

Introduction

Background: York County has a long tradition of providing for the needs of its citizens. A county's prime responsibility, according to the County Code and Commonwealth Law, is to act in concert with the commonwealth to carry out a variety of services to meet the needs of its citizens. As a result of the state government shifting programs from the state to county level, the York County Commissioners developed and assigned the management of human service programs to a central administrative office, the York County Human Services Department.

The York County Human Services Department oversees the following human services related agencies:

- York/Adams Drug and Alcohol Commission
- York/Adams HealthChoices Management Unit
- York/Adams Mental Health-Intellectual and Developmental Disabilities Program
- York County Area Agency on Aging
- York County Office of Children, Youth & Families
- York County Youth Development Center
- York County Department of Veterans Affairs

It is the mission of the York County Human Services Department to provide equal access to services for the safety and well-being of all eligible residents, in a timely and cost effective manner. In order to accomplish this mission, York County strives to protect vulnerable children and adults, support communities and families in raising children who develop to their fullest potential, meet the basic needs within our community, and build healthy communities and self-reliant individuals.

Focus: This coordinated York County Human Services Plan will describe how the funding for the following funding streams will be utilized in order to serve York County residents in the least restrictive setting that is most appropriate for their needs. The Departments and funding streams included in this plan are:

- York County Human Services Department
 - Homeless Assistance Program, Human Services Development Fund
- York County Office of Children, Youth & Families
 - Special Grants
- York/Adams Drug & Alcohol Commission
 - Drug & Alcohol Act 152, BHSI
- York/Adams Mental Health-Intellectual and Developmental Disabilities Program
 - Mental Health Services- Community Programs
 - Intellectual Disabilities- Community Base Programs, Behavioral Health Services

County Planning Process

Stakeholder Involvement

The York County Human Services Division conducts a great amount of outreach in its planning efforts which include the funding streams incorporated in the York County Human Services Plan. A critical piece of the planning process involves assessing the needs within the community. York County accomplishes this by performing the functions enumerated below.

HS Coordinated Planning Team: The York County Human Services Division has engaged a group of individuals, including critical stakeholders, to act as the group who initiates the planning activities for the HS Coordinated Plan. This group is comprised of county staff and service providers that solicit consumer feedback and recommendations. Consumers have been invited to participate in the process, but there has not been much interest for full participation at a meeting. Planning Team members group also participate in many other committees and activities in an effort to gather additional stakeholder input. A summary of these activities are included below.

System of Care: A primary vehicle for coordinated planning for the York County Human Services Plan continues to be the System of Care initiative, which York County began in 2011. The System of Care is a philosophy that builds on the benefits of systems integration and the strengths of youth and families. York County currently holds a monthly meeting to discuss needs of consumers and to share funding plans. This is an excellent resource to gather feedback from actual consumers of services. In addition to the Human Service Department leads, the group is comprised of family representatives, youth representatives, a Common Pleas Judge, the Chief Juvenile Probation Officer, and the Executive Director of the Lincoln Intermediate Unit No. 12. On Tuesday, June 9, 2015, representatives from the Human Services Division shared budget and program information with the System of Care Leadership Team. Attendees were offered the chance to ask questions and offer feedback. The participants were also encouraged to attend the Public Meeting on June 25, 2015.

County-Wide Planning and Outreach: The York County Human Services Division is highly visible within the community and is involved in a great deal of systems outreach and networking. Department members frequently meet with consumers, residents, local officials, state officials, members of the judicial and legislative branches of government, non-profit providers, and many other entities to gather feedback and share plans for various funding streams. Feedback gathered from these engagements is valuable in determining and prioritizing the needs of the community.

The York County Human Services Division departments are able to assess community needs through regular contact with contracted providers. In-depth program monitoring and monthly reporting assist departments with understanding the specific needs of providers and consumers.

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

In addition to working with contracted providers, York County Human Services Division personnel gather feedback regarding the funding streams managed via various committees and cross-system initiatives. These outlets are an opportunity to share and hear information representing county-wide interests. A brief summary of these committees are as follows:

- **Continuum of Care-** provides oversight and guidance regarding community issues relating to homelessness and basic needs. Funding streams such as Emergency Solutions Grant (ESG), Emergency Food and Shelter Program (EFSP), and Homeless Assistance Program (HAP) are often topics of discussion during these meetings. Additionally, this group is utilized to share and collect information, assess proposals, and make recommendations for funding.
- **Family Issues Roundtable-** planning meetings result in quarterly breakfast training sessions that focus on information sharing and networking with agency and community participants. The goal of the group is to promote support for and awareness of family dynamics in the delivery of services and in the development of services to meet family and community needs. Meetings are attended by staff, community representatives, and public officials.
- **Children's Roundtable-** the oversight committee for certain children's related groups. The Roundtable works off a consent-driven agenda, where each subgroup sends a report to the roundtable for distribution prior to the meetings. The agendas are based on emerging needs or topics and the group serves as a support and/or mechanism to assist the subgroups. Membership on the Roundtable is cross-discipline and includes representatives from providers, medical, community agencies, and youth.
- **Communities that Care-** a process that uses preventative science research to promote positive youth development and prevent youth behavior problems. The process provides local control and flexibility to maintain support and sustainability and is guided by the results of a survey (Pennsylvania Youth Survey) that is conducted within our York County school system. York County has had exceptional success with this effort, with all but one district participating in the process.

Changes Based on Outcomes

There will be no substantial programmatic or funding changes made as a result of last year's outcomes. Programs continue to be strictly monitored programmatically and fiscally to ensure that York County is receiving the level of service as contracted. In the event that there are excess funds, money will be shifted to the greatest need within a permissible cost center.

Human Services Narrative: Mental Health Services

The York-Adams Mental Health Program is pleased to provide the Fiscal Year 2015-2016 Mental Health Narrative, which will present program highlights that the County Mental Health System has accomplished over the last year and the directions we will be moving forward within the current year. The system continues to make positive, concentrated efforts towards maintaining and furthering a recovery-oriented, high quality, less institutionalized system of care, while providing those supports in the least restrictive environment for adults with serious mental illness, older adults, transition age youth and children under eighteen. The program continues to be mindful of special populations and the unique needs associated with individuals.

Program Highlights

During the past year, notable program highlights the County Mental Health Program has undertaken have resulted in the diversification and enhancement to a number of service initiatives in furtherance of Recovery-Oriented Systems Transformation. Partnerships have further developed between the County Mental Health Program, HealthChoices Management Unit, the service provider network and physical healthcare service providers. One particularly successful program highlight over the past year has been the expansion of a partnered initiative through York Family First Health. The goal is to conduct mental health screening services for those they provide primary healthcare services for, with an emphasis on depressive disorders. This partnership has continued to enhance its outreach to the Hanover and eastern Adams County area and now has secured ample footing into the Gettysburg and Western Adams County Area. This evidenced-based model of integrated healthcare is further supported through funding for outpatient treatment for those individuals who would benefit from that level of support, as determined through the screening process, and do not have adequate health insurance coverage.

