COUNTY OF YORK HUMAN SERVICES PLAN

2016-2017

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: YORK

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 County Human Services 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 the Department of Human Services.

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

Signatures	*Please Print*	
Susan Byrne		Date: 6/20/16
Doug Hoke		Date: 6/20/16
[illegible]		Date: 6/20/16

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- FY 16-17

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, and youth representatives. On Tuesday, May 10, 2016, 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 2, 2016.

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.

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.

Least Restrictive, Appropriate Settings

York County continues to make positive, concentrated efforts towards maintaining and furthering a recovery-oriented, high quality, less institutionalized system of care. We achieve this through providing necessary and suitable supports in the least restrictive environment for the consumers we serve. Through the use of CASSP, Family Team Meetings, Family Group Decision Making and Joint Planning Team we have a goal to ensure that the individuals we serve and their families are a strong part of the planning process. Adults can also use Family Group Decision Making as a vehicle to ensure that planning is person centered. Through these processes, consumers, families, natural supports and system partners can discuss available resources and empower families to get what they need in the most appropriate setting. CASSP meetings have been started for high risk youth in RTF with intellectual and developmental

disabilities. The purpose of working with this priority group is to ensure individuals do not languish in RTF longer than needed.

Additionally several new services have been added to the continuum which seek to better support individuals in the community. The MH-IDD program is working on adding another structured community residence to allow individuals with more intensive needs to live in the community. This will reduce the state hospital beds by 3. It will also provide housing for 5 individuals within the community who will need these supports to maintain community tenure. The County continues to run a regular housing meeting to prioritize those most in need and to make level of care decisions for mental health funded housing options.

The HealthChoices program has added several satellite outpatient clinics within schools with the hope that easy access aids in timely care before problems need higher level supports.

The Child Welfare system is adding a transition aged housing program for teenage girls. The goal is aimed at helping prepare youth for successful independent living. The agency also in the process of implementing a safe families program aimed at providing families with difficulties community based supports. The goal is to help families in crisis resolve their difficulties to avoid having an open case within child welfare.

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.

Representation of LCA

This plan incorporates aspects for both York and Adams Counties for the programs included in the joinder agreement, which includes MH-IDD, Early Intervention, HealthChoices and Drug and Alcohol. The Administrator of the program serves as the link between the counties for planning purposes, and representatives from both counties are fully engaged in the planning process.

Public Hearing Notice

In order to comply with the hearing notice requirements, the York County Human Services Department advertised the notice on May 28th-29th, inviting the community to provide input on the York County Human Services Plan during an open forum. The public meeting was held on Thursday, June 2, 2016 beginning 2:00 PM at a local school, centrally located within York County. Please refer to Attachment A for documentation relating to this requirement.

In addition, a public notice was placed on the main page of the York County Human Services Department website, inviting the York County community to the meeting.

Public Hearing Summary and Comments

On Thursday, June 2, 2016, the York County Human Services Division hosted a public meeting to discuss funding plans for FY 16-17. There were 28 individuals present including providers, county staff, and a consumer.

Information that was presented included:

- Department budgets and programming plans
- County planning team's efforts and goals including outreach and consumer and family involvement
- Data-driven decision making
- Future planning efforts

After each section, hearing participants were encouraged to ask questions and make comments. The following questions/comments were made:

- A participant asked if the state is funding more intervention programs.
  - County response: In regards to HealthChoices on the behavioral health side, the state has been receptive to prevention programs and counties have the ability to customize to meet the community's unique needs.
- A participant asked if the heroin epidemic is taking funding away from other needed services.
  - County response: Yes. There have been more detox beds used for heroin abusers, leaving few beds for other addicts. In addition, more funding has been dedicated for more methadone slots, taking available funding away from other services. However, it is critical to focus resources on the issue.
- A participant asked if the county's child welfare program offers any parental coaching services.
  - County response: Yes, the county has a contract with an agency to provide supervised visitation and parental coaching.
- A participant requested that the presentation be placed online for public view.
  - County response: The presentation will be posted at: http://yorkcountypa.gov/health-human-services/human-services-division.html

Human Services Narrative: Mental Health Services

The York-Adams Mental Health Program and York/Adams HealthChoices Management Unit is pleased to provide the Fiscal Year 2016-2017 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 18; while also being mindful of all special populations and the unique needs associated with individuals who may represent them.

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, our 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 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 outreach to the Hanover and eastern Adams County area and now has secured amble 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 Mental Health Program has continued the partnership with Community Care Behavioral Health and Wellspan Health to offer 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

Throughout the course of the past year, the County Programs and community partners have expanded the Depression Awareness Campaign, an initiative of Healthy York County Coalition and Healthy Adams County. A website (www.feeling-blue.com) is utilized by those

participating, and focuses on self-management techniques for adults with mild depression to cope with their symptoms.

CommonGround® is a software program designed by Pat Deegan to support shared decision making in the context of a psychiatric medication clinic. The 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.

