper	Date: 7/1/14
		Date:
		Date:

**Human Services  
Block Grant Plan  
FY 2014-2015**

## **Appendix B**

### **County Human Services Plan Template**

The County Human Services Plan Template is to be used to submit the information as outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department, as directed in the Bulletin.

#### **PART I: COUNTY PLANNING PROCESS**

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. Critical stakeholder groups including individuals who receive services, families of service recipients, consumer groups, providers, and partners from other systems;
2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;
3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. ***For those counties participating in the County Human Services Block Grant***, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;
4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

#### **Erie County Response Part I:**

Erie County is pleased to continue to participate in the implementation of a Human Services Block Grant in Pennsylvania. Since 2010, Erie County has been working toward the integration of both services and administration within the Department of Human Services. We believe that, in doing so we not only create efficiencies but also produce better coordination of care for our clients and families. The Department of Human Services' organizational structure includes Mental Health/Intellectual Disabilities (and the HealthChoices Program), the Office of Children and Youth, and the Office of Drug and Alcohol Abuse Services (Single County Authority).

John DiMattio is the Director of the Erie County Department of Human Services, and also serves as the Mental Health/Intellectual Disabilities Administrator (inclusive of the HealthChoices Program.) A team of administrators serves as the administrative body for this Block Grant, and also includes: the OCY Director, the SCA Director, the Chief of Juvenile Probation, the DHS Finance Officer, the MH/MR Finance Officer, the MH/HC Team Leaders,

and the Intellectual Disabilities Team Leader. This team has been in place since 2010 and has been addressing the goal of cross-system collaboration and integration.

The County has made use of the Advisory Board structures already in place to seek advice from clients, family members, advocates, service providers and community members on the planning and utilization of Block Grant funds. Such boards include the MH/ID Board, the OCYF Advisory Board, the Drug and Alcohol Services Advisory Board, the HealthChoices Advisory Board, and the Systems of Care Leadership Committee. These bodies, with the administrative team, form the County Planning Team for the Block Grant.

Erie County has always conducted needs assessments according to the various categorical requirements. In the effort to plan for the Block Grant for FY 2014-2015, the County has employed a variety of methods in order to assess human services needs:

- Analysis of service utilization data for each of the areas of funding within the block grant, as well as trends and issues indicated by utilization data in related areas (e.g., HealthChoices.) This information will be discussed further in each categorical section.
- Client demographic data.
- Recommendations from the various advisory boards and committees.
- Public comments obtained through town hall-style meetings and public hearings for this purpose.
- Public comments obtained through surveys, both personal and electronic.
- Data developed as part of the OCYF Needs Based Plan.
- Input from persons with physical disabilities and persons who are homeless, to ensure that their perspective is represented in the plan, despite the comparatively small percentage of persons in these categories who are served by the Block Grant funds in Erie County.
- Erie County-specific demographic, economic and social statistics.

All of this information will be used in the formulation of the Erie County Human Services Plan for FY 2014-2015.

## **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 required for counties not participating in the Human Services Block Grant.

Please provide the following:

1. Proof of publication of notice;

PROOF OF PUBLICATION  
in  
THE ERIE TIMES-NEWS  
COMBINATION EDITION

ERIE COUNTY MHMR  
154 W 9TH ST  
ERIE PA 16501-1303

REFERENCE: 111888 72544  
Public Notice of Planning Meeting fo

STATE OF PENNSYLVANIA)  
COUNTY OF ERIE ) SS:  
Debra McGraw, being duly sworn, deposes and says that: (1) he/she is a designated agent of the Times Publishing Company (TPC) to execute Proofs of Publication on behalf of the TPC; (2) the TPC, whose principal place of business is at 205 W. 12th Street, Erie, Pennsylvania, owns and publishes the Erie Times-News, established October 2, 2000, a daily newspaper of general circulation, and published at Erie, Erie County Pennsylvania; (3) the subject notice or advertisement, a true and correct copy of which is attached, was published in the regular edition(s) of said newspaper on the date(s) referred to below. Affiant further deposes that he/she is duly authorized by the TPC, owner and publisher of the Erie Times-News, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.

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FILED ON: 06/04/14

Public Notice of Planning Meeting for the Pennsylvania Department of Public Welfare Consolidated Human Services Block Grant FY 2014-2016. The Erie County Department of Human Services will hold two public meetings to gather input regarding services for fiscal year 2014-2016. The meetings will be held on Friday, June 6, 2014, from 9:00 to 10:30 a.m. and Thursday, June 19, 2014, from 9:00 to 4:30 p.m. in the MWID Conference Room at the Department of Human Services, 154 West Ninth St., Fourth Floor, Erie, PA 16501. The public is invited to attend to provide input on the consolidated planning for Mental Health, Community Base Funded Services, Behavioral Health Services Initiative, Intellectual Disabilities Community Base Funded Services, Child Welfare, Special Grants, Drug and Alcohol Abuse Funding, Homeless Assistance Program Funding, and Human Services Development Funds. John A. DiMatteo, DHS Director, MHMR Administrator. (6-72544-NT-1-4)

Sworn to and subscribed before me this 4th day of June, 2014

Affiant: Debra McGraw  
NOTARY: Barbara J. Moore

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Barbara J. Moore, Notary Public  
City of Erie, Erie County  
My Commission Expires March 23, 2016  
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

2. Actual date(s) of public hearing(s);

Friday, June 6, 2014 from 9:00 am to 10:30 am at the Erie County DHS Building Thursday,  
June 19, 2014 from 3:00 pm to 4:30 pm at the Erie County DHS Building

**3. A summary of each public hearing.**

The hearings consisted of a presentation by a panel of DHS staff and DHS Director John DiMattio, followed by time for questions, answers and comments from the public. Notes were recorded on any questions or comments from the public. The meeting summaries and signature sheets for those in attendance at the public hearings are below:

**Erie County Human Services Block Grant Public Hearing**

**June 6, 2014**

**Erie County Department of Human Services  
Office of Mental Health and Intellectual Disabilities  
Fourth Floor Conference Room**

**SUMMARY**

John DiMattio, Director of the Erie County Department of Human Services and Mental Health/Intellectual Disabilities Administrator, opened the hearing at 9:03 A.M. Mr. DiMattio began by welcoming the twelve attendees. At the beginning of the presentation, he gave a brief history of Erie County's involvement in the Block Grant and discussed the added flexibility the Block Grant offers in moving funds between categoricals if necessary.

Mr. DiMattio discussed three ways in which the public can offer feedback and questions: by speaking at the Public Hearings, by submitting a comment card, or via e-mail.

Next, Mr. DiMattio addressed a question regarding the State's upcoming budget and possible budget cuts within the Department of Public Welfare. He said that State officials were working on ways to balance the budget, but that he had not heard any specifics.

An attendee who works for a local service provider shared three stories about consumers who have been helped by Base funds: a young woman who found meaningful employment after receiving transitional work services and supportive employment, a man in his late 50s who is able to live semi-independently in his own apartment after undergoing heart surgery, and two sisters who have benefitted from foster care and were able to stay together.

Another local service provider shared that housing, employment, and transportation continue to be areas of concern. She talked about how Base funds have been critical for her agency's Drop In Center, which is growing and shifting its focus to a culture of wellness.

Mr. DiMattio said that one of his top priorities is to improve coordination between the services under the Department of Human Services. Mary Ann Daniels, Director of the Office of Drug & Alcohol Abuse, noted that it is in everyone's best interest to cooperate since many of our consumers cross between multiple systems. Kevin Lundeen, Director of the Office of Children & Youth, added that better cross-system integration ensures that consumers are receiving the best services rather than just more services.

Next, Mr. DiMattio and Ms. Daniels discussed current trends in Drug & Alcohol Abuse. The number of people receiving Detox has doubled in the last year, mainly due to an increase in opiate drug abuse, including prescription drugs. Over the past year, much work has been done to raise public awareness regarding the opiate drug problem. Alcohol abuse also continues to be an issue. Detox is the first step in treatment, and no one is denied. The added flexibility with Act 152 and BHSI funding has been helpful.

An additional \$525,000 will appear in this year's Block Grant. This is not an increase, but rather CHIPP funding that is being received due to five people being taken out of Warren State Hospital and coming back into the community. In the coming fiscal year, Erie County will be using reinvestment funds to start a Long-Term Structured Residential (LTSR) program. This will play an important role in our continuum of care.

Lana Rees, Erie County Mental Health Team Leader, and Mark Alexa, Erie County Mental Health Program Specialist, discussed housing next. Reinvestment funds are also being used for Bridge and Supportive Housing. Mr. Alexa noted that we have been seeing an increasing number of families in need of Supportive Housing. We try to keep families together, and larger apartments are more expensive. An employee of a local agency noted that most people in Supported Living are at or below the poverty line, and would be homeless if not for Base funding.

Mr. DiMattio concluded the hearing by discussing the Department of Human Services' new Facebook page, and by thanking everyone for their attendance.

The second Block Grant Public Hearing will take place on Thursday, June 19 at 3:00 P.M. in the Erie County Office of Mental Health/Intellectual Disabilities conference room.

**Erie County Human Services Block Grant Public Hearing  
June 19, 2014**

**Erie County Department of Human Services  
Office of Mental Health and Intellectual Disabilities  
Fourth Floor Conference Room**

**SUMMARY**

The hearing opened at 3:04 P.M. as John DiMattio, Director of the Erie County Department of Human Services and Mental Health/Intellectual Disabilities Administrator, welcomed the ten attendees. Mr. DiMattio began by providing a brief history of Erie County's involvement in the Block Grant. Erie County was one of the pilot counties for the Block Grant, and this will be our third year of participation. Although it has not been necessary up to this point, participating in the Block Grant gives us the flexibility to move a portion of our allocation between the seven categorical areas of funding.

Mr. DiMattio next explained that the primary purpose of the hearing is to gather feedback from the public. We have a number of boards and committees that include consumers and family members, and the Block Grant hearings offer another opportunity for feedback. Comment cards and a County e-mail address are also available for further comments.