In concert with the ongoing integration of physical health and behavioral health treatment and supports, the County MH-IDD Program has partnered with Community Care Behavioral Health and Wellspan Health to introduce a comprehensive model of addressing physical health and wellness as part of recovery in individuals living with serious and persistent mental health conditions. The Behavioral Health Home Plus (BHHP) model enhances the capacity of behavioral health providers to assist individuals in identifying physical health and wellness challenges and activating individuals to become better informed and more effective managers of their overall health. The model uses a wellness coaching model. Case Managers and Certified Peer Specialists serve as 'Health Navigators' to assist in meeting health and wellness goals. Registered nurses are utilized as 'Wellness Nurses', assisting in coordinating care and enhancing communication amongst behavioral and physical health supports. The implementation of this approach began in September 2014.

Throughout the course of the past year, the County Program and its partners participated in the Depression Awareness Campaign, an initiative of Healthy York County Coalition and Healthy

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

Adams County. A website (www.feeling-blue.com) was created for the 10 week campaign which focused on self-management techniques for adults with mild depression to cope with their symptoms.

CommonGround® is a software program designed to support shared decision making in the context of a psychiatric medication clinic. Its use is predicated on the establishment of a peer-run Decision Support Center (DSC) in the waiting area clinic. This initiative supports individuals' self-determination, increases access to resources and peer support, empowers individuals in their use of medication as a tool in the recovery process and further enhances the relationship between practitioners and those seeking treatment. A York and Adams County based service provider has operated a DSC during the past year and there were 937 CommonGround® Health Reports completed by individuals accessing this level of support. The CommonGround® approach is enhanced further by individuals developing and maintaining Personal Medicine Toolkits and Power Statement Toolkits.

Strengths and Needs

While the York/Adams MH-IDD Program has many strengths for target and specialized populations which are served by the behavioral health service system, there are also unmet needs. The following provides a summary of strengths and unmet needs for these unique populations.

Older Adults

Strengths: Representing a procedural strength, the County MH-IDD Program maintains ongoing memorandums of agreement with both the York County Area Agency on Aging and the Adams County Office of Aging, outlining the reciprocating supports of each entity. Another notable strength area is that management from all three agencies participate in an ongoing Personal Care Boarding Home Task Force. The task force addresses issues associated with this level of care and the residents who access supports due to unmet housing needs. The task force also has representation from local personal care boarding home administrators.

Needs: To specifically target unmet needs of this population, the case management partnerships of each office meet regularly to ensure access to psychiatric and mental health supports are effectively accessed. Accessing psychiatric care is an intermittent unmet need York and Adams Counties. Through this partnership, timely access to adequate supports has improved, although remains an area of focus.

Adults

Strengths: Stakeholders note that areas of strength in the service system include offering services which are diverse and individually responsive. However, stakeholders indicate a desire for more consistent availability, often due to capacity related issues. During Fiscal Year 2014-

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

2015 the County Mental Health Program was able to better address access to psychiatry and counseling through increased funding to numerous outpatient mental health service providers, increasing accessibility.

With the input from community stakeholders, the County Program Partners made the decision to expand Extended Acute Care services to include two (2) beds at the Philhaven hospital-based EAC. These beds are utilized for individuals with complicated behavioral health and medical treatment needs that are not met sufficiently at the non-hospital based Extended Acute Care facility in York.

Through the continuance of the Mental Health Matters grant, Adult Mental Health First-Aid trainings were made available to public and private entities alike. Trainings are scheduled moving forward in 2015-2016. Stakeholders targeted for training include state and local level probation services, faith-based institutions, as well as the general public.

Needs: Stakeholders consistently express difficulty in accessing mental health counseling as well as psychiatry. Stakeholders have also shared that securing adequate housing upon release from the criminal justice system remains a high area of need.

Transition-Age Youth

Strengths: A notable strength area for transition-age youth is the availability of youth-sensitive caseworkers being available through supported housing services, resource coordination and intensive case management. A provider of adult community residential rehabilitation services maintains a transition-age, youth-sensitive caseworker, as this population continues to be in increasing need of this level of support. This support staff is a strength area as they are able to focus on this specific population through directing individualized supports geared towards the unique needs of this population.

Another opportunity afforded transition-age youth is a monthly support group operated under the local affiliate of the National Alliance on Mental Illness: York County. Although located in York County, this support group is open to youth who are experiencing mental illness from both York and Adams Counties. NAMI York County has also initiated a support group for the family of transition-age youth. It is intended that this support group be available to parents, guardians and other natural supports of this special population, who are experiencing or have experienced mental illness or emotional disturbances.

Needs: Accessing appropriate residential supports is a recognized unmet need of this population. Through the above noted targeted case support services, transition-age youth are provided with individualized supports to further enhance the skills required for independent living.

Children

Strengths: During the past year, we have seen an expansion in the availability of Children's Outpatient Mental Health Services in a school satellite setting. Having outpatient mental health services located within the educational setting has enhanced access to this level of care. Fiscal Year 2014-2015 saw an increase to six, the number of school districts offering on-site mental health outpatient services through partnerships with the County MH-IDD Program, HealthChoices Management Unit and community-based outpatient services providers. These outpatient services have complemented the roles and efforts of the Student Assistance Programs within the school districts where they are found. It is anticipated that ongoing expansion of the availability of outpatient mental health services in the school settings will continue moving forward.

Through the System of Care (SOC) implementation at the state and local level, the County Program has been active in the roll-outs and ongoing advisory work of the county-Level System of Care. The HealthChoices Management Unit and currently funds and oversees High Fidelity Wraparound in York County.

The County MH-IDD Program, HealthChoices Management Unit and Community Care Behavioral Health participated in discussions with the Northeastern School District in York County, on the planning for the Safe Schools/Healthy Children Grant. Mental Health Providers and the Systems of Care Coordinator also participate. DHS/OMHSAS applied for and received a federal grant from CMS to implement the initiative. OMHSAS is working in collaboration with the Department of Education in administering the grant. Three school districts were chosen in PA to receive the grant and Northeastern School District in York County is one of them. The grant is for 4 years and each year the total for the grant is \$500,000. The goals of the grant activities are to reduce school violence, bullying and to focus on mental health prevention. This first year of the grant was dedicated to planning activities.

During Fiscal Year 2014-2015 the York/Adams HealthChoices Management Unit, through the use of reinvestment funds, expanded the operation of *The Amazing Kids Club*. This service is geared towards children with an autism spectrum disorder. It has successfully operated in Hanover for many years, and this expansion eastward has allowed children, with a disorder of the Autism Spectrum in the York area, better access and engage these supports.

Community Care Behavioral Health, the HealthChoices Management Unit, and Early Intervention continued to partner to offer Building the ABC's, a relationship based approach to early intervention and mental health services, for children ages birth to 5 and their parents/guardians. The goal of the project is to identify parents/guardians of young children who are at-risk for depression and to link those adults to behavioral health services. Two outpatient mental health providers are participating in the initiative by providing Mobile Mental Health Treatment.