Through the partnership with NAMI, York County and York County System of Care, Youth Mental Health First Aid has been held on two occasions during the past year. The intended audiences for these sessions have been County Staff that while primarily not interacting and supporting children with emotional disturbance, through their employment, it is likely they will interact with children who have emotional disturbance, and better prepare them to do so.

The York/Adams HealthChoices Management Unit and Community Care Behavioral Health also hosted a Trauma-Informed Care Conference. County employees and various other social service agencies, participated in a day-long conference focusing on trauma's impact on those in the community and how that impacts service delivery.

Strengths and Needs

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. .

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 on behalf of this special population. Accessing psychiatric care for this population 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: In large part, most of the stakeholders note strength areas as the service system to be diverse, individually responsive, but needing more consistent availability, often due to capacity related issues. During Fiscal Year 2016-2017 the County Mental Health Program was able to

better address access to psychiatry and counseling through enhancing the allocation provided to a number of Outpatient Mental Health Service Providers, thus ensuring more individuals were able to access this level of support. This enhanced allocation was able to be extended for a second consecutive year.

The County Program continues to offer 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. The diversification of the availability of this high-level of care certainly expanded this strength area. Access is also available to those enrolled in the HealthChoices program.

The County MH-IDD Program has also moved forward with an expanded partnership with a service provider to offer an additional eight (8) person Structured Community Residence. This effort was afforded through an expansion of the Community Hospital Integration Project Program (CHIPP) and will see a minimum of three individuals currently residing and receiving treatment at Wernersville State Hospital return to their local community and receive services and supports there. This home will be located in our 672 Catchment Area, and be an additional residential support opportunity for those desiring to live in the Western York & Adams County Area.

Needs: It is evident that stakeholders feel there is a significant unmet need regarding available psychiatry for adults. Respondents indicated difficulty in accessing mental health counseling as well as psychiatry. 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.

Stakeholder feedback is an area of need that has developed over the past few years, and has seen an initiative emerge during this past fiscal year, to better organize stakeholders, and enhance the opportunity to provide feedback to their County Partners. Efforts have begun to re-establish formal Community Support Programs in both York & Adams Counties. While this initiative has only recently begun, it has picked up steam quickly, with regular, formal meetings being held and scheduled to be held in the community, moving forward.

Transition-Age Youth

Strengths: While housing is a barrier for many individuals with a mental health diagnosis, the transition population can present with different needs and expectations for housing. To this end, the HealthChoices Housing program has prioritized this population for its supported housing program. Individuals involved in the program are eligible for subsidies for independent living and afforded individualized assistance in obtaining and maintaining their apartments.

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: The HealthChoices program is currently prioritizing this population in collaboration with their MCO to develop services around. Under consideration are psychiatric rehab, peer support and transition aged ACT.

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 2015-2016 saw an increase to seven, the number of schools the HealthChoices Management Unit funded as satellite outpatient programs. 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.

York County is a System of Care County and has implemented . The HealthChoices High Fidelity Wraparound through HealthChoices reinvestment funding. This service is one of several aimed and promoting active participation by families and youth in the planning process.

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.

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.

Additions to the HealthChoices network have included a BHRS provider aimed at providing services to children with autism, additional family based teams, and outpatient practitioners. The county continues to make available several evidence based services including MST, FFT, PCIT and Hi Fidelity Wrap Around.

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. Four separate training sessions occurred during the past year, reaching an audience of approximately 100 persons in the community. Moving forward in 2016-2017 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 remain a focus area.

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 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.

As mentioned above, 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 (CHIPP) 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 in the summer of 2016.

Needs: Many individuals at the state hospital could ideally use services available through the Home and Community Based Waivers through the Office of Developmental Programs or the Office of Medical Assistance Programs. Unfortunately these waiver slots are limited which presents challenges to individuals with dual diagnosis. Additionally those currently at the state hospital have higher needs and usually are in need of more structured housing programs which tend to have significant waiting lists.

Co-occurring Mental Health/Substance Abuse

Strengths: One of our local service providers 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 worked alongside community partners to establish a residential substance used disorder halfway house. As a free-standing setting located within York County, the halfway house serves as a community-based

residential treatment and rehabilitation facility, providing services for chemically dependent individuals in a supportive, drug-free environment. The target population for this support are Medical Assistance enrolled adult men and/or women, ages 18+, and/or Temporary Assistance for Needy Families eligible women with dependent children under the age of 12.

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 providing mental health case management to individuals involved in this court, all community based services are able to be considered for this special population. 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 96 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, having trained approximately 40 law-enforcement officers.

York County through the efforts with the CJAB has hosted Mark Carey who has trained providers interested in learning about evidence based practices for this population. Further discussion is needed to determine next steps. Another CJAB priority has been undertaking strategic planning to impact re-entry. Planning efforts have included a large number of behavioral health providers and the county behavioral health departments. Ultimately the efforts will likely result in the formation of a re-entry coalition and numerous initiatives and/or process changes for impacting individuals leaving prison.

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 out-reach 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.