Next, Mr. DiMattio briefly discussed the State and County budgets. Last year, our Block Grant allocation was approximately \$22 million. Next year's State budget has not yet been passed. Although the latest news has revenue being \$1.4 billion short, we have been doing our budgeting for the upcoming fiscal year under the assumption that our allocation will remain stable. If budget cuts occur, we will need to adjust our planning accordingly.

A local service provider next shared some information about their Supported Employment program. The program provides job training and job supports for those with intellectual disabilities. A parent with a twenty-six year old son in the program shared their story. Through Supported Employment, her son gained employment at the local casino, where he has been working in the casino's restaurant. Over time, with the provider working as a liaison between her son and management, her son has taken on more responsibility in his position. The parent is certain that without Supported Employment, her son would currently be unemployed.

Mr. DiMattio thanked the parent for her story. He discussed a way in which Block Grant participation has proven beneficial. Added flexibility in eligibility requirements for Drug and Alcohol Act 152 and BHSI funding has allowed us to use more of the funds to serve consumers.

Next, another local service provider shared information about their Family Engagement and Family Stabilization services, which serve the high-risk prenatal population.

Mr. DiMattio added that a new component to Erie County's funding this year will be approximately \$500,000 in CHIPP money which will be used to move five people from Warren State Hospital back into the community.

Next, Mr. DiMattio discussed a new social media Initiative that the Department of Human Services has started. We recently started a Facebook page for the department, which has been well-received. A person from each office is responsible for posting information and events that will be helpful to the public. The page also links to the DHS section of the County website. We are making an effort to stay up-to-date from a technological standpoint.

The local service provider who spoke earlier about Family Engagement and Family Stabilization services mentioned that there is currently a gap in service for high-risk, disabled post-partum families who are not yet involved with the Office of Children & Youth. The provider has been applying for grants and is looking for ways to serve this population.

Mr. DiMattio concluded the hearing by thanking everyone for their attendance.

**PART III: WAIVER REQUEST**  
**(applicable only to Block Grant Counties)**

If you are requesting a waiver from the minimum expenditure level for any categorical area, provide the justification for the request.

Erie County is NOT requesting a waiver on the minimum expenditure requirement for FY 2014-2015.

**PART IV: HUMAN SERVICES NARRATIVE**

**MENTAL HEALTH SERVICES**

The discussions 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, etc.

**Erie County Response:**

In Fiscal Year 2013-2014, it is projected that 3,023 unduplicated children will be provided with necessary community-based Mental Health services paid by the County's Mental Health Base allocation, and 10,827 unduplicated adults. It is to be noted that in Fiscal Year 2013-2014, it is projected that 5,171 unduplicated children will be provided with community-based Mental Health services, paid by Medical Assistance/HealthChoices funds, and 9,705 unduplicated adults. Children, youth and adults are served in the least restrictive, most appropriate level of care. The Mental Health and HealthChoices programs work as an integrated program at the administrative level. At the Care Management level, the services are co-located and coordinated to ensure that clients and families have available to them the most appropriate plan for service. The program also encourages development of other natural supports with the overall goal of supporting recovery and resiliency. Base funds are often utilized when individuals are returning for institutional care prior to determination of Medical Assistance benefits, and in a manner that ensures Base funds are the payer of last resort. Data mining, chart audits, fiscal reviews, and collaboration with providers and consumers ensure that the Base funds are used for priority populations in the most efficient and effective way.

**a) Program Highlights:**

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

**Erie County Response:**

Outpatient Mental Health

The largest portion of Mental Health funds is spent on Outpatient Clinic services. These services are the foundation of our community Mental Health system and reach consumers in the least restrictive environment. Since 2013, Blended Case Management (BCM) services for children and adults have been offered at all of the Outpatient Clinics as a part of a team-delivered approach in addition to providing increased consumer choice, and developing the foundation for a health home model of care, particularly for persons with complex medical and behavioral health conditions.

For individuals with more complex needs, additional supports are available including Residential Supports (Residential Treatment Facility for Adults, Enhanced Personal Care Homes, Integrated Personal Care Homes), Administrative Case Management (ACM), Assertive Community Treatment (ACT) team, Representative Payee services, Peer Support, Crisis services, Crisis Residential Unit, Psychosocial Rehabilitation, Mobile Psych Rehabilitation, Mobile Medication, Family Based services, Emergency services, Drop-in Centers, Housing Supports, and Partial Hospitalization. Many of these services are utilized to divert or facilitate discharge from the State hospital setting, Residential Treatment Facilities, and incarceration.

State Hospital Diversion and Discharge

In Fiscal Year 2013-2014, we averaged 49 consumers in the State hospital on a daily basis, which is 2 over the bed cap for Erie County. OMHSAS has approved spending up to \$300,000 in FYE 2015 of HealthChoices Reinvestment funds for supported and bridge housing in order to assist persons leaving the state hospital as well as persons diverted from the state hospital, and persons who may wish to move from an RTFA, PCH or homeless shelter to permanent housing in the community. The ACT team is also utilized for this population. ACMs and High Risk Care Managers are at the local inpatient units every week to assist with diversions and stabilization.

Residential Treatment Facility (RTF)

RTF utilization data shows that, while Erie County is not an outlier, there is room for improvement. A growing concern involves children who have more complex needs such as Autism Spectrum Disorder, Intellectual Disabilities, extreme behaviors, children without

discharge resources, and disrupted adoptions. The High Fidelity Wraparound program is often relied on to address the needs of these youth and their families. ACMs are also utilizing the Joint Planning Team/CASSP protocol to facilitate meetings with this population's teams. We are also working with local RTF providers to partner with them by identifying these high risk placements in order to begin working with them as soon as possible. A protocol to ensure families remain engaged while the youth is in RTF has been implemented. A local RTF provider for children and adults will be opening an Enhanced RTF for female youth in an effort to address hard to place females who otherwise must be placed out of county.

We support a Youth-In-Transition lodge, which is similar to a Fairweather Lodge. Independent Living services are available for youth who will be living on their own. Mobile Psych Rehabilitation and Peer Support services are also available for transitioning youth. Through youth representation on our Systems of Care and Youth Advisory Boards at OCYF, we continue to look for creative solutions for engaging transition-aged youth.

### Homelessness

Like many communities, Erie continues to struggle with the issues around homelessness in our priority population. A special unit of Administrative Case Managers works with this population and we have several shelters that work well with our consumers, but finding long-term permanent housing continues to be difficult. As mentioned above, OMHSAS has approved spending up to \$300,000 in FYE 2015 of HealthChoices Reinvestment funds for supported and bridge housing in order to assist persons leaving the state hospital as well as persons diverted from the state hospital, and persons with mental illness who may wish to move from an RTFA, PCH or homeless shelter to permanent housing in the community. We are looking at additional ways we could engage these individuals and develop plans to move toward recovery and stability.

Collaborative committees include, but are not limited to: Cross Systems Integration (CSI), the Erie County Policy and Planning Council for Children and Families (PPC), Building Bridges (a sub-committee of the PPC), HealthChoices Advisory Committee (HAC), HealthChoices Provider Council, HealthChoices Leadership Team, HealthChoices Member Advisory Committee (MAC), HealthChoices Family Advisory Committee (FAC), Erie County Treatment Court, Service Area Planning, Erie County Re-entry Supports and Services Alliance, Local Interagency Coordinating Council (LICC), the Maternal and Child Health Task Force, Child Death Review, Community Hospital Liaison Committee, Outpatient Consortium, RECOVERIE, Community Support Program (CSP), Peer Support Initiative (PSI), Spirituality Committee, Housing and Recovery Task Force (LHOT), Certified Peer Specialist Supervisory Committee, Criminal Justice Advisory Board (CJAB), and the County Leadership Team which leads the Erie County System of Care (SOC) Partnership Initiative.

## **b) Strengths and Unmet Needs:**

Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:

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

An Administrative Case Manager specializing in geriatric mental health is on staff at Erie County Care Management.

It is anticipated that the Decision Support Center (DSC) will offer a welcoming environment, in addition to peer support and computer decision aids that will support the active participation of consumers in their outpatient appointments related to use of medications. It is also expected to benefit consumers in managing their illness, improve communication between practitioners and consumers, and promote empowerment, wellness and support consumers in their recovery journey.

The one-page report generated by the software will help to enrich dialog, give a more holistic understanding of people in the context of their everyday lives and help to deepen a shared understanding of a person's concerns and an agreement on how to move forward with treatment. The report will also help to create efficiencies in the consultation by allowing the psychiatrist to focus more quickly on areas of concern to the person. It will help facilitate communication for the consumer who may also be more willing to disclose information via the computer. This reinvestment initiative, through the use of peer support services and computer decision aides, will provide effective tools for consumers receiving psychotropic medication monitoring to facilitate their individual recovery.

Members will be supported and encouraged to participate in the DSC by specially trained DSC Peer Support Staff.

Outcomes to be measured are:

- Member utilization of the service (number of members, how often utilized)
- Member satisfaction
- Provider satisfaction
- Assessment (from pharmacy data) of member adherence to anti-psychotic medication regimens (frequency of refills)
- Assessment (from pharmacy data) of how often members change anti-psychotic medications

Through collaboration with the local Area Agency on Aging, there are many services and supports available. Services include Care Management, Domiciliary Care, Meals on Wheels, Family Caregiver Support Program, Farmer's Market Nutrition Program, Adult Protective services, PDA waiver programs, Ombudsman and Senior Advocate. Some additional programs include the following: Home PLUS Project is designed to reduce risk factors and to stabilize housing. It provides assessment, case management including Mental Health services, and other

aging services on-site to Housing Authority of the City of Erie. Partner Agency (Erie Center on Health and Aging) provides medical services.

Foster Grandparent Program provides eligible persons, 55 years and older, with a modest stipend for volunteering with young children who have special needs. Retired and Senior Volunteer Program (RSVP), Senior Aides places low-income seniors, age 55 and older, into subsidized, part-time community service training opportunities leading to skill development and unsubsidized employment and Senior Center Services offer nutritional, recreational, educational, and social activities at 11 senior centers located throughout Erie city and county. Access to these sites is aided by transportation services purchased from the LIFT/ MATP. As the population continues to age and life expectancy increases, more of these services will be needed and, therefore, additional funds would be helpful to address these concerns.