The York/Adams HealthChoices Management Unit has undertaken an additional process to address and alleviate the unmet need associated with available psychiatry. During the past fiscal year, Tele-psychiatry has been instituted as an available service for eligible individuals residing in York and Adams Counties. The initiation of this program had begun as a HealthChoices Reinvestment project and will continue to be funded through HealthChoices for eligible individuals. The priority population for the use of telepsychiatry has been children and youth and the forensic population.

Along with the use of Functional Family Therapy and Multisystemic Therapy, Parent Child Interactional Therapy (PCIT) was added as another evidence based option. PCIT was added to the HealthChoices program this year in an attempt to offer a more effective clinical intervention for children aged 2-7.

Needs: During this past year, attention has been made to ensure that entities that are involved with children with emotional disturbances on the periphery had an opportunity to participate in the formal process of Youth Mental Health First-Aid Training. Six separate training sessions occurred during the past year, reaching an audience of approximately 140 persons in the community. Moving forward in 2015-2016 educational support staff and child-centered community organizations such as athletic programs and boy and girl-scout programs will be targeted for hosting Youth Mental Health First-Aid trainings.

These partnerships have been enhanced through efforts to assure all schools in York and Adams Counties is implementing effective policies and procedures in response to ACT 70, which requires school and educational entities to incorporate suicide prevention practices within the educational setting. The County Program is working alongside many of the school districts in efforts to meet this need area.

Stakeholders have also indicated that they have experienced struggles with accessing Child Psychiatric services in a timely manner. Through efforts in partnership with York/Adams HealthChoices Management Unit and Community Care Behavioral Health, enhancements to the availability of Child Psychiatry remains a focus area.

Strengths and Unmet Needs- Special/Underserved Populations

Individuals Transitioning out of State Hospitals

Strengths: As outlined in the County's response to the Pennsylvania Olmstead Plan, the county has processes being put into place to meet the needs of individuals transitioning from the State Hospital level of care. Utilizing the Community Support Plans for all individuals residing and receiving treatment at Wernersville State Hospital, a database is being developed that is inclusive of all individualized components of CSP's. This strength-based approach will serve as the

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

primary resource for all the collective and individual needs for persons receiving this level of support. Every individual's CSP data is entered into the database upon completion and/or update of their Community Support Plans. From the database, the County MH-IDD Program can cull information that will identify what services, supports, and infrastructure will be needed for those individuals upon return to their home communities.

The database is intended to be a living document, subject to change based upon the dynamic needs of the persons we serve. The County will have a fully encompassing, current representation of the community based support needs of each individual receiving treatment and support at Wernersville State Hospital.

There are specific efforts currently being undertaken by the County MH-IDD Program to establish a third Specialized Community Residence in our community. Through the Community Hospital Integration Project Program (CHIPPP) this enhanced Personal Care Boarding home will be located in Adams County, just outside of Gettysburg. The discharge of three individuals, residing and receiving treatment at Wernersville State Hospital, to this facility will ease the County MH-IDD Program's dependence upon the State Hospital level of care, in accordance with the Commonwealth's Olmstead Plan. This proposal will also allow up to an additional five individuals the opportunity to access this level of support. Since the closure of Harrisburg State Hospital, we have realized significant success with this model in the community, first through the operation of only one facility, to subsequently offering a second model of this residential support, and now executing plans to establish a third such residential services and support program. It is anticipated that this program will be fully operational prior to the conclusion of calendar year 2015.

Needs: The information contained in the Wernersville State Hospital CSP Database can then be cross-referenced with the existing services and supports currently available in the community and identify any unmet needs. By cross-referencing both sets of information, the county will know exactly what areas of support are sufficient in meeting the needs of these individuals, and what areas of support are unmet and should be further enhanced, newly developed or altered accordingly. This cooperative planning approach could be best suited in meeting the specialized needs of the following individuals who have/are: a dual diagnosis of mental illness and an intellectual disability, a dual diagnosis of mental illness and substance abuse, a dual diagnosis of mental illness and physical disability, a dual diagnosis of mental illness and acquired brain injury, returning from incarceration, deaf, homeless, elderly, medically fragile, and do not speak English.

Many of the individuals that need supports identified as special populations could access Home and Community Based Waivers through the Office of Developmental Programs or the Office of Medical Assistance Programs. The funds secured under these waivers could be leveraged with existing funding, or enhanced with funding made available in response to the closure of state

hospitals. Similar efforts were incorporated following the closure of Harrisburg State Hospital, and continue today.

Co-occurring Mental Health/Substance Abuse

Strengths: The County Mental Health Program has undertaken the training needs of a local service provider who is introducing an evidenced based model to treat co-occurring disorders. The service provider has implemented the *Hazeldon* Co-Occurring Mental Health and Substance Abuse Program in York and Adams Counties. This model integrates both Mental Health and Substance Use/Abuse Treatment on an outpatient basis. This highlighted partnership between the Mental Health Program and York/Adams Drug and Alcohol Commission to initiate this process has grown out of an ongoing recognition to meet the needs of the co-occurring disorders population by providing an additional targeted co-occurring treatment model in the community. Having additional treatment providers that specialize in treating co-occurring disorders will alleviate the unmet needs by expanding the availability to many who face barriers to access due to high levels of service utilization.

Needs: To augment the array of treatment resources for consumers engaged in Substance Use Disorders services, the York/Adams HealthChoices Management Unit issued a Request for Proposal (RFP) for a local halfway house. As a free-standing setting located within York County, the halfway house will serve as a community-based residential treatment and rehabilitation facility, providing services for chemically dependent individuals in a supportive, drug-free environment. The target population will be Medical Assistance enrolled adult men.

Justice-involved Individuals

Strengths: York County continues to operate our Mental Health Court under the same auspices as we did starting in 2005, and this remains a very successful strength area. The York County Mental Health Court was nationally recognized in early 2011 as a Model Example of Treatment/Diversion Programs. By uniquely and individually supporting justice-involved individuals through the York County Mental Health Court, appropriate services are provided in a recovery-based setting, diverting this special population from incarceration while allowing these individuals to actively engage recovery processes while living in the community. This program has a less than 10% 3- year recidivism rate and less than 5% 2-year recidivism rate.

Also of relevance in regards to diversion, York County has implemented the nationally recognized training curriculum of the Memphis Model of Crisis Intervention for police officers. To date 76 police officers in York County have been trained in the Memphis Model of Crisis Intervention. Adams County is also engaged in the process of training law enforcement in the Memphis Model of Crisis Intervention and hosts trainings under this curriculum quarterly.

Also a notable strength, Mental Health Caseworkers have collateral support of individuals being served through Drug Court, DUI Court and Veterans Court in York County. These case workers

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

are able to individually direct supports and services for the special populations involved in Drug & DUI Courts and Veterans Court, with an emphasis on co-occurring disorders and veterans related or trauma related issues. This endeavor is a partnership between York/Adams MH-IDD Case Management and York/Adams Drug and Alcohol Commission and is designed to better address unmet psychiatric needs of these populations.