Needs: Securing adequate housing upon release from the criminal justice system remains a need area that is addressed on an ongoing basis. Getting individuals outpatient appointments to keep

from having a lapse in medication is a challenge. While the telepsychiatry program was started in part with this population as a priority, a large no-show rate has made this service hard to manage.

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: During Fiscal Year 2015-16, 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 bi-lingual 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 Management Unit and Community Care are in the process of contracting with a new outpatient provider who will focus on the bi-lingual population. Therapists will be bi-lingual and translation services will be offered for psychiatric time with doctors if they are not bi-lingual. In the last year through System of Care grant funds, the county human services division was able to complete the translation of many documents to Spanish.

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

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, in furtherance of Recovery-Oriented Systems Transformation, Tele-psychiatry continues to be 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 introduction of this service has better met the needs of the local population, while affording those individuals access to care in a more-timely manner. This priority will continue to be tracked through utilization and service quality reviews, as well as both formal and informal stakeholder feedback.

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 2016-17 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 2016-17 fiscal year, the County MH-IDD Program will seek to 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. Additionally the HealthChoices program will be looking for other priority populations and ways to expand peer support.

The County MH-IDD Program will continue the implementation and expansion of the Behavioral Health Home Plus integrated care initiative during the upcoming year. While originally being utilized as a practice for adults eligible for and receiving Intensive Case Management services, the partners for this endeavor have expand the reach to include adults eligible for and receiving the Resource Coordination level of case management during the past fiscal year. Funding for this initiative is provided by the HealthChoices program, and the outcomes related to this Recovery-Oriented System Transformation will continue to primarily be undertaken by completed by the York/Adams MH-IDD Program and monitored by the York/Adams HealthChoices Management Unit and Community Care Behavioral Health. This priority will continue to be tracked by monitoring specific health behaviors.

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 in the summer of 2016. 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.

York County has applied for a SAMHSA grant to continue its System of Care work. If awarded a grant, the county will have the ability and obligation to continue more rigorously some of its work including the expansion of peer support, creating a more trauma informed work environment, addressing first episode psychosis and a continued focus on the active engagement of consumers and families in planning at all levels.

APPENDIX B
YORK COUNTY HUMAN SERVICES PLAN- FY 16-17

Evidence Based Practices Survey

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Yes	74	TMACT	MCO	Annually			
Supportive Housing	Yes	164		County	Annually			
Supported Employment	Yes	27		County	Annually			
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes			County	Annually			
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes	42	No	MCO				
Multisystemic Therapy	Yes	26						
Functional Family Therapy	Yes	40	CAM;TAM-R;SAM	Agency	Depends on measure	y	y	
Family Psycho-Education	No							

Recovery Oriented and Promising Practices Survey

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	352	Consumer & Family surveys
Family Satisfaction Team	Yes	See above	See above
Compeer	No	N/A	
Fairweather Lodge	No	N/A	
MA Funded Certified Peer Specialist	Yes	57	
Other Funded Certified Peer Specialist	No	N/A	
Dialectical Behavioral Therapy	Yes	55	51 trained clinicians
Mobile Services/In Home Meds	Yes	14	
Wellness Recovery Action Plan (WRAP)	Yes		Incorporated in many services
Shared Decision Making	No	N/A	
Psychiatric Rehabilitation Services (including	Yes	54	
Self-Directed Care	No	N/A	Utilize FGDM/JPT/Family Team
Supported Education	No	N/A	
Treatment of Depression in Older Adults	Yes	210	
Consumer Operated Services	Yes	11	
Parent Child Interaction Therapy	Yes	6	
Sanctuary	Yes		Within RTF Providers
Trauma Focused Cognitive Behavioral Therapy	Yes		74 trained therapists
Eye Movement Desensitization And Reprocessing	No	N/A	2 trained therapist
Other (Specify)			

Intellectual Disability Services

Narrative and Continuum of Services: The base service allocation continues to be a backbone to the provision of services to over 960 unduplicated consumers enrolled in the waiver programs and 734 individuals receiving base services. Collectively, these same consumers represent a total of 1,694 total consumers (waiver and base) served during the 2015 – 2016 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 400 duplicated services that are funded by base dollars during FY 2015 – 2016.

	Funded Base Only			
Cost Center	**Estimated/Actual Individuals Served in FY 2016/2017**	**Percent of Total Individuals Served**	**Projected Individuals to be Served in FY 2015/2016**	**Percent of Total Individuals Served**
Supported Employment	48	7%	43	5%
Sheltered Workshop (VR)	62	8	70	8
Adult Training Facility (Comm.Hab.)	17	2	16	2
Base Funded Supports Coordination	734	100	828	100
Residential (6400)	7	1	7	>1
Lifesharing (6500)-(Heartbeet)	1	>1	1	>1
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Svcs.	315	4	324	39
Home & Comm. Habilitation	25	3	29	4
Specialized Therapies	4	>1	2	>1
Respite (Out/Home, Camps, LTA's)	323	44	310	37
Transportation Services	48	7	48	6

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 2016 – 2017. 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

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.