Erie has a specialized outpatient clinic that works with the LGBTQI consumers. As a part of their mission, they have offered several well-attended trainings to the local provider community. Although the Pittsburgh based provider is planning to reduce their presence in the Erie Community, our office has committed funds for additional training which has improved the quality of service delivery as a result of training provided between 2012 and 2013.

- **Adults (ages 18 and above)**
  - Strengths:
  - Needs:

The largest portion of Mental Health funds is spent on Outpatient Clinic services. These services are the foundation of our community Mental Health system and reach consumers in the least restrictive environment. Since 2013, Blended Case Management (BCM) services for adults have been offered at all of the Outpatient Clinics as a part of a team-delivered approach in addition to providing increased consumer choice, and developing the foundation for a health home model of care, particularly for persons with complex medical and behavioral health conditions.

For individuals with more complex needs, additional supports are available including Residential supports (Residential Treatment Facility for Adults, Enhanced Personal Care Homes, Integrated Personal Care Homes), Administrative Case Management (ACM), Assertive Community Treatment (ACT) team, Representative Payee services, Peer Support, Crisis services, Crisis Residential Unit, Psychosocial Rehabilitation, Mobile Psych Rehabilitation, Mobile Medication, Family Based services, Emergency services, Drop-in Centers, Housing Supports, and Partial Hospitalization. By the end of FY 2015, it is anticipated that 14 persons will be served by a local community based mental health provider which will develop a Long Term Structured Residential facility with a capacity for 14 persons (using Base and HealthChoices Reinvestment funds). Persons from out of county will be considered for admission. Many of these services are utilized to divert or facilitate discharge from the State hospital setting, Residential Treatment Facilities, and incarceration.

- **Transition-age Youth (ages 18-26)**

- Strengths:
- Needs:

Erie has BCM services specifically targeted to transition-aged youth. We support a Youth- In-Transition lodge, which is similar to a Fairweather lodge. Independent Living Services are available for youth who will be living on their own. Mobile Psych Rehabilitation and Peer Support services are also available for transitioning youth. Through youth representation on our Systems of Care and Youth Advisory Boards at OCYF we continue to look for creative solutions for engaging transition-aged youth. Through funds from the System of Care grant, a Youth Engagement Specialist was hired on February 1, 2014 at a local children and youth community based service provider. A primary task for the Specialist is to integrally work toward the development of an effective Transition Age initiative. It is also noteworthy that in FYE 2015, the High Fidelity Wraparound program will be fully staffed with 2 teams including 4 Facilitators, a Supervisor/Coach, 2 Youth Partners and 2 Family Partners. HFW is often relied on to address the needs of youth who are transitioning to adult service level of care

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.

- Strengths:
- Needs:

Erie has worked to decrease utilization of Behavioral Health Rehabilitation Services. Children who receive BHRS generally transition to less restrictive Outpatient services but some do require more intense services, such as, Family Based services prior to approving BHRS in the school, we are requesting that all appropriate supportive services available through the education system have been implemented. The Erie Outpatient providers offer satellite offices in all of the public and several private school buildings in Erie County. This has reduced the need for BHRS, increased compliance with appointments, and decreased time spent away from the school building. Erie has also engaged the Student Assistance Program (SAP) liaisons for each of the schools to increase awareness of all levels of services so that the least restrictive options are explored first.

RTF utilization data shows that, while Erie County is not an outlier, there is room for improvement. A growing concern involves children who have more complex needs such as Autism Spectrum Disorder, Intellectual Disabilities, extreme behaviors, children without discharge resources, and disrupted adoptions. The High Fidelity Wraparound program is often relied on to address the needs of these youth and their families. ACMs are also utilizing the Joint Planning Team/CASSP protocol to facilitate meetings with this population's teams. We are also working with local RTF providers to partner with them by identifying these high risk placements in order to begin working with them as soon as possible. A protocol to ensure families remain engaged while the youth is in RTF has been implemented.

Identify the strengths and unmet needs for the following special/underserved populations. If the county does not serve a particular population, please indicate.

- **Individuals transitioning out of state hospitals**

Strengths:

Needs:

Individuals transitioning out of State Hospitals in Fiscal Year 2013-2014, averaged 50 consumers in the State Hospital on a daily basis through the end of January 2014, which is 3 over the bed cap for Erie County. There is a gap in our Continuum of Care regarding housing options for this target population. We are looking at ways to move individuals from Personal Care Homes to permanent housing in order to open up availability for individuals discharging or being diverted from the State hospital. The ACT team is also utilized for this population. ACM's and High Risk Care Managers are at the local inpatient units every week to assist with diversions and stabilization.

- **Co-occurring Mental Health/Substance Abuse**

Strengths:

Needs:

Regarding persons with Co-Occurring MH/Substance Abuse, MH Administrative Case Managers are co-located at Erie County Care Management (ECCM) with Supports Coordinators for persons with Intellectual Disabilities for purposes of partnering and planning for the delivery of services for person with ID and MI. Monthly meetings involving staff from the HealthChoices MCO, as well as the Offices of Drug and Alcohol Abuse and MH/MR are convened to assure progressive delivery of services for persons with co-occurring mental illness and Substance Abuse problems. One agency that provides BCM services to over 500 clients specializes in serving hard to serve consumers who are often managing significant histories of substance abuse, which may have influenced their involvement with criminal justice.

- **Justice-involved individuals**

Strengths:

Needs:

Erie has a variety of programs to address the needs of justice involved persons. We have forensic specialists who work in our ACM program that monitor individuals who are currently incarcerated and assist in discharge planning and implementation. Outpatient services and medications are funded in the prison setting and upon discharge the same provider offers a Forensic Outpatient clinic with services and supports tailored to these individuals needs and to assist with reintegration. Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA) services are also available to assist in transition of dually diagnosed parolees from the State Correctional system. Likewise, the STEP (Supportive Transitional Extension Program) provides transitional housing and support to CROMISA clients leaving the criminal justice system and also seeking treatment for substance abuse. Forensic Certified Peer Specialists were trained in May 2011 to help prepare Certified Peer Specialists to use their Peer Support skills to assist individuals with mental illness and/or co-occurring substance use disorders who are navigating the criminal justice system. One agency that provides BCM services to over 500 clients specializes in serving hard to serve consumers who

are often managing serious mental illness which may have influenced their involvement with the prison system, parole and probation. The Erie County Criminal Justice Administrative Board (CJAB) sponsored a 2 day Cross-System mapping workshop focused on persons with mental illness. The workshop has spawned task forces aimed at enhancing communication between the various arms of criminal justice including police, the Courts and human services. The Erie County Re-entry Supports and Services Alliance meets every two weeks in order to lay plans for a network of services and assistance to help persons exiting the prison system, many who are managing Mental illness. These inter-agency collaborative efforts aim to reduce prison recidivism and promote successful community re-entry.

- **Veterans:**

Strengths:

Needs:

Erie has a Veterans Administration (VA) facility that has behavioral health services for veterans. Erie works with the VA to assist recent and long standing veterans.

In FYE 2014, the National Alliance on Mental Illness (NAMI) of Erie County plans to again offer the Family-to-Family program to help families learn and understand mental illness. This 12 week course helps family members and caregivers, whose loved ones are facing the challenges of a mental illness. A portion of the curriculum is dedicated to persons suffering from PTSD – this has been most beneficial for families who have a loved one who was a veteran. This course increases empowerment, reduces burden in the home and increases family stability. Family-to-Family also provides education about mental illness, understanding the mental health system and self-care for the family member.

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

Strengths:

Needs:

PERSAD offered training to hundreds of professionals who counsel persons who are LGBTQI members. The County will continue to purchase this type training along with the provision of outreach, information and referral services, and public education even though the local satellite clinic will stop accepting patients during FYE 2015.

- **Racial/Ethnic/Linguistic minorities**

Strengths:

Needs:

As a major refugee resettlement location, Erie County encounters substantial waves of diverse ethnic refugee groups. These populations have unique needs and often significant behavioral health issues due to their circumstances and cultural differences. Community Care entered into contractual relationships with resettlement and multi-cultural service organizations to provide high quality interpretation services so as to remove the language barrier for services. All community providers attained access to these interpretive services. Major refugee groups affected included Bosnian, Bhutanese, and Hispanic cultural groups. We have encountered some challenges with meeting the needs of these consumers. As a result, we have created a cross system work group to identify and appropriately address the needs. We have also created a

centralized contract with interpretation agencies through our BH-MCO in order to ensure that consumers with interpretation needs are able to access services. This includes individuals with sign language needs. We continue to learn more about this population's needs and attempt to address them. Our office has established and convened the International Interdisciplinary Support Development Team in order to gather staff from the various local helping agencies involved with refugees to assure cross training and exchange of information, as well as access to mental health and related human services.

- **Other, if any (please specify)**

Strengths:

Needs:

**c) Recovery-Oriented Systems Transformation:**

Describe the recovery-oriented systems transformation efforts the county plans to initiate in the current year to address concerns and unmet needs.

For **each** Transformation Priority provide:

- **A brief narrative description of the priority**

Erie County providers have participated in a Recovery Learning Collaborative based on Pat Deegan's work. A CommonGround Decision Support Center (DSC) partners computer assisted technology and peer support to help engage shared decision making within the context of medication management appointments. DSCs allow behavioral health providers to further promote a more consumer-driven, recovery-oriented service system in Erie County. The CommonGround Approach supports consumer self-determination, increased access to resources, links consumers with peer support, and allows for collaborative relationships between consumers and their practitioners.

Erie County providers participated in Community Care Behavioral Health's Recovery Learning Collaborative in 2013. Providers in Outpatient Mental Health, a Crisis Residential Unit, and Blended Case Management programs participated in exercises and training that encouraged individual responsibility and participation within their treatment. The Collaborative provided tools for use by providers and member to utilize together, as well as access to a Recovery Library. At the conclusion of the Collaborative, outcomes demonstrated measurable improvements and ongoing acceptance by the organizations for use going forward.

Erie County utilized reinvestment dollars to support the development of Certified Peer Specialist services at the MHA of NW Pennsylvania. The funds supported the organization until recruitment and training of CPS personnel developed, and awareness and referral patterns for the service began.

