



DEPARTMENT OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA

NUMBER:
2014-1

ISSUE DATE:
May 20, 2014

EFFECTIVE DATE:
Immediately

SUBJECT:

Fiscal Year 2014/15 County Human Services
Plan Guidelines

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Department of Public Welfare

SCOPE:

COUNTY COMMISSIONERS AND EXECUTIVES
COUNTY CHILDREN AND YOUTH ADMINISTRATORS
COUNTY MENTAL HEALTH ADMINISTRATORS
COUNTY INTELLECTUAL DISABILITY SERVICES ADMINISTRATORS
COUNTY DRUG AND ALCOHOL ADMINISTRATORS
COUNTY HUMAN SERVICES ADMINISTRATORS

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PURPOSE

The purpose of this bulletin is to provide guidelines and instructions to counties to complete the consolidated County Human Services Plan. This bulletin also explains how the Department of Public Welfare (DPW) will structure technical assistance on integrated planning to counties.

BACKGROUND

In accordance with Act 80 of 2012, DPW developed requirements for counties to submit a consolidated County Human Services Plan. DPW is committed to continuing efforts to streamline the planning and reporting requirements for county human services programs. The consolidated planning process described in these guidelines will meet the planning requirements for county human services, including Mental Health Community Base Funded Services, Behavioral Health Services Initiative, Intellectual Disabilities Community Base Funded Services, Child Welfare Special Grants, Act 152 Funding, Homeless Assistance Program Funding, and Human Services Development Funds.

Act 80 of 2012 also established a Human Services Block Grant for the purpose of allocating funds to county governments to provide locally identified county-based human services that will meet the services needs of county residents. Act 55 of 2013 further provided for 30 counties to participate in the Human Services Block Grant. The consolidated planning process described in these guidelines will meet the planning requirements for counties participating in the Human Services Block Grant and the planning requirements for the non-Block Grant counties.

If legislation is passed to expand the Human Services Block Grant in FY 2014/15, counties will be provided an opportunity to submit a revised plan to DPW. Revised guidelines will be issued at that time.

DISCUSSION

Counties in their leadership role will identify local needs, develop goals, create strategies, and identify and track outcomes that support the implementation of quality, cost effective and efficient services. Counties will complete the planning process and submit the required County Human Services Plan based on their categorical allocations. The Plan would describe how services are delivered in the areas of mental health, intellectual disabilities, homeless assistance, children and youth, juvenile justice, and drug and alcohol services. The plan should also describe how there will be meaningful coordination and cooperation with other critical services not directly led by county government. For Counties with a private Single County Authorities (SCA), the county planning process should include appropriate representation of the SCA.

Each county should construct a county planning process that includes the development of a county planning team to receive input and create a plan for the delivery of Human Services in the county. The county planning team should include representation of the program areas included in the plan. Counties should also include key stakeholders on the planning team, such as representatives of other aspects of the human services system as well as individuals who receive services and their families. Counties who currently have leadership teams developed through System of Care, Integrated Children's Services, Community Support Programs or other multi system initiatives may consider using those teams as the basis for a county planning team.

Counties that are participating in the Human Services Block Grant have greater flexibility in the use of those categorical allocations as outlined in Act 80. The flexibility of the Human Services Block Grant allows counties to fund traditional categorical services as well as innovative cross system services to meet locally identified needs. Counties are encouraged to develop approaches based on a local assessment of needs. These cross system services may be achieved through unique combinations of services that had previously been provided by individual categorical services and will provide opportunity to address unique service needs.

PROCEDURES

Each county will submit one (1) County Human Services Plan to the Secretary of Public Welfare by the designated date for FY 2014/15 which includes the information requested in these guidelines.

Each county will submit a Human Services County Plan using the template and the specifications provided in Appendices A, B, and C-1 (Block Grant Counties) or C-2 (non-Block Grant Counties). All of the specifications and requirements in appendices A and B pertain to both Block Grant and non-Block Grant counties, unless otherwise specified.

Counties are encouraged to undertake a comprehensive planning process which includes all county level human service systems. DPW will review the plan and provide the county or appropriate entity with approval, recommendations for improvement or items that are required to be addressed prior to approval.