York County continues to support the efforts of competitive employment and other work related opportunities outside of traditional workshop settings. Employment Point Personnel participate on the Transitional Council as mentioned earlier. The Council is geared towards successful transition from and educational setting to employment following graduation.

There are currently not any proposed changes to occur during FY16/17 for base services. Increased employment for recent high school graduates (ODP Initiative) will be launched to increase the PFDS capacity by 21. This initiative is to support individuals who meet the criteria of graduating in June 2015 and are able to be fully served through this waiver.

The provider network has been positioning them to be able to offer integrated competitive employment. Locally, a provider (TLC) is involved with the state's Employment First Leadership Mentoring Program. TLC is one of only 14 providers in the state to be part of the program.

Other providers are using a customized employment approach. Providers have found that this approach is imperative to a successful job match that leads to long term employment.

Base-Funded Supports Coordination (SC)

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.

Lifesharing Options

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, along with other individual provider initiatives.

Finding appropriate living matches is always a challenge. A new provider to York area has been developing a lifeshare network following the provision of services in the children's system. This approach has been successful as the individuals previously participated in the waiver programs. This has truly been an extension of service provision.

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 (forty) 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. The cross trainings bring other county agencies, i.e.: including but not exclusively CYF, Aging, MH, and Drug and Alcohol, to the table to further understand the ID system.

The AE continues to work with a 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.

The AE has a solid working relationship with the local intermediate units. Key point personnel participate in transition counsels. In addition, annual participation in the LIU transition fair provides pertinent information to students and their families as they begin the journey into adult life.

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 Adams Hanover Counseling 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 if necessary. After hours phone coverage and delegate calls are channeled through the agency number.

The AE has also utilized waiver capacity management with ODP as a means of obtaining funds to provide emergency care for individuals. Base dollars are not ample enough to use as an emergency fund. Most base dollars are contracted with local agencies to serve individuals you are waiver ineligible on an ongoing basis.

Administrative Funding

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.

As we strive toward the national model of Housing First and Rapid Rehousing, York County has been actively trying to reduce the amount of time people are in an emergency shelter or are trying to prevent homelessness all together through the use of HAP Rental Assistance.

The state's budget impasse had a negative impact on our community's homeless population. Due to the funding implications of the impasse, the HAP rental assistance program was not opened until February 2016, and as a result more people became homeless and were unable to avoid time at a homeless shelter.

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.

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 16-17 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 <u>$65,000</u> 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 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: 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, is implemented with HUD's Emergency Solutions Grant (ESG) providers (with the exclusion of two (2) domestic violence providers due to Pennsylvania state law excluding their participation), and will be implementing Assistance in Transition from Homelessness (PATH) through SAMHSA/OMHSAS, and Supportive Services for Veteran Families (SSVF) through the Veterans' Administration in calendar year 2016. York's HMIS is made up of a total of 11 homeless provider agencies, 29 programs, and 40 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 4 years, and utilized HMIS data to complete the 2016 Point in Time count mandated by HUD in January 2016.

> **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 2016-2017.

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 joinder counties of York and Adams. As the designated SCA for York and Adams County, YADAC is responsible for evaluation, planning, administration and funding of the local drug and alcohol prevention, treatment, and treatment related services within the aforementioned joinder counties. This 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.

Waiting Lists: Demand for Medically Monitored Inpatient Detox and Medically Monitored Short and Long term Residential services has dramatically increased due to the opioid crisis, resulting in delayed access to these services. On average, only 40- 45% of those seeking detoxification and residential services were able to be admitted within the same or next day. Outpatient services may also be delayed as clinician capacity may force providers to enact waiting lists. No waiting list exists for Methadone services.

Barriers to accessing treatment services: Demand for drug & alcohol services has increased across the board in part due to the opiate crisis, increasing wait times for services. As wait time to access treatment services increases, individuals addicted to opioids/overdose survivors become increasingly vulnerable for failure to follow through with recommended treatment when it does become available, subsequently placing the individuals at an increased risk for overdose. Potential for continued opioid use while awaiting recommended intensive treatment bed availability additionally increases overdose risk.

Changes to health insurance coverage laws have resulted in a larger volume of individuals who have insurance coverage. Unfortunately, this insurance does not always cover drug & alcohol services, or if it does, may not cover the clinically appropriate length of stay. Insurance premiums, co-pays and deductibles may be so costly that it is difficult for individuals to afford substance abuse services even with healthcare coverage. Thus, many individuals will not enter much needed treatment or will require funding from YADAC.

Women with children face increased barriers to treatment access as women are likely to have primary child-care responsibilities. Child care access and the possibility of losing custody often weigh heavily in whether or not woman with children will seek out and be able to attend recommended treatment, particularly detoxification and outpatient services.