- **A time line to accomplish the transformation priorities**

Through the end of CY 2014, the County will meet with the BH-MCO and adult OP and BCM providers regularly to establish a plan to further recovery oriented system transformation. Additional providers and stakeholders will be involved in CY 2015.

- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).

The County must identify fiscal and programmatic methods to assure both HC and base funded members benefit from recovery oriented system transformation.

- A plan/mechanism for tracking implementation of priorities.

A plan/mechanism for tracking progress toward implementation of priorities will be included in the plan that is developed.

## **INTELLECTUAL DISABILITY SERVICES**

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditure should be included for both base/block grant and waiver administrative funds.

### **Erie County Response:**

The Erie County MH/MR Office offers the full array of Base-funded services detailed in “Developmental Programs Bulletin 00-12-05, Individual Supports Plan (ISPs), Manual for Individuals with Intellectual Disabilities.”

- Needs Assessment information

Based upon the HCSIS, PUNS Management Report, Table 1 details the number of people waiting for service. Table 1 illustrates the number of people who need a service each year. People with an Emergency Need are currently in life situations in which they need services now. People with a Critical Need need services in one to three years. While the total number of people waiting for service has decreased slightly over the past year, the number of people in the Emergency Need category increased by 20 people. This is most likely due to a lack of new funds to serve people on the waiting list, and over time, people’s needs have increased from a Critical to Emergency Need. Information regarding the number of people needing services was collected from the Office of Developmental Programs, Home and Community Services Information System (HCSIS), and the PUNS report dated June 17, 2014.

<b>All Persons Waiting for Service (Fiscal Year)</b>			
	<b>FYE</b>		
	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Emergency Need</b>	185	204	241
<b>Critical Need</b>	319	298	257
<b>Total</b>	504	502	498

Table 1

Also using the PUNS Management Report, Table 2 details the types of services people reported they need. Over half of the people on the waiting list stated they need a facility based day program and respite services. Approximately 14% of persons on the PUNS list requested Community Residential services or Family Living services. Other services represent a variety of community based day and Employment services. Transportation has become a growing need with 19% of persons requesting the service.

<b>Needed Services for Persons with Intellectual Disabilities</b>	
<b>State Cost Center</b>	<b>Unfunded Services</b>
Adaptations	4
Community Habilitation	185
Community Residential Services	79
Employment Services	57
Family Living	17
Home and Community Services	39
Pre-Vocational Services	56
Respite Services	304
Specialized Supports	1
Therapies	16
Transportation	82

Of those waiting for service, some are aging out of an alternate service system and need services to continue as referenced in Table 3. These include:

- Special education graduates.
- Young adults aging out of Early Periodic Screening, Diagnosis, and Treatment (EPSDT). This is a federal program designed to address physical, mental, and

developmental health needs. Screening services "to detect physical and mental conditions" must be covered at periodic intervals, as well as diagnostic and treatment coverage. Eligible persons can receive these services until their 21st birthday. Thereafter, services are transitioned into the respective funding options including Medical Assistance (MA) for medical and therapy needs and Mental Retardation services for developmental needs.

- Persons who are transitioning from the Criminal Justice system, Residential Treatment Facilities for Children (RTF), and Office of Children and Youth.
- Older persons who have been identified by Adult Protective Services (APS), and need Intellectual Disability services.
- Persons who will be discharged from State psychiatric hospitals.
- Persons who would like to leave State centers.
- Persons with older care givers.

People Aging-Out of Alternate Service Systems	
Category Type	
Special Education Graduates	69
EPSDT Age-Out	4
Jail	7
RTF	11
APS	0
C&Y	1
State Hospital	0
State Center	25
Older Care Giver	18
Total	133

Table 3

- Quality Assurance Plan  
Annually, the County Program Office prepares a Quality Assurance plan to the Office of Developmental Programs (ODP). The plan addresses:
  - Administrative Self- Review  
Measures county Program Office Compliance with Administrative Entity Agreement.
  - Contract Management  
Measures utilization of Base-funded services to provider contracts.
  - Critical Incidents  
Measures adherence to ODP defined dignity and rights priorities.
  - Independent Monitoring for 4 Quality (IM4Q)  
Measures consumer satisfaction of services; which includes services received or waiting.

- Risk Management  
Measures the level of consumer abuse, exploitation, neglect and restraint as defined by ODP.
- Provider Monitoring  
Measures provider compliance with the Provider Agreement.
- Provider Qualifications  
Assures provider compliance to ODP minimal standards for offering services

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	11	12
Sheltered Workshop	11	5
Adult Training Facility	7	6
Base Funded Supports Coordination	390	397
Residential (6400)	1	5
Life sharing (6500)	1	3
PDS/AWC	42	15
PDS/VF	0	0
Family Driven Family Support Services	887	1,000

Generally, Block Grant funds serve as a starting point for eligible persons who have no services at all. Funds purchase a smaller amount of service for a large number of people so as not to create a situation of the haves and have-nots. Typically, services are community-based, allowing the consumer to integrate into the community and provide some care-giving relief. Service delivery is based upon consumer selection of provider(s). As Waiver capacity becomes available, persons are enrolled in the Consolidated or Person/Family Directed Supports Waivers. These fund sources generally enable persons to receive additional units of service or more types of services. Currently, the County Program Office has the capacity to service 601 people through the Consolidated Waiver and 352 people through the Person Family Directed Supports Waiver. This includes a recent Office of Developmental Programs (ODP) initiative to enroll an additional 45 special education graduates whose school year ended June 2013. Regardless of fund source, decisions to authorize services for people are based upon the ODP waiting list tool, Prioritization of Urgency of Need (PUNS).

**Supported Employment:** Describe the services provided, changes proposed for the current year, and identify a proposal for supporting growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant.

Currently, there are 87 persons receiving on the job training, Supported Employment, or who go on work crews in the community, Transitional Employment. These services are purchased with

all three fund sources: Base, Consolidated, and PFDS Waivers. All persons recently completing their high school program are given the option to participate in Employment Services

**Base Funded Supports Coordination:** Describe the services provided, changes proposed for the current year, and how transition services from the ICF/ID and other facility based programs will be supported.

Anyone presenting at the Supports Coordination Office and requesting Intellectual Disability services is afforded the option of an intake and eligibility review. If found eligible for ODP funded services, the person is given the choice of a supports coordinator who completes a Prioritization of Urgency of Need for Services (PUNS) assessment. The PUNS assessment determines the urgency of need; emergency, critical, and planning. The supports coordinator reviews the PUNS status for persons waiting for service on an annual basis. The support coordinator participates at least in semi-annual service reviews for persons in service and more often as needed. Additional supports are provided to persons who have a county parole officer.

**Life sharing Options:** Describe the services provided and identify how you propose to support growth of this option

Currently, there are 67 persons residing in Life Sharing homes. Life Sharing refers to a living situation between a family or individual who wishes to share their home and day-to-day experiences that are typical of living with family. These services are purchased with all three fund sources: Base, Consolidated, and PFDS Waivers. Establishment of rates in a responsible and timely manner for new service locations needs to be a priority for the Department of Public Welfare.

Long Range Goal (1):

Increase the number of individuals served in Life sharing, in Erie County, by 25 %, from 60 to 75 individuals, by 2015.

Objectives:

1. The Erie County life sharing system (agencies that provide life sharing) will identify 15 new persons or families that are willing and capable to become life sharers, by 2015, and will provide orientation, training, and matching services.
2. Agencies that only provide services in community residential (group homes) will become knowledgeable and comfortable with the life sharing option, and will consider what would be needed to provide life sharing to their group home residents, who would benefit from life sharing.

Action Step(s) for the next year related to this Objective:

1. Agencies that presently provide life sharing will each advertise for, identify, recruit, and provide training to at least one new life sharing family within the next year, if they plan to expand their program.

2. 1 to 2 local life sharing planning meetings will be scheduled within the next year to discuss the goals, objectives, and progress of life sharing within Erie County. The first follow up meeting will be held within 6 months of the Strategic Planning Meetings.
3. Agencies that do not presently provide life sharing will be invited to these meetings by the Erie County ID life sharing point person so they can learn more about the strategic plans for life sharing for all individuals in ID residential services. They will be encouraged to review the residents in their service for potential movement from group homes to life sharing, and to determine specific names for potential life sharing movement, within one year. They will meet with and discuss this information with each of the individuals' supports coordinators.
4. Supports coordinators will to meet with individuals and their families educate and encourage consideration of the life sharing option, and record this in HCSIS service notes and HCSIS monitoring notes.

Long Range Goal (2):

Erie County will review and make possible changes in its Children's Transition team procedures that will enable children, who are aging out of the Office of Children and Youth system, to become familiar with Life sharing prior to Emergency discharges.

Objectives:

1. Erie County Office of M. R. will review its procedures with the Children's Transition Team, which also involves the Office of Children and Youth, and Supports Coordination.
2. Erie County Office of M. R. will accept feedback regarding successful transition team procedures that have been utilized by other counties.
3. Erie County will make any changes that are possible, to help transitioning children become familiar with life sharing agencies and life sharing families prior to emergency discharge from the Office of Children and Youth system.

Action Step(s) for the next year related to this Objective:

1. Supports Coordination Supervisor, has agreed to obtain information from the Office of Children and Youth about other counties procedures that help children prepare for Life sharing, well in advance of emergency discharge. She will share this information with Erie County ID Life sharing point person.
2. County Program Office staff will discuss this information with the Erie County ID team. The ID team, program specialist, who is involved with the Children's Transition team, will discuss any possible changes with the Office of Children and Youth and Erie County Care Management Supports Coordination transition team representatives.
3. Any changes will be shared with the Life sharing system, so that we can coordinate any planning services with agencies that will be involved in the transitioning process.

Long Range Goal (3):

Erie County life sharing system will do everything possible to help normalize the lives of Life sharers.

Objectives:

1. Erie County Office of ID will continue to receive feedback from life sharers and life sharing provider agencies, about problems and obstacles in their provision of life sharing services.
2. Erie County Office of ID, providers, and supports coordination will share information with ODP by attending regional and state Life sharing subcommittees and advocating for needed changes.