Needs: For justice-related individuals who are from or involved in the Adams County Court System, Justice Related Case Management is available through the County MH-IDD Program directly at the Adams County Adult Correctional Complex. The program does include an outreach case worker who ensures access to the appropriate level of community-based psychiatric treatment while an individual is incarcerated. This service is available in addition to the existing psychiatric services already available through the facility's medical services. This program has shown benefit with reducing length of prison terms as well as establishing an individualized treatment program for individuals upon release from legal custody. Through this process, we have been better suited to address the unmet psychiatric needs of this population more effectively; however this remains an area of continued concentration, as accessing timely psychiatric services upon transition from legal custody to community re-introduction can be an intermittent unmet need of this population, based on unique circumstances.

As noted above, stakeholders have also shared the difficulty that is sometimes encountered when an individual is being released from the criminal justice system and has immediate housing needs. Securing adequate housing upon release from the criminal justice system remains a need area that is addressed on an ongoing basis.

Veterans

Strengths: Wellspan Behavioral Health hosts a Veterans PTSD Group that operates under the Veterans Administration recommended *Seeking Safety Model*. This strengths-based endeavor is also partnered with the York County Veterans Court. An additional support group has been established for individuals in the community who suffer from post-traumatic stress disorder, whether related to military involvement or not. Stakeholder feedback regarding these support groups has been positive, with many who attend feeling these programs address unmet needs by firmly establishing a local network of individuals with shared traumatic experiences.

Needs: As community based providers continue to serve a larger number of veterans, it has been identified as an area to expand and further develop competency and skills within the service system to better provide directed supports in addressing the unmet psychiatric and emotional needs of this population.

Many service providers have also recognized the need for expedited identification of veteran status for individuals accessing psychiatric and behavioral supports. Early identification of veterans accessing supports can better assist in accessing appropriate services. The ongoing need for early identification remains a priority of the local mental health service system.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI):

Strengths: An additional notable program highlight is that during Fiscal Year 2014-15, the County Mental Health Program has initiated a partnership with Alder Healthcare Services, Inc. Through this relationship, individuals that identify as a member of the LGBTQ community will be afforded the opportunity to have their mental health and psychiatric needs met through more directed outpatient treatment, as indicated, should they choose to utilize this provider. The provider is recognized as having a specialization in meeting the unique needs associated with this special population and has extensive experience in serving this special population. Through this partnership, the County Mental Health Program is now more effectively addressing this unmet need through the partnership with Alder Healthcare Services.

Needs: By having more directed supports available for the LGBTQI community, it is believed that individuals that identify with this special population will find the supports provided are more sensitive to their unique needs. The local service system will continue to emphasize access to specialized supports, and the expansion of specialized supports in this regard would better enable an appropriate response to this ongoing need.

Racial/Ethnic/Linguistic Minorities

Strengths: Nearly all of the local community-based service providers maintain staff that is bilingual and more culturally sensitive to the needs of the Spanish speaking population. In addition, there is a community-based provider who offers a social rehabilitation program designed specifically for the Spanish speaking population. Through programs such as the *Senderos Social Rehabilitation Program*, partnerships have been established and continue to grow with the local Latin American Center, a resource frequently utilized as the first step for this special population to access community-based supports. The HealthChoices program also recently adding a Spanish Outpatient provider who is located in a neighboring county.

Additionally the System of Care board has approved a cultural and linguistic subcommittee that has been formed to address the areas such as assessing our ability to provide culturally competent services, the use of translation services, staff training and other issues. This committee will include representatives from the different human services departments whose aim will be to assess the needs and implement division wide changes which will enhance our ability to adequately work with individuals in a more holistic manner.

Needs: Stakeholder feedback has indicated that some individuals in this special population may be reluctant to access psychiatric and behavioral health supports. Through these culturally sensitive initiatives, it is believed access to appropriate services has and continues to increase, thus improving upon this unmet need. Continued outreach and partnership with culturally representative entities will also impact this need area as community-based supports become more familiar with each other's role in the community.

Recovery-Oriented Systems Transformation

In accordance of our Recovery-Oriented Systems Transformation, the County MH-IDD Program has begun discussions with our community-based service providers about expanding the availability of Certified Peer Specialist Services within our community during the upcoming fiscal year. Currently, there is not a provider of this service for individuals that are not Medical Assistance eligible. While engaged with service providers to discuss fiscal year 2015-16 service budgets, the County MH-IDD Program indicated a desire to establish or expand upon the availability of Certified Peer Specialist Services, particularly for the under and uninsured. Based upon proposed statewide allocations for the operating 2015-16 fiscal year, the County MH-IDD Program will partner in bringing this potential to reality. Tracking of the implementation of this recovery-oriented systems transformation will be undertaken by the County MH-IDD Program.

The County MH-IDD Program will continue its implementation and expansion of the Behavioral Health Home Plus integrated care initiative during the upcoming year. While currently being utilized as an introductory practice for adults eligible for and receiving Intensive Case Management services, the partners for this endeavor will expand its reach to include adults eligible for and receiving the Resource Coordination level of case management during the upcoming fiscal year. Funding for this initiative is undertaken by Community Care Behavioral Health, and the outcomes related to this Recovery-Oriented System Transformation will continue to primarily be undertaken by York/Adams HealthChoices Management Unit and Community Care Behavioral Health. This priority will continue to be tracked through utilization and service quality reviews, as well as both formal and informal stakeholder feedback.

As mentioned above and restated here, there are specific efforts currently being undertaken by the County MH-IDD Program to establish a third Specialized Community Residence in our community. Through a Community Hospital Integration Project Program (CHIPP) funding opportunity, this enhanced Personal Care Boarding home will be located in Adams County, just outside of Gettysburg. The discharge of three individuals, residing and receiving treatment at Wernersville State Hospital, to this facility will ease the County MH-IDD Program's dependence upon the State Hospital level of care. This proposal will also allow up to an additional five individuals the opportunity to access this level of residential support. It is anticipated that this program will be fully operational prior to the conclusion of calendar year 2015. The County MH-IDD Program will track the implementation and outcomes of establishing this program, along with the Department of Human Services Office of Mental Health and Substance Abuse Services.

Intellectual Disability Services

Narrative and Continuum of Services: The base service allocation continues to be a backbone to the provision of services to over 823 unduplicated consumers enrolled in the waiver programs and 828 individuals receiving base services. Collectively, these same consumers represent a total of 1,651 total consumers (waiver and base) served during the 2014-2015 fiscal year. The collective reduction of base services creates a further delineation of the “have’s” and “have not’s”. The decrease in funding over the last few years has certainly resulted in the reduction and in some cases elimination of necessary services to the most vulnerable consumers in the system. The trend of reduction to the base allocation has forced the Administrative Entity (AE) to be more creative in the utilization of those services, while eliminating others.