Capacity Issues: YADAC has partnered with the York/Adams HealthChoices Management Unit to increase capacity for both Medically Monitored Inpatient Detox and Medically Monitored Short -Term Residential services based upon County identified need. This capacity increase shall occur at the York County located detox/rehab facility, White Deer Run-York. The York/Adams HealthChoices Management Unit has approved reinvestment funds to increase Medically Monitored Inpatient Detox from 7 to 21 beds and Monitored Short -Term Residential

services from 17 to 48 beds with 16 "alternate beds" that while not funded currently by the York/Adams HealthChoices Management Unit, are anticipated to be needed in the future and shall be included in the design company bid process. All Medically Monitored Short -Term Residential beds shall include bathroom configurations that adhere to Medically Monitored Inpatient Detox requirements and can therefore be "flexed" to accommodate detox clients in addition to residential clients, based upon need.
Further, YADAC has been encouraging all Medically Monitored Inpatient Detox and Medically Monitored Short and Long term Residential facilities to utilize flex beds when appropriate in addition to working with their local SCA/MCO to increase capacity when warranted if the facility cannot afford to invest in such a project without outside support.

In 2014, the demand for Methadone services saw a sharp increase, in part due to the opiate crisis. York County Methadone provider, Pyramid Healthcare, Inc. was forced to establish a waiting list for services, which at its peak, topped out at over 120 clients. In recognizing the increased need for this critical service, YADAC in collaboration with the provider developed a plan to address the waiting list, which included increasing the provider's capacity from 175 to 420. This increase has been obtained and the waiting list has been eradicated.

Outpatient treatment providers recognize the need to increase capacity to meet treatment demand. Many have hired or are planning to hire additional staff in order to allow them to increase capacity. Additional facility space may be required to expand, and providers are willing to take on this cost. Commission Outpatient reimbursement rates have been raised for the first time in over a decade for fiscal year 16-17 in order to further support outpatient providers in their efforts to obtain and maintain qualified staff.

County limits on services: 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 be a resident to be eligible for YADAC funding for these services.

An individual must be a resident of 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). 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 restricted inpatient funding to the priority population of Pregnant Substance Users and were enacted to ensure that funding for the priority population of Pregnant Substance Users shall always be available. Due to Medicaid Expansion, YADAC was able to lift these limitations during fiscal year 2015-2016, thus ensuring availability of these services to all populations.

Impact of opioid epidemic in the county system: Percentages for heroin use in both the adult and adolescent population exceed statewide averages, with heroin ranking as the primary drug of abuse for adult admissions and second among those 18 and under. Total heroin use has

increased 31% from FY 2012/2013 to 2014/2015 with opiates and synthetics decreasing 5%. This decrease may be attributed to individuals who started their opiate addiction with prescription opiates, and later turned to Heroin. This trend can also be witnessed in the adolescent to adult population, with increased rates of opiate use in adolescents which decline in adulthood, thus highlighting that adolescents are starting their opioid addiction with prescription opiates/synthetics and turning to Heroin as adults. Continued prevention services for adolescents regarding prescription opiates in addition to fortification of education of medication lock boxes and proper disposal of medication may decrease risk of use of prescription opiates by adolescents, thus potentially decreasing the risk of future heroin use.

The rise of heroin substance abuse directly correlates to increased demand for intensive treatment services, and subsequently a possible delayed admission to these services due to lack of bed availability. More Medically Monitored Inpatient Detox and Medically Monitored Residential beds are necessary to meet the demand. Increased MAT services may assist with the opiate abusing population. Further, increased motivation for individuals to attend recommended aftercare, in particular Medically Monitored Residential following detoxification is necessary.

Emerging substance use trends that will impact the ability of the county to provide substance use services: Reports of opioid overdose deaths in York/Adams County are staggering and continued to rise. The region is averaging 17.4 deaths per 100,000 persons with York County as one of the top five counties in Pennsylvania experiencing an overdose crisis. York County reported over 100 overdose deaths in 2014. Of these deaths, a reported 62 were confirmed due to heroin according to the York County Coroner. Additionally, the Adams County Coroner's office reported a total of 43 overdose deaths in the past 5 years, with opioids contributing to the majority of the cases.

Naloxone access/education is key in preventing opiate related overdose deaths. Unfortunately many YADAC contracted providers do not carry Naloxone nor distribute it directly to clients. There appears to be barriers in regards to these initiatives. It is also difficult to determine how many community members have non-expired Naloxone and have received Naloxone training.

Marijuana/Hashish was the primary abused drug of individuals under age 18 and ranked third for adult admissions. Interestingly, marijuana is typically found in the systems of those who overdose from opiates/heroin. Early use of marijuana in adolescents may be a contributing factor to later drug use of opiates/heroin. State and National trends regarding medicinal and legalized Marijuana heavily influence attitudes towards these substances and as a result, many no longer view these substances as illegal, dangerous, or even a substance to be abused with adolescents in particular subject to these thoughts. While admissions for these substances are lower than the statewide percentage as of fiscal year 2012/2013, according to fiscal year 2014/2015 data, use of these substances is on the rise, with an increase of 42% since fiscal year 2012/2013. Additionally, Synthetic marijuana is rapidly becoming an epidemic in Central Pennsylvania with explosion of use of the drug occurring in April/May of 2015. Increasing SCA knowledge of pending marijuana legislation in addition to ensuring corresponding prevention and treatment services are critical.