Action Step(s) for the next year related to this Objective:

1. Erie County ID has obtained email contact information from many Life sharing providers, and we will continue to collect this contact information.
2. Erie County ID will send new information, by email, to Life sharers, asking for feedback about their services and obstacles they face.
3. Life sharing provider agencies will continue to obtain information both informally and formally, with satisfaction surveys.
4. Erie County ID will invite life sharing provider agencies to meet 1 to 2 times a year to discuss the obstacles facing life sharers and any progress made in overcoming these obstacles.
5. Erie County life sharing system will continue to participate with Regional and State Subcommittees. We will share information with ODP regarding problems that life sharers are facing and participate in advocacy for statewide changes.

Data that exists or could be gathered to measure progress/success of Action Steps related to this Objective:

1. HCSIS/ PUNS report on specific individuals on the waiting list for Life sharing.
2. Individual agency information of the names of individuals served in Life sharing, individuals being oriented and matched for Life sharing, and names of present and potential Life sharing providers.
3. Supports Coordinator Monitoring notes and Service Notes, in HCSIS, for individuals who have been identified on PUNS, who need Life sharing. Also, individuals who are transitioning from the Office of Children and Youth to the Adult system, that require life sharing, will have planning services documented.

**Cross Systems Communications and Training:** Describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions.

There have been no instances of State Center placements for at least the past 10 years. Providers are interested in serving persons with dual diagnoses and challenging behaviors. The greatest challenge is returning dually diagnosed persons from State Hospitals to the community. Barriers include:

- The PUNS process and lack of sufficient Waiver capacity most often results in serving persons from the community,
- Restrictions of the life sharing service definitions to allow for variations in this service delivery model to accommodate individual needs,
- Lack of adequate life sharing rates, and
- Extended delays getting ODP rates approved in the PROMISe billing system.

Collaborative protocols are in place and used between State Hospital, Mental Health and Intellectual Disabilities supports coordination offices. As a result of the barriers mentioned above, local Inpatient hospital personnel have no confidence in the public Mental Health/Intellectual Disabilities programs to respond in a reasonable timeline that is consistent with a hospital discharge plan.

The County MH/ID Office holds monthly meetings are held with the Offices of Children and Youth and case management offices for early intervention, mental health, and intellectual disabilities services to identify systemic barriers and implement trainings or cross system policy/procedure to eliminate or reduce barriers to effective delivery of service.

**Emergency Supports:** Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)

The county program office follows the ODP policy of maintaining a 15 day reserve of Base funds which would be used to provide respite and day services to persons in an emergency crisis, also defined by ODP. In the event of such a crisis, the county program authorizes 15 days of Base funded respite and day services. If there is capacity with the county program, the person will be enrolled in either Base or Waiver funded services so that the person is out of harm's way and fully served. In the event there is not capacity or the person cannot be fully served, the county program office will contact the Western Region Office of the Developmental Programs. In such an instance, and defined by ODP Informational Memo, the Office of Developmental Programs is responsible for increasing the Erie County Program Office Waiver capacity to assure the person is not in harm's way and the person is fully served.

**Administrative Funding:** Describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement.

The Erie County Intellectual Disabilities Program Office performs waiver Administrative Entity (AE) functions collaboratively with Erie County Care Management (ECCM). To manage and monitor both delegated and County Program Office functions, joint bi- weekly management

meetings are held to define and review policy and procedure implementation. Additionally, both the County Program Office and ECCM conduct annual self-reviews to assure compliance with the Consolidated and Person/Family Directed Supports Waivers. Specific AE functions are delegated to ECCM. The document describing the details of this delegation is on record with the Western Region, Office of Developmental Programs.

The intent of this Plan is to manage the Intellectual Disabilities portion of the Human Services Block Grant in the same manner as the initial Fiscal Year 2012-2013 allocation from the Office of Developmental Programs. Employment, especially for people recently completing their high schools program, and Life Sharing will continue to be priorities. IM4Q will continue as defined and funded by the Office of Developmental Programs. Erie County will continue to dutifully execute its Administrative Entity responsibilities.

### **HOMELESS ASSISTANCE SERVICES**

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

#### **Erie County Response:**

The Erie County Department of Human Service, Office of Mental Health/Intellectual Disabilities (MH/ID) serves as the collaborative applicant for US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) application for the City and County of Erie CoC PA-605. MH/ID currently chairs the planning and development consortium for the homeless delivery system, the Home Team, and also chairs the local Federal Emergency Management Agency (FEMA) Emergency Food and Shelter (EF&S) board. The Home Team is comprised of representatives from Federal, State and local government, service providers, people who are homeless or formerly homeless, advocates, community leaders, local businesses, and other interested Stakeholders that meet to plan, develop, and monitor projects that assist people who are homeless or near homeless. The EF&S board is comprised of the local food bank, Erie United Way, American Red Cross, Inter Church Ministries, local Jewish Foundation, formerly homeless individuals, and state and local government representatives that meet to allocate funds for food, shelter, hotel/motel, energy, and homeless prevention funds and monitor compliance with guidelines. MH/ID blends PATH, FEMA, HUD, Homeless Assistance Program (HAP), Emergency Solutions Grant (ESG), State Mental Health (MH), and State Drug and Alcohol (D&A) funds in the homeless delivery system in Erie County. Our CoC consists of: homeless prevention, outreach and assessment, emergency shelter, transitional and permanent housing, and rapid re-housing activities utilizing a no-wrong door policy in assisting people who are homeless or near homeless. The goals of the CoC are to prevent homelessness wherever possible, engage people who are homeless with transitional housing and supportive

services when necessary and appropriate enabling them to obtain and maintain permanent housing in the community.

Homeless prevention and rapid re-housing activities are funded through HAP and D&A. Homeless prevention funds assist people with one month's rent in arrears and some utility assistance to remain stably housed and provided they are able to meet future payments. The assistance to participants who are homeless is first month's rent and security deposits and utility assistance provided that they are able to make future rent and utility payments to remain in permanent housing.

Homeless outreach and assessment services are funded through MH, PATH and HUD programs. Outreach works serve people living on the street, in emergency shelters, or places not meant to be used for human habitation and assist people in accessing shelter or mainstream resources to break the cycle of homelessness. They also assess people's strengths and weaknesses to formulate a goal plan to ensure they receive the services that are needed and the housing component that best fits their needs at the time.

Emergency shelter services are funded through HAP, MH, ESG, HSDF, and FEMA funds. HAP, MH, HSDF, and FEMA funds are allocated to shelter providers to provide shelter and supportive services on a unit per night basis and ESG funds are awarded competitively for moderate rehabilitation and operations of shelters and transitional housing components. People in shelters are assisted in accessing mainstream resources and increase their incomes in order for them to be better able to obtain and maintain either subsidized or fair market permanent housing. People in shelters who are unable to overcome barriers to permanent housing are referred to transitional housing provider where they are able to live at, up to 24 months.

Transitional housing is funded primarily through HUD. Transitional housing is offered for specific populations such as victims of domestic violence, women and children, traditional families, veterans, and single men. Participants in transitional housing work with case managers, other supportive services, and mainstream resources to break down the barriers to permanent housing and issues that may have contributed to their homelessness.

Permanent housing options are funded through HUD Continuum of Care process. Currently we have 120 HUD Shelter Plus Care units under contract for people who are homeless and have a mental illness and/or substance abuse diagnoses and 18 units are dedicated for people who are chronically homeless. We have 24 units that are for families that are homeless with two Supportive Housing Program projects approved by HUD for families and 8 units for forensic populations. In the Shelter Plus Care and Supportive Housing Program options people pay 30% of their income for rent and the project pays the remainder. Shelter Plus Care projects are matched dollar for dollar with support services funded through the mainstream mental health and D&A programs while the Supportive Housing Programs have 25% match requirement.

All of the agencies, except for domestic violence providers, input participant specific data to our local Homeless Management Information System (HMIS). The reporting requirements are

based on the HUD Annual Progress Report that include but are not limited to universal data elements and participation in mainstream resources.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	37	45
Case Management	0	0
Rental Assistance	1,376	1,350
Emergency Shelter	151	150
Other Housing Supports	60	60

**Bridge Housing:** (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

There is currently 1 location for bridge housing in Erie County that is an 18 bed facility with 5 units with separate bedrooms and common areas. This project serves homeless women who are victims of domestic violence and their children. These women must be low income and be able to demonstrate that they are in need of temporary housing and supportive services while preparing to live independently. The ability to live in a communal setting is required. Preference is given to women with children, and those women who are attempting to regain custody of their children. In 2012-2013, we served 18 women and 18 children for a total of 36 individuals. We provided 4,995 nights of transitional shelter service. No changes from previous year.

**Case Management:** (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

This service is not provided under Homeless Assistance due to the 10% reduction in the fiscal year 2012-2013 State Budget. These services are included under Administrative Case Management and funded by Mental Health funds.

**Rental Assistance:** (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Rent assistance applies to people who are in arrears on their rent, first month's rent and security deposit for people who are homeless, mortgage assistance for people facing foreclosures, and utility assistance for people who are in arrears and facing shut offs. No payments are made directly to clients. Agencies collaborate with the County Assistance Office for people eligible for emergency shelter assistance through DPW. The client's serves are up to 150% median income and receive no more than \$1,000 for an individual and \$1,500 for a family over the course of 2 years.

No changes proposed for the current year.

**Emergency Shelter:** (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Emergency shelter is short term (30 days or less). During this time, needs are assessed and Case Managers will address causes of homelessness and make appropriate referrals to other mainstream agencies.

Below are a list of shelters and their target population:

- Community of Caring - Individuals with mental illnesses
- Community Shelter Services - Individuals and families
- Hospitality House - Women and children fleeing domestic violence
- The Refuge - Families
- Safe Journeys - Women and children fleeing domestic violence
- Saint Patrick's Haven - Single men No changes proposed for the current year.

**Other Housing Supports:** (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Other housing supports are not provided because our emergency shelters, transitional housing and homeless team works with mainstream providers to access those services for people who are homeless.

Describe the current status of the county's HMIS implementation.

All homeless providers report client specific data to HMIS except for domestic violence providers who are categorically excluded from reporting.