The following chart depicts the individuals who are receiving services funded by base dollars only. Home and Community services, specialized therapies, respite and transportation services have been added to the component to give a more accurate reflection of true numbers. These services were not included in the template in the County Human Services Plan Guidelines, but represent 377 duplicated services that are funded by base dollars during FY 2014-2015.

Cost Center	Funded Base Only	
	Estimated/Actual Individuals Served in FY 14-15	Projected Individuals to be Served in FY 15-16
Supported Employment	42	43
Sheltered Workshop (VR)	68	70
Adult Training Facility (C.Hab.)	12	16
Base Funded Supports Coordination	828	828
Residential (6400)	7	7
Lifesharing (6500)-Heartbeat)	1	1
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Svcs.	321	324
Home & Comm. Habilitation	28	29
Specialized Therapies	2	2
Respite (Out/Home, Camps, LTA's)	299	310
Transportation Services	48	48

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

The continuum of services will reflect several aspects for consideration, including: maintain individuals in residential programs currently not eligible for waiver programs, increases in waiver rates equates to increases to base rates, further reducing the amount of available monies to the base funded individuals, reduction in available/qualified providers, flexibility of base dollars to allow the AE to manage/divert crisis situations as well as plan for those individuals transitioning from other systems by having the ability to provide one-time only funding.

The County Program will remain the Administrative Entity for the waiver Programs during 2015-2016. The AE will continue to function under the guidelines set forth in the Administrative Entity Operating Agreement under the DPW/ODP. As part of this requirement, the AE complies with self-assessment and oversight monitoring activities.

Supported Employment

Services Provided: Employment opportunities continue to be ever challenging in the market of today. Traditional day programs continue to have a reduction in contracted work from industry related vendors. The recent reduction is enabling providers to realize additional options for service delivery. Providers are becoming more creative in developing employment opportunities for consumers. The unemployment rate has affected the job market for many consumers as well as making competitive opportunities to be limited.

Support Coordination Supervisory staff are members of transition councils in both county areas. The collaboration of the councils has enabled the County Program to participate in school educational fairs and to plan for life after school.

Proposed Changes: None.

Base Funded Supports Coordination (SC)

Services Provided: The County Program does not distinguish base-funded SC from other funded individuals. Obviously, the differential comes into play as to the level and type of services that are able to be offered to the family/individual. The County Program will continue to provide seamless transition opportunities to individuals transitioning from facility based programs to community options.

Proposed Changes: None.

Lifesharing Options

Services Provided: The County Program has continually been a proponent of life share opportunities. Life share expansion continues to be a goal set forth in the AE Quality Management Plan and will remain intact through 2017. At that time, the AE will determine if the appropriateness of the goal. We project expanding life share to at least one additional individual in each year of the plan.

Proposed Changes: None.

Cross Systems Communications and Training

The County Program is quite active in providing cross training to other county agencies. Training sessions are held periodically to educate those in other agencies on the functions of the AE. Support Coordination staff receive a minimum of 40 hours of training each year to remain abreast of any changes in the system. There are also several in-service trainings conducted in-house to educate staff on any forthcoming changes in the system and protocol revisions.

Collaboration Incorporating Risk Management

The AE continues to work with residential providers to provide community living arrangements for the most difficult to serve. The AE has been successful in utilizing a cluster of new providers to the area.

Emergency Supports

The AE continues to contract with two 24 hour crisis intervention entities for the provision of mental health emergency services. The providers are located in both of the counties. Wellspan Behavioral Health and TrueNorth Wellness Services are the contracted providers for this service. The AE also has after-hour telephone service through the Medical Dental Bureau that is able to be a liaison to the caller and an on-call staff including the County Administrator for true emergency situations. Again as with SC services the AE does not distinguish the difference between how an individual's services are funded and the receipt of emergency services. The AE also supports the operation of a respite home. The home is a licensed 6400 program and is available for emergency care.

The AE has also utilized waiver capacity management with ODP as a means of obtaining funds to provide emergency care for individuals.

Administrative Funding/Maintenance of Effort

The AE will continue to support the maintenance of effort for funded services as related to the Administrative Entity Operating Agreement. The AE receives an allocation of funds (both base and Medicaid waiver) for the purpose of maintaining the functions of the AEOA.

The AE supports the continuation of providing administrative support for the operation of the IM4Q program through a conflict free local program.

Homeless Assistance

Continuum of Services: The York County Human Services Department will continue to fund programming that provides a continuum of services to homeless and near homeless individuals and families. Programs such as the Bell Family Shelter and Individual Shelter Nights serve individuals and families who are experiencing homelessness. York County has two transitional housing programs for those who are homeless, but need extra assistance in “bridging” the gap to self sufficiency. While in our bridge programs, families work on life skills, finance issues, work issues, etc. For those who are “near homeless”, or facing eviction, York County offers a Rental Assistance Program, where individuals can receive assistance for rental arrears. Rental Assistance is also available to consumers who are currently homeless. Homeless Case Management is available to all individuals who qualify and need assistance in navigating the system and goal planning.

Achievements/Improvements: Providing this spectrum of services allows York County to help homeless and near homeless individuals/families meet their needs in the most effective way possible. For example, it is our goal to help a near homeless family remain in their current residence by providing rental assistance rather than having the individual/family become homeless and need to be placed in an emergency shelter only to receive rental assistance after the shelter stay.

Unmet Needs and Gaps: Unmet needs and gaps include the ability for York County to offer any new programming. With federal housing money also decreasing, York County has had to redirect HAP funds to emergency shelter, which drastically reduced the number of individuals served through rental assistance. As this is the only emergency family shelter in York County, it is crucial to keep this facility funded, so that the neediest of individuals are provided service.

Component	Est. Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	110	100
Case Management	670	650
Rental Assistance	2052	2050
Emergency Shelter	604	610
Other Housing Supports	---	---

The County of York is scheduled to receive an allocation of \$877,388, and the details for the programs that will be funded in York County in FY 15-16 are as follows:

Bridge Housing

Description of Services: Transitional “Bridge” Housing- Domestic Violence- A transitional housing program that provides domestic violence victims/families supportive housing up to one year, with the goal of consumers returning to the most independent life situation possible. The program has 11 housing units available.

Transitional “Bridge” Housing: A transitional housing program that provides homeless individuals/families supportive housing up to one year, with the goal of consumers returning to the most independent life situation possible. The program has 8 housing units available.

Evaluation Process: Both transitional housing programs are monitored annually and additionally if warranted. During the monitoring process, all facets of programming are reviewed for efficacy. If there are any deficient areas, the provider will be required to submit a corrective action plan, which will be followed-up on.

Success for these programs is defined as individuals who increase their education level or obtain employment while in the program. In the domestic violence transitional housing program, an important measure of success is if the consumer does not return to his/her abuser. In addition, through life skills workshops, staff may focus on teaching residents how to clean up any debt they may have. Therefore eliminating or reducing debt is another excellent measure of success. Both programs also consider consumers moving into permanent housing as the ultimate success.