Target Populations

Adults: YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. During fiscal year 2012-2013, Heroin was the primary drug of abuse for adults, with 817 admissions, accounting for 43.5% of all admissions. Adult heroin admissions far exceed statewide averages of 31.3% for adults and 4.8% for 18 and under. While Heroin has increased, opiates and synthetics decreased 5% from fiscal year 2012-2013 to fiscal year 2014-2015. It appears that adults are starting their addiction with opiates and later turning to Heroin.

Many adults do not comprehend the link between prescription opiates and addiction and that prescription opiates may lead to addiction, overdose and heroin use. Prescription drug monitoring may assist in monitoring those individuals who may be drug seeking. It will be important to educate those involved in this monitoring on substance use disorders and how to treat them effectively, so to prevent these individuals from potential overdose death. Further, Naloxone access and education for those using prescription opiates and their families/supports must occur.

Older adults may be at increased risk of gambling due to the culture of solicitation and YADAC has sought and received drug and alcohol problem gambling grant funding for a two year fiscal period of 2015- 2017 to address this concern.

Transition Age Youth (ages 18-26) –YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. This population may be entrenched in substance abuse, but lacking the oversight and guidance more available to adolescents. Further, they may have burnt bridges and feel out of options. Their developmental maturity may be stunted at the age of use and it is important to address their needs on a level appropriate to their developmental maturity while addressing adult transitional requirements.

Adolescents (under 18) –YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. York County numbers of child abuse/neglect cases have drastically increased. Further, Women with Children appear to encounter increased barriers to accessing services. As risk factors increase for children due to child abuse/neglect and primary caretaker barriers to substance abuse treatment, so may the propensity for addiction. Adolescents appear particularly vulnerable to prescription opiates, which may later contribute to heroin use. Further, early use of marijuana in adolescents may be a contributing factor to later drug use, including opiates/heroin. There continues to be barriers to services for this population due to multiple factors. Students and parents often do not know where to turn for help and Student Assistance Programs appear under-utilized as a resource to address substance use disorders due to lack of knowledge and education of the service. Parental involvement is at times lacking or unsupportive. Transportation to services may be lacking and Intensive Outpatient services may only exist if enough individuals are in need of this service to support the group aspect of this treatment level. Further, there appears to be a gap in appropriate support groups 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. Mental health conditions compound recovery. It is important to address co-occurring needs from an integrated approach in order to address the co-occurring condition in a comprehensive fashion. Even so, needed mental health services such as psychiatry and medication management may be subject to waiting lists.

Criminal Justice Involved Individuals – YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population in addition to continuing 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 and York County DUI Treatment Court). Further, the York County Prison houses a large inmate population with substance use disorders and as such, has two programs designed specifically to address the needs of this population. In Adams County, screening, level of care assessment and treatment coordination services are provided in the Adams County Adult Correctional Complex in addition to Adult Probation Intermediate Punishment eligible individuals. Additionally, Outpatient services as provided through an SCA contracted, licensed provider are also being provided in the Adams County Adult Correctional Complex. Further, the Jail Project has been implemented in York county Prison.

The Court/Criminal Justice system accounts for the highest volume of YADAC referrals and it is estimated that 70% of individuals that are on County Probation/Parole and 70% of those incarcerated in York/Adams County have substance use problems. Given that the Court/Criminal Justice system account for the highest volume of YADAC referrals in addition to the number of diversionary programs and criminal justice drug and alcohol initiatives, it is important that YADAC continue to support these initiatives. Unfortunately often times these initiatives are put into place by the criminal justice system with minimal or no funding for corresponding drug and alcohol components. While it is critical that the criminal justice system continue to partner with YADAC, PCCD grants and other criminal justice funding may decrease the burden of these initiatives on the SCA.

Women with Children – YADAC offers the full continuum of prevention, intervention, treatment and non-treatment related services to this population. YADAC requires that providers who treat Pregnant Women, Women with Dependent Children, and Women Attempting to Regain Custody of Children, treat the family as a unit when appropriate and also provide, or arrange (at a minimum) for the provision of child care while the women are receiving treatment services.

Women are likely to have primary child-care responsibilities and concerns about providing child care and the possibility of losing custody often weigh heavily in whether or not a woman will seek out and be able to attend recommended treatment. While many resources do exist for day care in both York/Adams Counties, reduced cost child care options often have lengthy waiting lists. Child care for those who do not meet reduced cost options often find child care to be unaffordable. Women with children residential programs offer onsite options for children to

attend the program with the mother, thereby alleviating fears of who will care for the child(ren) while the mother attends residential treatment. Unfortunately this option does not exist at the medically monitored inpatient detox level and women with dependent children may be less likely to seek out this service due to child care barriers. Further, on-site child care is not available at the Outpatient level. Appointment times may be after work hours and day care hours. Women may choose to bring their children with them to Outpatient appointments, which while not optimal for successful treatment engagement, may be the only option the woman has as they are the primary care taker. If unable to secure child care such as a baby sitter, the individual may cancel or no show for their appointment. According to local Outpatient treatment providers, approximately 25-45% of women with dependent children encounter such barriers to treatment due to lack of child care.