## **CHILDREN and YOUTH SERVICES**

**\*\*\*FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

**“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2014-2015.”**

**\*\*\*THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT\*\*\***

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

**Erie County Response:**

Erie County Office of Children and Youth is the county child welfare agency operating in Erie County under the umbrella of the Erie County Department of Human Services. Major priorities for the 2014/2015 fiscal year will be a purposeful move toward more quality outcomes for families, by improving all facets of CYS case management; direct services and purchased services; and by giving families a greater voice in designing and facilitating their own recovery. Erie County OCY will emphasize a closer partnership within the DHS umbrella and with service providers across the county, and will continue to work on outcomes and benchmarks established in previous budget submissions.

Successes realized in the past fiscal year include the filling of key positions, including the intake administrator, which will be key in implementing 20 new pieces of legislation over the next fiscal year. Erie County completed its onsite Quality Service Review and has finalized the County Improvement Plan, which will provide a roadmap for service development and training of staff. Additionally, Erie has been working diligently with providers over the last year to develop comprehensive work statements, logic models and outcomes prior to contracting. The work statements clarify what the county is looking for from the provider and allows for clearer communication and provider monitoring. Over the next year, the county will move to the next phase which includes a service authorization process and development of a case decision tree for casework staff. Currently the Agency is in the process of retooling the Multi-Disciplinary Team process moving towards a case teaming system, where stakeholders in specific cases being presented at MDT are present and true coordination can occur. Additionally, the county is implementing an expanded use of Family Group Decision Making at the outset of case opening for on-going services which will engage natural supports and promote collaboration, while writing a Family Service Plan for the case.

The County has been fully licensed to operate and is operating within its budgeted allocation.

Challenges facing Erie County OCY continue to be complex. The County, like all others is struggling to respond to implementing the requirement of new legislation, stemming from the passage of the Child Protection Package bills. While also trying to assess the impact of what the expansion of definitions may look like operationally. These new mandates are occurring in an ever tightening budget landscape, making the likelihood of additional funding to support these

new mandates remote. Poverty continues to climb in the county. The poverty rate in the city of Erie for families has climbed to 22%. Violence in the city of Erie is rampant, with shootings nearly every day. Drug use, particularly prescription drug abuse and heroin, are high, increasing, and resulting in deaths. Drug and alcohol use by parents which impacts their parenting, played some factor in 83% of the referrals to OCY last year.

Stabilizing staffing at Erie OCY continues to be a challenge which faces the County. Positions are vacant for extended periods of time due to terminations, resignations, or long term medical leaves. There are very few options available for hire on the Civil Service List, and now Civil Service applicants will have to travel to Pittsburgh to be tested-over two hours away.

Over the past fiscal year, dependent placements have risen in Erie County, corresponding to an increase in referrals. Over 10,000 cases were referred to Erie OCY last year, representing an increase of 4%. Placements have increased, in part due to the increased numbers of referrals, in part due to the Safety Planning and Due Process decision by the Federal Circuit Court, and in part due to the nature of violence and drug use involved in the cases being referred. There is no indication with the expansion of definitions, this trend will reverse.

Finally, Erie is second only to Philadelphia in the Commonwealth of Pennsylvania for the influx of immigrants. Currently, Nepalese and Bhutanese immigrants are leaving refugee camps in their countries and arriving in Erie on a daily basis. This presents a number of challenges for a region and for the immigrants. Housing is difficult. Communication is difficult. Employment is difficult. Education is difficult and understanding and respecting the immigrants native culture presents challenges for any who interact personally or professionally with our new residents.

Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

<b>Outcomes</b>		
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>

**Erie County Response:**

**Outcome 1: Safety: Children will be safely maintained in their own homes whenever possible and appropriate.**

The best place for children to grow up is in a safe, stable, family environment. As the County has seen placements of youth increase and children having to be placed in shelter care environments, due to no other placements being available, this goal is a priority for the county. The County in doing work with providers on work statements and logic models is attempting to make sure the provider and the county are working on the same problem. Currently, Erie OCY is focusing efforts on direct services and purchased services that will make children safe in their own homes, despite increasing violence and drug use.

**Child Welfare Services within the Grant which support Outcome #1:**

- Multi-Systemic Therapy is an intensive in-home service aimed at diverting primarily delinquent youth from out of home placements. This program serves youth ages 12-18 and is provided by two contracted vendors in Erie County.

- Functional Family Therapy serves youth between the ages of 10 and 18 years who exhibit verbal and physical aggression, truancy and substance abuse, targeted at preventing removal of the child.
- Project First Step (DOULA) serves mothers who are managing mental illness, substance abuse, and/or intellectual disability.
- The Collaborative Intensive Community Treatment Program targets delinquent youth age 12-18 years to decrease the likelihood that they are removed from their home as a result of their behaviors.
- The County's Housing Initiative Special Grant supports children being safely maintained in their own homes, by ensuring that a home is habitable, and that no child will be placed or remain in placement based on housing concerns. This is a direct service offered by Erie OCY.
- Family Group Decision Making supports children staying safely in their homes by providing an enhanced natural support system to aid the family and child in ameliorating conditions which may make the child unsafe.

### **Frequency and Measurement of Provider Outcomes**

Erie County OCY has worked diligently over the last year to develop logic models and work statements for each service; and as such, for each contracted provider. Frequency and Measurement of outcomes occurs in many ways. First and foremost, the engagement and assistance offered to the family and efforts of any system must be used to measure the success of a service. Additionally, through Agency staff, a contracted consultant, and a local university, development of measures in the logic models for providers allow the providers to submit data to Agency staff and the local Civic Institute to look at outcomes on a macro level to determine program efficacy. Specifically, data is provided by the purchased service provider on a quarterly basis. It is evaluated against the stated goals of the program and adjustments are made as necessary.

### **Outcome 2: Permanency: Children have permanency and stability in their living arrangement.**

Outcome #2 dovetails very nicely with Safety Outcome #1. In both cases, the county focuses its efforts at maintaining the child in his/her own family. When that can't be accomplished, extended family and kin will be located and evaluated as placement options and connections for this child. When those options cannot safely maintain the child, the Agency will move swiftly to locate a permanent and stable housing environment for the child. The Agency's 2013 Quality Service Review, indicates that Erie meets timely permanence for children 73% of the time. Benchmark #1 for the 2014/2015 County Needs Based Plan and Budget was placement stability. This indicator is improving with the rate dropping in FY 13/14 to 2.25 placements per child. The stated goal in the Needs Based Budget is to have no more than 2 placement moves per child/per placement episode. The rate is still high and needs to continue to decline. The County needs to promote services and activities that increase the rate of permanency and stability in children's home environments.

### **Child Welfare Services within the Grant which support Outcome #2:**

- Multi-Systemic Therapy is an intensive in-home service aimed at diverting primarily delinquent youth from out of home placements. This program serves youth ages 12-18 and is provided by two contracted vendors in Erie County.
- Functional Family Therapy serves youth between the ages of 10 and 18 years who exhibit verbal and physical aggression, truancy and substance abuse, targeted at preventing removal of the child.
- Project First Step (DOULA) serves mothers who are managing mental illness, substance abuse, and/or intellectual disability.
- The Collaborative Intensive Community Treatment Program targets delinquent youth age 12-18 years to decrease the likelihood that they are removed from their home as a result of their behaviors.
- The County's Housing Initiative Special Grant supports children being safely maintained in their own homes, by ensuring that a home is habitable, and that no child will be placed or remain in placement based on housing concerns. This is a direct service offered by Erie OCY.
- Family Group Decision Making supports children staying safely in their homes by providing an enhanced natural support system to aid the family and child in ameliorating conditions which may make the child unsafe.

### **Outcome 3: Child and Family Well Being: Children receive appropriate services to meet their educational needs.**

From birth, a child progresses through a series of stages of learning and development. This offers great potential for development, but it also creates vulnerabilities if the child/youth is not actively engaged in developmental, educational, and or vocational processes that will enable him to build skills and functional capabilities. Results of the Quality Service Review in Erie County, (July 2013), indicate that only 62% of the youth fell into an acceptable category of academic success.

- Family Group Decision Making/Family Team Meetings: Coordination of care and supports to a child and family are critical to the success of the child. As previously discussed, Family Group Decision Making is used in Erie County to identify bottom line family issues and resolve them through family/natural supports decisions. Erie OCY will begin in the 14/15 fiscal year to open cases through a FGDM conference where the Agency establishes the bottom lines, but the family constructs their own plan. Additionally, family team conferencing will be an added dimension of service under the FGDM contracts to ensure good quality case coordination. Proper assessment of children's educational needs and inclusion of educational partners will be a key to this process. Monitoring of the outcomes will be completed in the first year by measuring the number of family cases opened through FGDM and assessing what percentage had educational involvement and outcomes listed in the family service plan. Evaluation of this outcome will be completed by OCY data analysis staff, and expectations will be that

85% of the cases opened through this process in FY 14/15 will have educational components in the Family Service Plan and that the educational partners will be identified and included in the process.