Proposed Changes: None.

Case Management

Description of Service: Homeless/Near Homeless Case Management- This program assists homeless and near homeless individuals, who often face multiple problems, to work with a case manager to design and implement a set of customized plans that will ultimately lead to the solution of his/her problems over a period of time, while moving toward self-sufficiency. This Case Management service offers outreach at approximately 10 locations throughout York County.

Evaluation Process: This service is also monitored annually. Goal plans are reviewed to ensure that proper goals are being established by the consumer in conjunction with his/her case manager. The goal plans are also reviewed to determine if consumers are making progress while receiving case management services.

York County’s Case Management Provider, Community Progress Council, utilizes a sophisticated software system that analyzes the data input by the case management staff to generate outcomes. Outcomes include increased income, achievement of stable housing, etc.

Proposed Changes: None.

Rental Assistance

Rental Assistance: This program provides payments for rent arrearages and security deposits to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. Households with income at or below 150% of the Federal Poverty Guidelines may qualify for assistance. Households that include children may be eligible for up to \$1000 in a 24-month period and adult-only households may be eligible for up to \$750 in a 24-month period

Evaluation Process: Rental Assistance is monitored thoroughly on an annual basis with an intensive consumer file review, but also on a monthly basis through the review of the program's encumbrance report.

In addition, a weekly statement is reviewed which lists all of the consumers who received a rental assistance on his/her behalf for that week, along with the listing of landlords. This is reviewed to ensure that the landlord actually indeed owns the property. The agency is also monitored to ensure that landlords are screened through the medical assistance exclusionary process. This prevents any fraudulent landlords who are excluded from doing business with government agencies from receiving payments.

One measure of success for the Rental Assistance Program is the number of individuals who received assistance and are up to date on their rental payments six and twelve months later. Another success that is measured is the number of individuals and families where homelessness was prevented through the use of HAP funds. Lastly, the number of consumers which the homeless situation was resolved is tracked as an outcome.

Proposed Changes: None.

Emergency Shelter

Emergency Shelter (Mass): A temporary shelter for persons who are in immediate need and are homeless. Consumers may stay for a period of 30 days while they develop a housing plan. The Emergency Shelter that is funded with HAP funding is Bell Family Shelter, which serves families (including single fathers with children who are experiencing homeless) and single women when the census permits.

*****Please note that \$65,000 from HSDF funding will be utilized to supplement this HAP program/provider. *****

Emergency Shelter- Individual Shelter Nights: This program provides emergency shelter assistance to homeless people who have no other reasonable source of shelter (i.e. no shelter space because shelters are at capacity and no family/friends housing resources). The service is also utilized when a homeless family may have a communicable disease. This service is provided by Community Progress Council's Case Management Unit, which requires daily

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

contact with consumers in this programming to ensure that the individual/family moves to a shelter setting when appropriate.

Evaluation Process: Both emergency shelter programs are monitored annually. Consumer files are reviewed to ensure that individuals/families who receive services meet situational and other eligibility criteria. Another monitoring technique used is for the monitor to attend house meetings at the shelter and speak directly to consumers regarding his/her experience and progress with established goals.

Successes for these programs include: increase in income, school enrollment for children, employment, resolution of health issues, and if the individual or family was able to exit the shelter into permanent housing.

Proposed Changes: None.

Other Housing Supports

Non-Applicable: York County has been meeting the very basic needs through these core services and has not been able to expand any services due to a lack of additional funding available.

HMIS Implementation

HMIS Implementation

HMIS: York County's HMIS (YCHMIS) is fully implemented with Continuum of Care-funded agencies in York County. YCHMIS also includes several large faith-based homeless housing providers, and is implemented with HUD's Emergency Solutions Grant (ESG) providers as of November 2013 (with the exclusion of two (2) domestic violence providers due to Pennsylvania state law excluding their participation). In June 2015, the YCHMIS also added a new transitional housing program for families, as well as a case-management-only service. York's HMIS is made up of a total of 9 homeless provider agencies, 26 programs, and 42 users. York County has successfully used the HMIS to produce three Annual Homeless Assessment Reports (AHAR's) that were accepted by HUD for use in the annual Congressional report for the last 3 years.

Please note: Only two (2) HAP Providers currently participate in HMIS. One provider has been precluded from using HMIS due to serving victims of domestic violence.

Children and Youth Services

Please refer to the special grants plan in the Needs Based Plan and Budget for FY 2015-2016.

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Drug and Alcohol Services

System Overview: The York/Adams Drug & Alcohol Commission (YADAC) was established in 1973 to serve as the Single County Authority (SCA) for the joiner counties of York and Adams. As the designated SCA for York and Adams County, the Commission is responsible for evaluation, planning, administration and funding of the local drug and alcohol prevention, treatment, and treatment related services within the aforementioned joiner counties. The aforementioned integrated substance abuse service delivery system is executed through the establishment of contracts with licensed treatment providers, as well as prevention and intervention providers. YADAC contracts are established annually in order to meet the need of the community. Of the contracted services, most are offered locally.

Access to Services

Intervention: YADAC contracted intervention activities are aimed at assisting individuals through a specific crisis related to the abuse of drugs and/or alcohol and in which an individual's customary modes of adaptation have proven inadequate. Intervention services assist in decision making and supporting the individual until they may cope with the situation independently. Referrals are provided if the need for a structured treatment regime or other service is indicated. YADAC intervention services consist of crisis, outreach and student assistance program services. YADAC intervention services may be accessed by contacting a YADAC contracted intervention provider directly and requesting services.

Prevention: YADAC contracted prevention services involve a proactive process that empowers individuals and systems to deal constructively with potentially difficult life situations, to keep healthy people healthy and to bolster the strength of those at risk. Prevention activities are targeted at the total population with emphasis on reducing the possibility of alcohol, tobacco and substance abuse before it occurs. Prevention activities may be delivered through schools, media, family or community agencies and groups. YADAC contracts with four prevention providers to provide prevention services. Individuals may access prevention services by contacting a YADAC contracted prevention service provider directly.

Treatment: YADAC contracted treatment and treatment related services include the case management core functions of screening, level of care assessment and case coordination, as well as the licensed rehabilitative clinical methodology designed to assist individuals to develop strategic modes to effectively deal with their critical problem of drug and alcohol use. YADAC holds treatment contracts which cover the full continuum of care, including: Outpatient, Intensive Outpatient, Partial Hospitalization, Medically Managed Detox, Medically Managed Short and Long Term Inpatient, Half-Way House and Methadone Maintenance services. Additionally, YADAC contracted treatment providers are qualified to provide specialty services to adolescents, pregnant females, veterans, co-occurring individuals, and females with children. The case management core functions of screening, level of care assessment, and case

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

coordination are integrated into the treatment service agreements at the provider level. YADAC has fully executed contracts with thirteen (13) detox providers, forty-two (42) inpatient providers, thirteen (13) halfway house providers, three (3) partial hospitalization providers, seven (7) intensive outpatient providers, fourteen (14) outpatient providers, and one (1) Methadone maintenance provider. Further, YADAC contracts with the White Deer Run Regional Support Center to provide 24/7 emergent care screening and the White Deer Run York Assessment Center for Level of Care Assessments for the greater York area. Level of Care Assessments outside of the greater York area may be conducted at the outpatient provider level.