Recovery-Oriented Services

York/Adams Counties have made great strides in incorporating recovery support services into the community in addition to collaborating with existing recovery support services. Some of the services currently available include the RASE Project in York County and Hanover, with intentions of expanding services to Adams County. The RASE Project provides Buprenorphine Coordination Support services as well as recovery support service programming designed to assist individuals who are in need of recovery services in overcoming the obstacles that keep them from succeeding in the recovery process. One of support services they offer are child care services in order to promote primary caregiver access to the program.

Many local recovery groups exist in York County. York County has a local Recovery Committee made up of various recovery stakeholders in the community. The Committee hosts a number of events throughout the year to support recovery and hold an annual recovery day event at the York County baseball stadium, with proceeds going directly to support the recovering community. The agency, Not One More , whose mission is to raise awareness and prevent drug abuse in the community through education and community partnership, York Chapter has been extremely active and has coordinated a number of community presentations in addition to Naloxone distribution to the community and recovery houses. Hope for Today is another recovery group, whose mission is to promote addiction awareness recovery. They recently held their second annual 5K cross country run/substance abuse fair. The event raised awareness of substance abuse while raising donations to benefit the recovering community.

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 16-17, 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.

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.

Service category: Homemaker

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.

Specific Services: Service planning/case management

Populations Served: Low-income adults, homeless persons, persons with mental health problems, aging and aged persons

Allocation: $113,983

Program Name/Description: PA 211 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.

Specific Services: Centralized information and referral

Populations Served: Low income adults, homeless persons, aging and aged persons, persons with substance abuse issues, persons with MH-IDD issues

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 conducts many coordination efforts 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. Service coordination funds are utilized primarily to pay for salaries for employees who spend time performing these greater coordination activities. All of the activities performed under "Service Coordination" lead to a more integrated human service delivery system, which ultimately reduces barriers for consumers and improves overall quality.

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

Attachment A

Proof of Publication
State of Pennsylvania

AD # 0001605431-01

The York Dispatch/York Sunday News and York Daily Record are the names of the newspaper(s) of general circulation published continuously for more than six months at its principal place of business, 1891 Loucks Road, York, PA 17408.

The printed copy of the advertisement hereto attached is a true copy, exactly as printed and published, of an advertisement printed in the regular issues of the said **The York Dispatch/York Sunday News and York Daily Record** published on the following dates, viz:

5/25/2016, 5/29/2016

PUBLIC HEARING
York County Human Services Division

Public Notice is hereby given that the York County Human Services Division will hold a public meeting regarding funding plans for Fiscal Year 2016-2017. The meeting will be held on June 2, 2016 at 2:00 pm at 300 East 7th Avenue, York, PA. The presentation will include the following County of York departments: Human Services, Office of Children, Youth & Families, Mental Health/Intellectual & Developmental Disabilities, Early Intervention, and Drug & Alcohol Commission. A draft of the 2016-2017 Coordinated Human Services Plan will be available for review.

Immediately following, the York County Children, Youth & Families and Juvenile Probation Office will be available to address additional public questions and concerns regarding its annual needs based budget and plan for fiscal year operations of 2016-2017.

RECEIVED
JUN 0 3 2016
PURCHASING DEPARTMENT

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF YORK

Before me, a Notary Public, personally came Pam Rodencal who being duly sworn deposes and says that she is the Legal Advertising Clerk of The York Dispatch/York Sunday News and York Daily Record and her personal knowledge of the publication of the advertisement mentioned in the foregoing statement as to the time, place and character of publications are true, and that the affiant is not interested in the subject matter of the above mentioned advertisement.

Sworn and subscribed to before me, on
this 29 day of May 2016

Amy L. Miller } Pam Rodencal

Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
AMY L MILLER
Notary Public
WEST MANCHESTER TWP, YORK COUNTY
My Commission Expires Apr 7, 2019

The charge for the following publication of above mentioned advertisement and the expense of the affidavit.

Advertisement Cost	$282.80
Affidavit Fee	$5.00
Total Cost	$287.80

APPENDIX C-2 : NON BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: YORK/ADAMS	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES					
Act 152 Inpatient Non-Hospital	378		566,500		
Act 152 Administration					
BHSI Administration					
BHSI Case/Care Management					
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	48		222650		
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP					
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL DRUG AND ALCOHOL SERVICES	426	789150	789150		0
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services	1		4,000		
Aging Services					
Children and Youth Services					
Generic Services	22900		138683		
Specialized Services					
Interagency Coordination			47000		
Administration			28,298		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	22901	282981	217981		0
Note any utilization of HSDF funds in other categoricals and include: where utilized, estimated number of individuals, and estimated expenditures.					
GRAND TOTAL	49998	20721241	20721241	659220	0