For counties that have service categories (mental health, intellectual disabilities and drug and alcohol) provided by local collaborative arrangements (LCA), they will submit the information requested in these guidelines as follows:

➤ **When all of the counties in the LCA are Block Grant Counties:**

- **The service categories provided by the LCA (funded directly by DPW) will be submitted as a part of only ONE County's Plan document.** A local decision should be made to reflect which county will include the LCA related services in their County Plan.
- **The county submitting the LCA information will complete the budget** included with Appendix C-1 for the service categories provided by the LCA, using the Non-Block Grant Expenditure column.
- **The county/counties not submitting the information for the service categories provided by the LCA will NOT complete the budget** included with Appendix C-1 for those service categories provided by the LCA, in the Non-Block Grant Expenditure column.

- **When all of the counties in the LCA are Non-Block Grant Counties:**
- **The service categories provided by the LCA will be submitted as a part of only ONE county's Plan document.** A local decision should be made to reflect which county will include the LCA related services in their county Plan.
 - **The county submitting the LCA information will complete the budget** included with Appendix C-2 for the service categories provided by the LCA.
 - **The county/counties not submitting the information for the service categories provided by the LCA will include a statement under the heading for each of the service categories provided by the LCA.** The statement should indicate that the county was included in the planning process for the service category, that the complete information can be found in the submitting county's Plan, and that the county is in agreement with the information.
 - **The county/counties not submitting the information for the service categories provided by the LCA will NOT complete the budget** included with Appendix C-2 for those service categories provided by the LCA.
- **For counties participating in an LCA where one county is a Block Grant county and one county is a Non-Block Grant county:**
- **The Block Grant county must submit the plan and the budget (using Appendix C-1) including the LCA-funded services.** The LCA-funded expenditures should be reported in the Non-Block Grant expenditure column.
 - **The county/counties not submitting the information for the service categories provided by the LCA will include a statement under the heading for each of the service categories provided by the LCA.** The statement should indicate that the county was included in the planning process for the service category, that the complete information can be found in the submitting county's Plan, and that the county is in agreement with the information.
 - **The county/counties not submitting the information for the service categories provided by the LCA will NOT complete the budget** included with Appendix C-2 for those service categories provided by the LCA.

Public Hearing Notice: Prior to submitting the County Human Services Plan to DPW, the county or related entity shall conduct public hearings pursuant to the Sunshine Act, 65 Pa.C.S. 701-716. The counties are to include a copy of the public hearing notice with the Plan and demonstrate how the public was provided an opportunity for input by completing Part II (Public Hearing Notice) of Appendix B.

- Two (2) public hearings are required for counties participating in the Human Services Block Grant.
- One (1) public hearing is required for counties not participating in the Human Services Block Grant.

Waiver (For Counties Participating in the Block Grant): Each county participating in the Human Services Block Grant is required to have a minimum expenditure level for Mental Health Services, Intellectual Disability Services, Child Welfare Services, Drug and Alcohol Services and Homeless Assistance Services. These minimum expenditure levels are detailed in the county allocation letter. Counties may request a waiver from this requirement by providing justification in writing in Part III (Waiver Request) of Appendix B.

Technical Assistance: The individual program offices (Office of Mental Health and Substance Abuse, Office of Developmental Programs, Office of Children Youth and Families, Office of Income Maintenance, Office of Administration) within DPW will continue to provide technical assistance to counties for their specific program areas. Counties who are participating in the Human Services Block Grant may request additional support from DPW for their efforts to plan and deliver services in an integrated fashion. Requests for technical assistance on integration efforts or questions about the planning document should be sent to the Human Services Block Grant Resource Email Address at RA-pwhsblockgrant@pa.gov.

The following appendices constitute the components of the Human Services Plan:

- **Appendix A: Assurance of Compliance**
Local authorities shall approve the plan and assure compliance with requirements by signing and submitting the document contained in Appendix A. Additional signature lines may be added to the document to accommodate the differing arrangements of those local entities.
- **Appendix B: Template for the Human Services Plan**
The plan will describe the county planning process, outline the county planning team, and detail how funds will be utilized for services. The plan will include the service areas of Mental Health, Intellectual Disability, Homeless Assistance, Children and Youth, Drug and Alcohol, and Human Services Development Fund/Human Services and Supports.
- **Appendix C-1: Human Services Proposed Budget and Service Recipients Spreadsheet** (to be completed by Block Grant Counties). Use FY 2013/14 primary allocation to complete the budget.