- Alternatives to Truancy will assist primarily immigrant families in prioritizing education, providing individualized plans for assistance with graduated levels of intervention and sanctions which promote attendance. An emphasis will be placed on improving the student's self-esteem.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<b>Program Name:</b>	Multi-Systemic Therapy
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	Y			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

This program serves youth ages 12-18 years who are exhibiting/externalizing behavior and who reside with a caregiver that is willing to participate in the services. MST-PSB (Problem Sexual Behaviors) is a service for youth (not diagnosed with a pervasive developmental disorder) ages 10-18 who have committed a sexual offense and who reside with a caregiver that is willing to participate in services. Youth referred to MST will be diverted from out of home care or MST will be used to step youth down more successfully from out of home care placements. Targeted outcomes include an 85% completion rate of the MST program, with 90% of the youth referred pre-placement remaining in their homes. Outcomes include stronger family functioning and placement prevention as well as successful community re-entry after placement. MST has proven to be a very useful tool at modifying parents responses to youth with many types of

maladaptive behaviors. Two providers, Harborcreek Youth Services and Family Services of Northwest Pennsylvania contract with Erie OCY to provide these services.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Youth age 10-18	Youth age 10-18
# of Referrals	125	93
# Successfully completing program	60	42
Cost per year	\$205,458	\$180,520
Per Diem Cost/Program funded amount	\$50.43/hr.	\$50.43/hr.
Name of provider	FSNWPA & HYS	FSNWPA & HYS

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Program Name:	Functional Family Therapy
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>		
Continuation from 2013-2014	Y		
New implementation for 2014-2015			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
		<b>X</b>	<b>Expanding</b>

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Functional Family Therapy is a family based prevention and intervention program that can be applied successfully to treat a range of behaviors with high risk youth, between the ages of 10 and 18 years. The exhibited behaviors referred for this intervention include physical and verbal aggression, truancy, and substance abuse. Family Services of Northwest PA is the contracted provider of this service and outcomes have shown that the program is being consistently provided according to the model, and although the stated target of 70% of cases will be closed in the 13/14 fiscal year attaining a composite assessment score of 3 or above was not hit, the model is successfully treating youth within their own families and diverting them from removals or returning them home sooner.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Youth age 10-18	Youth age 10-18
# of Referrals	77	86
# Successfully completing program	43	59
Cost per year	\$44,820	\$69,578
Per Diem Cost/Program funded amount	\$53.66/hr.	\$53.66/hr.
Name of provider	Family Services	Family Services

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Erie County utilizes the intervention of Family Group Decision Making as a means of family and natural supports engagement. Through the engagement of family, kin, and other natural supports, children can be safely maintained in their home of origin or in the home of a relative and experience less trauma related to removals. Additionally, the burden of resolving child safety issues is spread to a group of interested individuals, and is no longer solely the responsibility of the Agency. Additionally, many bottom line family issues other than safety can be resolved including well-being and permanency related activities. Moving forward into 14/15 and beyond, the county intends to greatly expand its use of FGDM. All cases that are transitioning from the Intake Program to the On-going program will have a FGDM conference at the transition to ensure that all parties are engaged and aware of the reason for case opening, and to develop the Family Service Plan. The family team will develop the service plan, creating more engagement and more family buy-in in completing the goals of the plan. Two providers in Erie County are contracted to facilitate and coordinate family group conferences.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Age 0-18	Age 0-18
# of Referrals	149	215
# Successfully completing program	115	161
Cost per year	\$326,993	\$329,993
Per Diem Cost/Program funded amount	\$2500/initial conf., \$750 follow up conf.	\$2500/initial conf., \$750 follow up conf.
Name of provider	FSNWPA &UCFSC	FSNWPA &UCFSC

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Program Name:	PA Promising Practices Dependent: Project First Step
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Project First Step is a program for expected mothers who are managing pregnancy and mental illness, intellectual disability, physical impairments, mother's at risk of having a medically fragile child, and/or substance addictions. Project First Step will also work with mothers that experience problems such as domestic violence, homelessness and poverty. Services are aimed to divert these mothers from involvement in the child welfare system, provide family support while ensuring the health/safety of the expectant mother and unborn child. Parent's will be working on developing their own informal support system and resources specific to their needs or the needs of their child. The Project First Step program fits nicely with Erie OCY's outcomes of maintaining children safely in their home and providing permanency in their living arrangements. Outcomes will be monitored by the Mercyhurst University Civic Institute on a quarterly basis. The service will be provide through a contract with Erie Homes for Children and Adults.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Expectant mothers	Expectant mothers
# of Referrals	70	70
# Successfully completing program	58	58
Cost per year	\$88,500	\$88,500
Per Diem Cost/Program funded amount	\$7.04/qtr. hr.	\$7.04/qtr. hr.
Name of provider	Erie Homes for C&A	Erie Homes for C&A

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Program Name:	PA Promising Practices-Delinquent: Collaborative Intensive Community Treatment Program
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Please indicate the status of this program:

Status	Enter Y or N		
	Continuation from 2013-2014	Y	
New implementation for 2014-2015			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
		X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The Collaborative Intensive Community Treatment Program (CCITP), serves 12-18 year old youth in the JPO and OCY programs, with the stated goal of decreasing the likelihood that children are removed from their homes, and also reducing the length of stay of youth in placements by returning them safely home sooner by providing a continuum of services from behavioral interventions to treatment/counseling to educational supports 7 days per week. This is instead of removing a child and placing them in a residential treatment program, and allowing them to be home with their family at night and attend their own school. The goals of CCITP are to: To provide and

opportunity for youth to remain in the community, to utilize community resources to address and reduce behavioral problems and, therefore, avoid residential placement, to provide an atmosphere through which problem solving and individualized treatment planning can be undertaken by the client, the family, and referring agency to reduce the possibility of further behavioral problems, to increase involvement of the family with the client to address behavioral problems which could lead to residential placement, to increase the potential for successful completion of educational goals, to reduce the potential for future referrals to the court, and therefore, reduce the rate of recidivism, to provide cost efficient intervention other than residential placement, group homes, or institutions, and to provide for early reintegration of youth currently in placement, reducing placement by an average of 45 days. Project goals fit with the County's outcomes. Outcomes of the program are being monitored by Agency data staff and the Mercyhurst Civic Institute through a formalized evaluation plan and the provider submitting quarterly data. The service is contracted to one provider, Perseus House.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Youth age 12-18	Youth age 12-18
# of Referrals	69	69
# Successfully completing program	51	51
Cost per year	\$366,951	\$366,951
Per Diem Cost/Program funded amount	\$91.32/day	\$91.32/day
Name of provider	Perseus House	Perseus House

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Program Name:	Alternatives To Truancy
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The Alternatives to Truancy program provides diversion from truancy focusing on Erie's atypically large immigrant population. As previously discussed, the city of Erie has a large and growing immigrant population. Services from the ATT program include providing individualized plans for assistance in remediating truancy, with graduated levels of interventions and graduated levels of sanctions for truant behaviors. The program also promotes the child and families engagement and connections to the community and school. Goals of the program are to make education a priority for children and families, to provide individual plans that are tailored to meet the needs of specific children and their families situations, to provide immediate and graduated sanctions and interventions for truant behaviors, to reduce truancy and increase child self esteem and academic performance, and to promote the child and families participation in behavioral health interventions, strengthen parenting through parenting and bonding classes and make connections for families to other services that are of value or need to them. Two providers in Erie contract to provide this service, the Multi-Cultural Resource Center and the Booker T. Washington Family Center. Truancy has been identified in the Erie community as a serious issue. Many different initiatives are currently underway, including one that includes State Parole agents, another that includes all strategies and is under the leadership of one of the county Judge's and other individual school initiatives that work with the OCY office truancy unit. This goal fits with the outcome of make sure that children receive appropriate services to meet their educational needs.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Youth age 5-16	Youth age 5-16
# of Referrals	60	90
# Successfully completing program	43	78
Cost per year	\$180,000	\$180,000
Per Diem Cost/Program funded amount	Multiple per diems per each contract.	Multiple per diems per each contract.
Name of provider	MCRC/BTW	MCRC/BTW

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

<b>Program Name:</b>	Housing Grant Initiative
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>		
Continuation from 2013-2014	Y		
New implementation for 2014-2015			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015			
Requesting funds for 2014-2015 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The Housing Initiative grant with perhaps the most key grant to meeting stated outcomes. This grant is responsive and flexible to meet the needs of families immediately-needs that if they were not met, the child(children) would have to leave the family home. This grant remediates housing problems that parents have that would make the child/family homeless or their home uninhabitable. Situations that would otherwise lead to removals. Rent is paid, utilities are turned on or kept on, beds are purchased, and minor home construction or pest removal, are all ways this grant is

utilized to keep kids in habitable homes without removing them. It also allows the county to return them home faster by remediating some of these situations prior to returning home. No child should be removed from their family, or be kept in placement because of a housing situation that can be fixed, which fits with the outcomes of children being safely maintained in their own homes and children having permanency and stability in their living arrangements. The county manages this grant internally and provides direct payment to vendors/utility companies who are assisting the family.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Dep. and Del. Youth	Dep. and Del. Youth
# of Referrals	209	211
# Successfully completing program	N/A	N/A
Cost per year	\$99,600	\$99,600
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	ECO CY	ECO CY

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

### **DRUG and ALCOHOL SERVICES**

This section should describe the entire substance abuse system available to county residents incorporating all supports and services provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should include:

1. Information regarding access to services;
2. Waiting list issues;
3. Coordination with the county human services system;

4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

#### **Erie County Response:**

The mission of the Erie County Single County Authority is to develop and maintain a comprehensive drug & alcohol delivery system that makes available all necessary prevention, intervention, treatment and recovery-focused services to the citizens of Erie County with substance abuse problems.

The Erie County Office of Drug and Alcohol Abuse monitors programmatic and fiscal components of the treatment provider contracts on an annual basis. Additionally, the Erie County SCA is monitored annually by the Department of Drug and Alcohol Programs.

Systemically, Erie County Office of Drug and Alcohol Abuse has available via contract all PCPC levels of care to its residents (with the vast majority being delivered within the County). Waiting lists are infrequent but can occur for those seeking halfway house. Erie County has adequate capacity for its own residents but beds are often utilized by consumers from surrounding counties as well.

Erie County Office of Drug and Alcohol Abuse is well integrated into the community's systems. Currently working relationships/programs are in place with OCY, Juvenile and Adult Probation, State Parole, Mental Health, Developmental Disabilities, the County Prison, County CCC, the State CCC and the County managed care provider.

One of the emerging trends is the increased reports of heroin addiction and overdosing. This has led to longer detoxification stays and longer residential inpatient treatment. The Erie County Office of Drug & Alcohol Abuse is continuing to monitor this trend and the impact on the current system.

- BHSI Funding

Behavioral Health Service Initiative (BHSI) funds are used to serve those individuals who are uninsured, who do not have insurance that covers the service they need, or who cannot obtain Medical Assistance benefits. Types of Service (and providers) that may be covered by this funding source can include:

- Detoxification – Gaudenzia and Millcreek Community Hospital
- Residential: Short and Long-Term – Gaudenzia, Deerfield, Gateway, Turning Point, Pyramid, White Deer Run, Colonial House, and Stepping Stones
- Halfway House – Gaudenzia
- Acute Partial – Pyramid
- Partial Hospitalization – Pyramid
- Outpatient and Intensive Outpatient – Pyramid, Stairways, Gateway, White Deer Run, Catholic Charities and Gaudenzia

- Act 152 Funding  
Act 152 provides funding for Non-Hospital Residential Detoxification and Rehabilitation services for persons eligible for MA. Act 152 provides funds to bridge the gap between the time a consumer presents for services and eligibility for Medical Assistance is obtained. Non-Hospital services (and providers) that may be covered by this funding source can include:
  - Detoxification – Gaudenzia
  - Residential: Short and Long-Term – Gaudenzia, Deerfield, Gateway, Turning Point, Pyramid, White Deer Run, Colonial House
  - Halfway House – Gaudenzia

## **Target Populations**

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

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

Our SCA Policies and Procedures assure services for all population groups.