APPENDIX C-2 : NON BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: YORK/ADAMS	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	3		$ 33,000	$ -	0
Administrative Management	1,803		$ 820,826	$ 67,325	0
Administrator's Office			$ 890,077	$ 52,360	0
Adult Developmental Training	0		$ -	$ -	0
Children's Evidence Based Practices	0		$ -	$ -	0
Children's Psychosocial Rehabilitation	0		$ -	$ -	0
Community Employment	20		$ 34,224	$ 3,568	0
Community Residential Services	208		$ 5,516,465	$ 30,692	0
Community Services	774		$ 289,738	$ -	0
Consumer-Driven Services	0		$ -	$ -	0
Emergency Services	15,452		$ 1,018,284	$ 92,245	0
Facility Based Vocational Rehabilitation	116		$ 319,295	$ 30,759	0
Facility Based Mental Health Services	0		$ -	$ -	0
Family Support Services	24		$ 173,211	$ 3,800	0
Housing Support Services	146		$ 2,337,206	$ 29,754	0
Mental Health Crisis Intervention	0		$ -	$ -	0
Other	0		$ -	$ -	0
Outpatient	1,480		$ 1,023,912	$ 47,767	0
Partial Hospitalization	38		$ 40,000	$ -	0
Peer Support Services	0		$ -	$ -	0
Psychiatric Inpatient Hospitalization	18		$ 60,800	$ -	0
Psychiatric Rehabilitation	19		$ 71,500	$ -	0
Social Rehabilitation Services	342		$ 701,161	$ 18,752	0
Target Case Management	1,234		$ 1,568,490	$ -	0
Transitional and Community Integration			$ -	$ -	0
TOTAL MENTAL HEALTH SERVICES	21677	$ 14,898,189	$ 14,898,189	$ 377,022	0

APPENDIX C-2 : NON BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: YORK/ADAMS	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			$ 929,205	$ 61,261	0
Case Management	734		$ 706,262	$ 78,474	0
Community-Based Services	842		$ 1,603,716	$ 142,463	0
Community Residential Services	8		$ 634,350	$ -	0
Other	0		$ -	$ -	0
TOTAL INTELLECTUAL DISABILITIES SERVICES	1584	$ 3,873,533	$ 3,873,533	$ 282,198	0
HOMELESS ASSISTANCE SERVICES					
Bridge Housing	100		289,108		
Case Management	650		143449		
Rental Assistance	2,050				
Emergency Shelter	610		314831		
Other Housing Supports	0		135,000		
Administration			60000		
TOTAL HOMELESS ASSISTANCE SERVICES	3410	877388	942388		0

FY 16-17 Human Services Plan - Appendix C -3

Total Allocation # 8 (letter dated May 3, 2016)	**$**	**24,146,273**
MENTAL HEALTH SERVICES		
Less: State Funds - Clinical Case Funding CC (one time only start up 15-16)	$	(65,000)
Less: CMHBG - Housing Initiative (one time only)	$	(42,904)
Less: State Funds for Pass Thru Special Projects		
(1) Veterans Project/MH Matters	$	(233,114)
(2) Children's Psychiatry Consultant - Central	$	(42,500)
(3) Children's Psychiatry Consultant - Statewide	$	(119,892)
Less: Federal Funds for Pass Thru Special Projects - CMHBG		
(1) Survey Project	$	(106,000)
(2) Dual Diagnosis	$	(10,500)
(3) Dr. Adair Project	$	(854,000)
(4) Miscellaneous Training	$	(10,500)
(5) TAY/CPS Continuing Education	$	(28,580)
(6) Data Dashboard Software	$	(25,200)
Less: Federal Funds for Pass Thru Special Projects - others		
(1) PATH Homeless - HMIS & Training	$	(64,369)
(1) CPOMS	$	(140,776)
(2) State Tribal Youth Suicide Prevention	$	(58,924)
(3) Targeted Capacity Jail Diversion	$	(212,637)
(4) Child Mental Health Initiative	$	(1,165,059)
(5) Bioterrorism Hospital Preparedness	$	(195,500)
(6) Suicide Prevention In Schools & Colleges	$	(725,123)
(7) PA Healthy Transitions Partnership	$	(1,300,140)
(8) PA Systems of Care Expansion Implementation	$	(1,568,544)
(9) PA Certified Community BH Clinics	$	(557,000)
(10) PA Safe Schools/Healthy Students	$	(1,721,822)
Adjusted Allocation for HSD Plan Presentation FY 16-17	**$**	**14,898,189**
State Base	$	3,863,658
State Base - CHIPP	$	9,837,085
State Base - PATH	$	21,438
State Base - DCWI	$	107,354
State Base - Respite Care	$	13,647
State Base - ESSH Closing	$	133,161
State Base - Student Assistance Program	$	289,738
BHSI	$	227,659
Subtotal State	**$**	**14,493,740**
SSBG	$	68,432
CMHBG	$	289,143
PATH Homeless Fed	$	46,874
Subtotal Federal	**$**	**404,449**
Total DHS Funding (State and Federal) Tie In - MENTAL HEALTH SERVICES	**$**	**14,898,189**