Individuals seeking to access treatment must first be screened for the emergent care needs. Individuals shall contact the YADAC contracted White Deer Run Regional Support Center, which provides free 24/7 emergent care screening services. Qualified staff shall determine if emergent care needs are necessary and refer to services as appropriate. If detox is deemed to be necessary, a direct linkage to detox services is coordinated with a detox facility and transportation arranged. If an individual does not have any emergent care needs requiring immediate attention, a referral for a Level of Care Assessment will be coordinated by the White Deer Run Regional Support Center. The Level of Care Assessment will determine if treatment is recommended and what level of treatment is appropriate. The assessor is responsible for coordinating appropriate services. Level of Care Assessments are provided through local outpatient drug & alcohol providers in addition to the White Deer Run York Assessment Center, conveniently located in downtown York. Assessments are free of charge, with the exception of the DUI offender, who may be charged. Pregnant women shall receive preferential treatment in all levels of care and throughout the drug & alcohol service continuum.

Waiting Lists

Dramatic increases in detox referrals coupled with a lack of available beds across the State has resulted in delayed detox access. While the Commission holds contracts with 13 detox providers, which accounts for a total of 231 beds, the need for services far exceeds availability. According to the White Deer Run Regional Support Center (WDR –RSC), with whom the SCA contracts for detoxification screening and coordination, most individuals are unable to be admitted within the same or next day from the date of initial contact with the WDR-RSC. On average, only 45% of individuals seeking detox services are able to obtain services within 48 hours, with some waiting up to 7 days for access to services. Methadone service need has also seen a drastic increase. As of May 2015, 73 individuals were reported to be awaiting service access. Due to the drastic increase in the number of individuals seeking this service, the YADAC contracted Methadone provider has sought a capacity increase of 70 in order to service more individuals. The capacity increase was approved and individuals are slowly being removed from the waiting list, which at times has seen up to 100 individuals awaiting services. An additional increase capacity of 70 shall be sought once the initial capacity increase has been filled. Inpatient and Outpatient services do not appear to be affected by waiting lists, with most individuals able to access services immediately.

Limitations

As YADAC has limited treatment funding to provide services for many individuals, maximum benefits have been placed on certain services. YADAC does not restrict the number of Level of Care Assessments, outpatient services (Intensive Outpatient, Outpatient, and Partial Hospitalization) or detox episodes an individual may access. However, individuals must be a York or Adams County resident. There is no length of time an individual must have been a resident to be eligible for YADAC funding for these services.

An individual must have been a resident in York or Adams County for at least six (6) months in order to be eligible for funding for inpatient levels of care (Medically Managed Short and Long Term Inpatient and Half-Way House.) There is a maximum of one admission per fiscal year with any length of stay considered an admission. Further, as a result of the continued and significant increase in demand for YADAC funding for drug and alcohol inpatient treatment services coupled with significant budget cuts to inpatient treatment funding, it became necessary during fiscal year 2012-2013 for YADAC to place increased limitations on inpatient treatment funding. These limitations restrict inpatient funding to the priority population of Pregnant Substance Users. The limitations were enacted to ensure that funding for the priority population of Pregnant Substance Users shall always be available. These limitations have continued throughout fiscal year 2014-2015 and are expected to continue into the next fiscal year, if funding remains stagnant. As a result of these limitations, many individuals appropriate for Medically Managed Short and Long Term Inpatient and Half-Way House services are unable to access these services. Individuals not falling into the priority population of Pregnant Substance Users typically seek community based treatment. Individuals are unable to receive the appropriate level of care recommended as a result of their Level of Care Assessment, thus placing these individuals at a higher risk for relapse and potential overdose.

System Coordination

YADAC is not a stand-alone agency, in that many agencies work collaboratively to combat the disease of addiction. The importance of collaboration and coordination between YADAC and other related systems in order to improve outcomes cannot be under emphasized. YADAC collaborates with many agencies in the community and within the County Human Services system and strives to continue to reach out to community agencies in an effort to further expand its current collaboration.

YADAC continues its collaborative efforts with the criminal justice system by supporting treatment courts and diversionary programs. YADAC continues its support and collaboration of the York County Treatment Courts, through the assignment of full time designated Case Managers for the following treatment courts (York County Drug Treatment Court, York County Mental Health Treatment Court, York County DUI Treatment Court and Veterans Treatment Court) on a consultative basis. Additionally, YADAC supports a variety of diversionary

APPENDIX B

YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

programs, specifically the York County Day Reporting Center, as well as two Intermediate Punishment programs. Further, YADAC sits on both the York County Intermediate Punishment Board as well as the York County Treatment Court Advisory Board.

YADAC also continues to collaborate with and support York and Adams County Children, Youth and Families by collaborative efforts with prevention and intervention providers, as well as continues its collaboration with the HealthChoices Management Unit and MH-IDD including attending quarterly Crisis meetings, collaboration of provider monitoring of service quality as well as joint identification of co-occurring program and service barriers and needs.

YADAC additionally works with treatment providers to not only provide treatment, but to increase their education about Naloxone, the opioid overdose reversal medication. YADAC has met with providers one on one as well as discussed ways to incorporate Naloxone into practice at provider working group meetings. YADAC has also partnered with the local contracted providers to reach out to pharmacies in York/Adams to further educate on Naloxone in addition to providing information to the York County Heroin Task Force and making materials available at the Heroin Task Force town halls. YADAC strives to offer coordination for medical assistance treatment, such as Suboxone and Vivitrol and forge connections with agencies offering these services, even though YADAC does not currently contract for these services.

Emerging Trends

Heroin and prescription painkiller abuse are ravaging families and communities across the State - urban, suburban, and rural alike. It is reported that drug overdoses have now surpassed motor vehicle accidents as the leading cause of accidental deaths in Pennsylvania, with Pennsylvania ranking 14th highest in number of drug overdose mortality rate in the United States. Law enforcement reports that heroin is more available and cheaper than nearly any other time in Pennsylvania. Availability and low cost compounded with increased purity rates and other lethal substances such as Fentanyl being cut with the heroin have resulted in a disturbing trend of increased drug overdoses and overdose deaths. Reports of opioid overdose deaths in York/Adams County are staggering. According to the 2014 Pennsylvania State Coroners Association's report, the region is averaging 17.4 deaths per 100,000 persons. The report ranks York County as one of the top five counties in Pennsylvania experiencing an overdose crisis, with reports of over 100 overdose deaths in 2014. Of these deaths, a reported 62 were confirmed due to heroin according to the York County Coroner. Heroin overdose deaths in 2014 surpassed the total reported for all of the previous year, 2013, in which 56 drug related deaths occurred with 17 attributed to heroin according to the York County Coroner. The Adams County Coroner's office reports that there were a total of 43 overdose deaths in the past 5 years, with opioids contributing to the majority of the cases.