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

Our SCA Policies and Procedures assure services for all population groups.

- **Transition Age Youth (ages 18 to 26)**

Our SCA Policies and Procedures assure services for all population groups.

- **Adolescents (under 18)**

Our SCA Policies and Procedures assure services for all population groups.

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

Our SCA Policies and Procedures assure services for all population groups. Current contracts are in place with Outpatient and Inpatient providers that offer mental health and substance abuse services. Also, we contract with a local provider of Acute Partial services which provides additional psychiatric support.

- **Criminal Justice Involved Individuals**

Erie County Office of Drug and Alcohol Abuse has a robust array of services and linkages with Criminal Justice-Involved individuals. We have strong relationships with

adult and juvenile probation offices as well as state parole. Services to criminal justice involved individuals include: Stairways Forensic, Cromisa, Case management, screening and assessment in prison, and Treatment Court.

- **Veterans**

This office serves any veteran currently not receiving benefits from the veterans. Our SCA policies and procedures assure services for all population groups. Erie County is currently preparing to begin a Veterans Treatment Court and the SCA will participate as needed.

- **Racial/Ethnic/Linguistic minorities**

The office contracts for services to the Latino population, these services include: prevention, intervention as well as outpatient treatment services.

Erie County is a hub for immigration and refugee relocation and assesses and services a variety of refugee populations and minorities.

### **Recovery –Oriented Services**

Describe the current recovery support services available in the county and any proposed recovery support services being developed to enhance the existing system. Address any challenges in moving toward a recovery-oriented system of care in the county.

Our local service providers have embraced the ROSC philosophy by focusing on the non-treatment needs of the client and incorporating these needs/solutions into the treatment plan. At the time of the assessment, information is provided regarding treatment, accessible services, continuing care and recovery support (GED, NA, AA, etc.)

The SCA and MCO Community Care Behavioral Health have been exploring the training components necessary for Certification of Recovery Specialists. We hope that this process can be completed within the next Fiscal Year.

**HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:

**Erie County Response:**

Human Services Development Fund (HSDF) traditionally was used to support needed community services that fell outside the mainstream Department of Human Services (DHS) area. As funds decreased, it was decided that Erie would focus on services that were vital for people to survive: food, shelter and transportation for people with disabilities. Clients meet the monthly gross income levels as set by the Human Services Development Fund requirements.

- Food programs

For home delivered meals and congregate meals for people aged 60 and older. Each client is delivered two meals per day, five days per week. Home delivered meals are for people with disabilities and congregate meals are delivered for people utilizing services in the Erie County at senior citizens centers.

- Shelter services

Protective services for homeless persons. Funded services are on a unit basis that reimburses the agencies for a night of stay for people who are homeless and have a mental illness. The services allows for people to be safe while a goals plan is developed for permanent housing. We currently contract with 4 local homeless shelters. Case Managers address causes of homelessness and make appropriate referrals to other main stream agencies.

- Transportation services

Funded for people with disabilities that need transportation to medical appointments, rehabilitation services, and/or employment. Individuals do not all qualify for free or reduced services depending on the Medical Assistance HMO that they signed up for and the costs of getting to the appointments would cause an undue burden on their limited resources.

	Estimated / Actual Individuals served FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	315	315
Aging Services	171	171
Generic Services	0	
Specialized Services	0	

**Adult Services:** Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

In Erie County HSDF funded services for adults focus on transportation and shelter, as mentioned above. The estimated expenditures are:

Home Delivered Meals	\$67,316
Protective Services	\$103,687

Transportation \$31,009

**Aging Services:** Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

The Erie County Human Services Block Grant serves the aging population by providing transportation services and congregate meals. Erie County utilizes funds for transportation services to assist The Foster Grandparent Program. The program currently consists of fifty-five (55) volunteers who are within a low-income, category and fifty-five (55) years old and older. Each Foster Grandparent will volunteer fifteen to forty (15-40) hours a week at a specified volunteer station that works with children who are at risk. Seniors are recruited and then interviewed to determine appropriateness and eligibility for participation in the program. Once hired, seniors receive approximately twenty (20) hours of pre-service training. These funds enable Foster Grandparents to use either the LIFT (MATP) services or be reimbursed for transportation to and from their volunteer stations. The Human Services Development Fund will pay for some of the estimated 21,000 total trips FGP's make each year. Congregate meals are provided by a local nonprofit at all of the senior citizen locations in Erie County. All meals are prepared by all State and Federal guidelines and people receive a snack to take home with them. The estimated expenditures are:

<u>Congregate Meals</u>	<u>\$80,189</u>
<u>Transportation</u>	<u>\$9,023</u>

**Generic Services:** Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

There are no current or anticipated funds used for Generic Services.

**Specialized Services:** Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

There are no current or anticipated funds used for Specialized Services.

**Interagency Coordination:** Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.

There are no current or anticipated funds used for Interagency Coordination.

If you plan to utilize HSDF funding for other human services, please provide a brief description of the use and amount of the funding.

There are no current or anticipated funds used for other human services.

# **Appendix C**

## APPENDIX C-1 - BLOCK GRANT COUNTIES

### HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

**Directions:** Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:

**Estimated Clients** – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).  
**HSBG Planned Expenditures** – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures must equal the HSBG Allocation.

**Non-Block Grant Expenditures** – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

**County Match** - Please enter the planned county match expenditures in the applicable cost centers.

**Other Planned Expenditures** – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

**Block Grant Administration** - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

\*Use the FY 13-14 Primary Allocations for completion of the Budget\* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	22		227,637	0	2,313	0
Administrator's Office			0	0	0	0
Administrative Management	6,361		1,652,256	89,582	11,658	0
Adult Developmental Training	0		0	0	0	0
Children's Evidence Based Practices	0		0	0	0	0
Children's Psychosocial Rehab	1,653		235,435	0	19,703	0
Community Employment	0		0	0	0	0
Community Residential Services	261		3,904,710	0	83,153	0
Community Services	1,862		267,179	0	1,447	0
Consumer Driven Services	3,752		257,417	0	12,086	0
Crisis Intervention	1,606		1,304,202	0	31,734	0
Emergency Services	468		238,076	0	19,924	0
Facility Based Vocational Rehab	0		0	0	0	0
Family Based Services	86		439,703	0	36,797	0
Family Support Services	3,513		341,788	0	15,632	0
Housing Support	216		99,856	0	5,511	0
Other	0		0	0	0	0
Outpatient	11,688		3,344,920	0	136,388	0
Partial Hospitalization	2		923	0	77	0
Peer Support	188		117,896	0	6,512	0
Psychiatric Inpatient Hospitalization	0		0	0	0	0
Psychiatric Rehabilitation	180		583,992	0	16,105	0
Social Rehab Services	1,629		423,514	0	19,992	0
Targeted Case Management	762		1,243,157	0	20,452	0
Transitional and Community Integration	0		0	0	0	0
<b>TOTAL MH SERVICES</b>	<b>34,249</b>	<b>14,956,021</b>	<b>14,682,661</b>	<b>89,582</b>	<b>439,484</b>	<b>0</b>

**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			186,524	0	5,696	0
Case Management	397		554,112	0	46,521	0
Community Residential Services	8		673,266	0	49,531	0
Community Based Services	1,098		1,118,778	0	85,164	0
Other	33		326,591	0	32,465	0
<b>TOTAL ID SERVICES</b>	<b>1,536</b>	<b>3,949,116</b>	<b>2,859,271</b>	<b>0</b>	<b>219,377</b>	<b>0</b>

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	45		73,810		0	0
Case Management	0		0		0	0
Rental Assistance	1,350		451,822		0	0
Emergency Shelter	150		50,795		0	0
Other Housing Supports	60		167,099		0	0
<b>TOTAL HAP SERVICES</b>	<b>1,605</b>	<b>773,864</b>	<b>743,526</b>		<b>0</b>	<b>0</b>
<b>CHILDREN &amp; YOUTH SERVICES</b>						
Evidence Based Services	394		550,402		28,969	0
Promising Practice	139		409,516		43,835	0
Alternatives to Truancy	90		162,000		18,000	0
Housing	211		84,660		14,940	0
<b>TOTAL C &amp; Y SERVICES</b>	<b>834</b>	<b>1,206,578</b>	<b>1,206,578</b>		<b>105,744</b>	<b>0</b>
<b>DRUG AND ALCOHOL SERVICES</b>						
Inpatient non hospital	333		873,433		0	0
Inpatient Hospital	23		90,261		0	0
Partial Hospitalization	14		42,212		0	0
Outpatient/IOP	306		245,278		0	0
Medication Assisted Therapy	0		0		0	0
Recovery Support Services	0		0		0	0
Case/Care Management	278		84,235		0	0
Other Intervention	0		0		0	0
Prevention	0		0		0	0
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>954</b>	<b>1,422,185</b>	<b>1,335,419</b>		<b>0</b>	<b>0</b>
<b>HUMAN SERVICES AND SUPPORTS</b>						
Adult Services	315		202,012		0	0
Aging Services	171		89,212		0	0
Generic Services	0		0		0	0
Specialized Services	0		0		0	0
Children and Youth Services	0		0		0	0
Interagency Coordination	0		0		0	0
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>486</b>	<b>323,582</b>	<b>291,224</b>		<b>0</b>	<b>0</b>
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			<b>1,512,667</b>		<b>61,216</b>	
<b>GRAND TOTAL</b>	<b>39,664</b>	<b>22,631,346</b>	<b>22,631,346</b>	<b>89,582</b>	<b>825,821</b>	<b>0</b>