- **Appendix C-2: Human Services Proposed Budget and Service Recipients Spreadsheet** (to be completed by Non-Block Grant Counties). Use FY 2013/14 primary allocation to complete the budget.

Due Date: The due date for the County Human Services Plan is 45 days from the issuance of this bulletin. It is to be submitted electronically to the Human Services Block Grant Resource Email Address at RA-pwhsblockgrant@pa.gov.

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: _____

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

_____	Date: _____
_____	Date: _____
_____	Date: _____

Appendix B

County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS

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

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

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

Please provide the following:

1. Proof of publication of notice;
2. Actual date(s) of public hearing(s);
3. A summary of each public hearing.

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

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

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights:

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

b) Strengths and Unmet Needs:

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

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

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

- **Transition-age Youth (ages 18-26)**
 - Strengths:
 - Needs:

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

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

- **Individuals transitioning out of state hospitals**
Strengths:
Needs:

- **Co-occurring Mental Health/Substance Abuse**
Strengths:
Needs:

- **Justice-involved individuals**
Strengths:
Needs:
- **Veterans:**
Strengths:
Needs:
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
Strengths:
Needs:
- **Racial/Ethnic/Linguistic minorities**
Strengths:
Needs:
- **Other, if any (please specify)**
Strengths:
Needs:

c) Recovery-Oriented Systems Transformation:

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

For **each** Transformation Priority provide:

- A brief narrative description of the priority
- A time line to accomplish the transformation priorities
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

INTELLECTUAL DISABILITY SERVICES

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

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment		
Sheltered Workshop		
Adult Training Facility		
Base Funded Supports Coordination		
Residential (6400)		
Life sharing (6500)		
PDS/AWC		
PDS/VF		
Family Driven Family Support Services		

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

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

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

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

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

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

HOMELESS ASSISTANCE SERVICES

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

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing		
Case Management		
Rental Assistance		
Emergency Shelter		
Other Housing Supports		

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

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

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

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

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

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

CHILDREN and YOUTH SERVICES

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

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

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

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

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

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

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

Program Name:	
---------------	--

Please indicate the status of this program:

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

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

Complete the following chart for each applicable year.

	13-14	14-15
Target Population		
# of Referrals		
# Successfully completing program		
Cost per year		
Per Diem Cost/Program funded amount		
Name of provider		

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

DRUG and ALCOHOL SERVICES

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

This overview should include:

1. Information regarding access to services;
2. Waiting list issues;
3. Coordination with the county human services system;
4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

Target Populations

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

- **Older Adults (ages 60 and above)**
- **Adults (ages 18 and above)**
- **Transition Age Youth (ages 18 to 26)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Criminal Justice Involved Individuals**
- **Veterans**
- **Racial/Ethnic/Linguistic minorities**

Recovery –Oriented Services

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

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

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

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

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

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

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

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

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

Appendix D

Eligible Human Service Definitions

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Adult Development Training

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (i.e., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a Department-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Crisis Intervention

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Emergency Services

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disability

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Transitional residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance

Bridge Housing

Transitional services that allow clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; i.e., have no permanent legal residence of their own. ***Other Housing Supports***

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

Housing

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out or those who have aged of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy.

Evidence Based Programs

Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design. For FY 2014-15, the CCYA may select any EBP (including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at: https://www.childwelfare.gov/preventing/evidence/ebp_registries.cfm.

Drug and Alcohol

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24 hour professionally directed evaluation, care, and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted client.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24 hour medically directed evaluation, care and treatment for addicted clients with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/ Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Prevention

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals gain access to needed community resources to support their recovery on a peer to peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Generic Services

Services for individuals that meet the needs of two or more client populations include: Adult Day Care, Adult Placement, Centralized Information and Referral, Chore, Counseling, Employment, Homemaker, Life Skills Education, Service Planning/Case Management, and Transportation Services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a client population that are difficult to meet with the current categorical programs.