The Commission is not immune from the opioid and heroin epidemic occurring across the State and in our joinder counties. A direct result of the pervasive pandemic of opioid use observed in

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

the York/Adams area is a copious increase of individuals seeking intensive treatment. YADAC statistics show that individuals seeking Commission funded detox services have risen a total of 17% over the past five years. Individuals seeking Commission funded short and long term rehabilitation services have soared over the past five fiscal years with total referrals increasing by 80% over the past five years, with FY 14-15 referrals for both short term and long term rehabilitation surpassing the total amount of referrals for the previous fiscal year during the third quarter of FY 14-15. Coupled with continued budget cuts and budget constraints, resulting in further limitations to treatment access, York/Adams County is facing an acute intensive treatment crisis.

Target Populations

Older Adults (ages 60 and above): YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. Older adults may be at risk of overdose due to prescription medications and gambling due to the culture of solicitation. YADAC is addressing these issues through prevention and has sought additional grant monies to further address.

Adults (ages 18 and above): YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. While inpatient funding limitations are not exclusive to this population, it appears that a majority of individuals seeking drug and alcohol treatment fall into this category, thus increasing the service gap for this population for inpatient treatment services.

Transition Age Youth (ages 18-26): YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. While inpatient funding limitations are not exclusive to this population, it appears that a majority of individuals seeking drug and alcohol treatment fall into this category, thus increasing the service gap for this population for inpatient treatment services.

Adolescents (under 18): YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. While services exist for adolescents, at times due to a lack of interest, transportation and parental involvement, intensive outpatient services are lacking. Further, there appears to be a dearth of support groups locally for this population.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders: YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. While drug and alcohol treatment may be accessible for this population, individuals may face barriers in obtaining psychiatric evaluations due to lengthy wait lists.

Criminal Justice Involved Individuals: YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. While YADAC supports a variety of criminal justice related initiatives, no funding or decreased funding for drug

APPENDIX B

YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

and alcohol services is received from the criminal justice department, thus placing barriers at times for these individuals to receive appropriate services.

Veterans: YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. As a result of drug and alcohol issues, veterans may have been dishonorably discharged, resulting in a lack of VA benefits. YADAC fills this gap by funding these individuals. Further, the Veteran's Choice program allows Veterans to receive medical care in the community, including drug and alcohol services, if the Veteran must wait over 30 days or travel over 40 miles to receive services through the VA.

Recovery – Oriented Services

York/Adams Counties have made great strides in incorporating recovery support services. Some of the services currently available include the RASE Project in York County, with intentions of expanding the services to Adams County. The RASE Project provides Buprenorphine Coordination Support services as well as recovery support services designed to assist individuals who are in need of recovery services to assist them to overcome the obstacles that keep them from succeeding in the recovery process. Additionally, Community Care Behavioral Health has offered a Recovery Oriented Systems of Care Collaborative of which one local provider has taken advantage of. Many of the local providers have staff who have received a Recovery Support Specialist certification through a YADAC sponsored Certified Recovery Specialist training. Further, many local providers offer educational groups outside of clinical treatment available to the community. The local Recovery Committee sponsors events throughout the year to support recovery along with other local recovery grass roots recovery groups. The York/Adams HealthChoices Management Unit has focused a number of their reinvestment dollars towards drug and alcohol supports which included the expansion of Buprenorphine Coordination services, the implementation of social skills group and the start of a project aimed at improving the availability of certified recovery houses.

Human Services Development Fund

Services to be Provided: Over the past few years, the York County Human Services Department has had to eliminate programming and drastically reduce services, as a result of the funding reduction to HSDF. In FY 15-16, the County of York is scheduled to receive an amount of \$282,981. The details for the programs that will be funded are listed below.

Component	Est. Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Adult Services	1	1
Aging Services	---	---
Children and Youth Services	---	---
Generic Services-Case Management	860	900
Generic Services- Information & Referral	21,000	22,000
Specialized Services	-	-

Adult Services

Program Name/Description: Homemaker Services- Provides personal care services in a person's own home to avoid costly nursing home placements (for individuals on waiting list for waiver services). One individual is currently served through this program. Due to the extreme funding cuts, this program is being phased out. However, the results of the last year's HS Survey indicated that many respondents would make referrals to this program for the consumers they serve if it was available.

Changes in Service Delivery from FY 14-15: None.

Specific Services: Homemaker, chore

Allocation: \$4,000

Generic Services

Program Name/Description: Case Management- Works with individuals who need assistance in navigating the system and assists families or individuals in developing a service plan to address unmet needs and linking to available resources. This service has become more important in the current economic climate where there has been an increase in families who are requesting public assistance for the first time and need information and guidance regarding available resources as well as creating goal plans.

Changes in Service Delivery from FY 14-15: None.

Specific Services: Service planning/case management

Allocation: \$113,983

Program Name/Description: Information and Referral- Assists in the funding for PA 211 (formerly FIRST in York, PA), PA's free referral source. Links York County residents in need with the appropriate agencies or services via telephone or web.

Changes in Service Delivery from 14-15: None.

Specific Services: Centralized information and referral

Allocation: \$24,700

Interagency Service Coordination

The York County Human Services Department provides oversight to the departments that comprise the Human Services Division. This funding is used to support the administrative functions that are necessary in order for the smooth operation of the categorical departments. In addition, the Department holds many coordination functions throughout the County, including Family Group Decision Making, Child and Adolescent Service System Program, Communities that Care, Systems of Care, etc. Funding in this line also includes a training budget that will provide learning opportunities to the entire Human Services Division. There is also a line item for communications, which is used to print various documents, including the Pocket Guide for the Homeless, a resource that is used by many professionals in York County, including law enforcement and other first responders.

In FY 14-15, HSDF service coordination funding was used to provide cross trainings to educate county employees and human service provider agencies. A total of five (5) sessions were coordinated, where 298 individuals attended and received training credit. Topics ranged from Understanding and Preventing Communicable Diseases, to Emerging Drug Trends to Mental

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- DRAFT FY 15-16

Health First Aid. The goal is to continue to expand this collaborative training effort in FY 15-16 and continue to focus on consumer engagement and cultural competency.

Other HSDF Expenditures

Category	Estimated Individuals	Planned HSDF Expenditures
Mental Health	---	---
Intellectual Disabilities	---	---
Homeless Assistance	600	\$65,000
Drug and Alcohol	---	---

Homeless Assistance: A temporary shelter for persons who are in immediate need and are homeless. Consumers may stay for a period of 30 days while they develop a housing plan. Bell Family Shelter serves approximately 600 individuals per year.

Please note: This will be characterized as a homeless service on the year- end report (as required for FY 14-15).

*****Please see the HAP portion of this report for this information. *****