The Anatomy of County Human Services Funding

FRAMEWORK OF COUNTY HUMAN SERVICES FUNDING STREAMS

Funding for county human services programs is derived from a series of federal, state, and county funding streams. Some funding streams are intended to cover costs of a mandate, in whole or in part, some require shared funding responsibility between the federal and state budgets, and some include a county match. Funding streams that provide for county human services programming include Title I- E, Title IV-B, Title IXX, Medicaid, state only, eligible individual and services, SSBG, HSDF, BHSI, county match, over match, entitlement, mandated services, and base funds. Numerous terms abound when human service discussions focus on finances. Funding for human services can be confusing and difficult to understand. Each system has specific funding and along with those dollars are inevitable constraints.

Federal funds

The overwhelming majority of funds for human services come from the federal government with the largest portion being Medicaid dollars. In 1965 the Social Security Act was amended to create Medicaid, a jointly funded cooperative venture between the federal and state governments. There are over 25 different eligibility categories. These statutory categories can be classified into five broad coverage groups: Children, Pregnant Women; Adults in Families with Dependent Children; Individuals with Disabilities; and Individuals over Age 65.

The federal government pays 50 to 77 percent of the total cost of Medicaid reimbursement for eligible individuals and services. There is a formula that gives a base on per capita income for these programs. Pennsylvania’s federal financial participation rate, commonly referred to as federal match, is 55.64 percent for federal FY 2011. Every $100 dollars appropriated by the Pennsylvania General Assembly within one of the various categories results in $43.36 from the federal government. This rate is reset in October as the federal budget is developed.

Community services are dependent on various titles of the Social Security Act. Children and youth protective services draw federal funds under Title IV-B. Community mental retardation and behavioral health services draw federal funds under Title IXX. Federal funds are a major contributor to community human services and bring a set of rules: individual and service eligibility requirements for reimbursement. Most services are entitlements, meaning that if an individual meets the entrance criteria/need for a program, the individual is required to receive the service to ameliorate the need. For instance, if a child under the age of 18 is abused, the child is entitled to protective services funded under Title IV-B.

Not all federal funds require a state match nor do they create entitlements. Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG), is a capped program.
States receive funds based on population to address a broad array of services. States are fully responsible for determining the use of their funds under the block grant.

**State funds**

Pennsylvania frequently is a forerunner in addressing community human services as needs are identified. Consequently, state funding is authorized to address a specific or general need or as match to other federal funding. For instance, in 1972, the General Assembly enacted Act 63, the Pennsylvania Drug and Alcohol Abuse Act, that established Single County Authorities to promote local access to the full continuum of drug and alcohol services within the funding limitations. This is an example of specific need funded by state dollars. These funds match the federal Substance Abuse Treatment and Prevention Block Grant. An example of general need is the Human Services Development Fund (HSDF) enacted in 1994 that consists of state only dollars for a variety of local needs such as transportation, attendant care, housing services, to name a few.

**County funds**

Counties have developed a variety of programs to serve individual or families who are in need of assistance. Some of the services are funded through a combination of local, state, and federal dollars. Numerous service dollars require a county match; specific services require the county to provide funds so as to equal or complement funds authorized by the state. Children and youth protective and placement services, early intervention services, day services for persons with mental retardation or mental illness, juvenile detention services, and an overwhelming majority of services administered and managed locally require county matching funds.

Local match to draw state or federal funds helps counties to further local efforts. Unfortunately, counties frequently spend more than the maximum required creating over match. The over match can result for numerous reasons: the state allocation did not meet the levels indicated in the local plan, local need exceeded plan estimates, or delivered services were not eligible for matching funds to name a few.

Counties have the unique burden and responsibility to manage, coordinate and administer a variety of funds to support a wide array of local human services. Solving the maze of funding is necessary as counties plan to address local human services needs. With the vast majority of a county’s budget dedicated to human services, county professionals must have command of the complex funding streams and various requirements to maintain a viable safety net for Pennsylvania’s citizens.

In addition to these three primary funding streams, dollars flow into the state and counties as a result of program mandates and entitlements designed to meet specific social goals. For example, children, pregnant women, and the elderly are some of the targeted populations considered to be vulnerable, and thus qualify to receive a certain level of service, such as food programs, drug and alcohol treatment long term care, transportation, or medical care.

**Entitlements**
Entitlements target a specific population with a distinct need with the intent to provide very basic needs that cannot otherwise be met. Entitlements grow according to the growth of the targeted population and utilization of services.

**Mandates**

Mandates are services that counties are required to provide up to the limit of funds made available by the legislator. Entitlement dollars currently fund numerous mandated services as permitted within the respective waiver and create the critical mass for many rural counties to support mandated services. Without the entitlement funds, many counties will face a decrease in the available state mandated services due to lack of funds.

**A CASE STUDY: CHILD WELFARE FRAMEWORK**

**Federal mandates**

- Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272, 42 U.S.C. §608, 620-628, 670-676) amends the Social Security Act to provide fiscal incentives to states to reduce the unnecessary placement of children in foster care and to ensure periodic review of the cases of children in placement. The amendments require that before a state may receive federal reimbursement for a child in foster care:
  - A judge finds that the state has made "reasonable efforts" to prevent placement of the child or to reunite the child with his or her family; and
  - The state must develop a written case plan for the child; and
  - The state must ensure that the case is reviewed every six months by a court or administrative body with a full judicial review within 18 months of the child's placement.

- Adoption and Safe Families Act of 1997 (ASFA), Public Law 105-89, amends Title IV-B and Title IV-E of the Social Security Act. ASFA establishes the goals for children in the child welfare system are safety, permanency, and well-being. The law intends to make the child welfare system more responsive to the multiple and frequently complex needs of children and their families and affirms the need to forge linkages between the child welfare system, the courts, and other support systems. The law provides renewed impetus to dismantling the barriers to permanence existing for children in placement and the need to achieve permanency for these children.

Key principles embodied in ASFA are:

- The child's safety and well being is paramount and the foundation for all decisions.
- Substitute care is a temporary setting. The law provides for an expedited process to find a permanent home for children who cannot safely return home.
- Permanency planning for children begins as soon as the child enters substitute care. From the time a child enters placement, the county agency must be diligent in finding a permanent family for the child.
- The practice of concurrent planning is encouraged by ASFA to facilitate the timely considerations of all permanency options for the child.
- Achieving permanency for children requires timely decisions from all parts of the child serving system.
Innovative approaches are needed to produce change. The law envisions real change in the child welfare programs.

- Child and Family Service Reviews (CFSR) were created in 1994 through amendments to the Social Security Act. The amendments authorize the Department of Health and Human Services to review state child and family service programs in order to assure compliance with the State plan requirements in Titles IV-B and IV-E of the Social Security Act. The reviews cover child protective services, foster care, adoption, family preservation, family support, and independent living. The reviews are designed to help states improve child welfare programs and the outcomes for families and children who receive services by identifying strengths and needs within state programs, and areas where technical assistance can lead to program improvements. The reviews examine outcomes for children and families in three areas: safety, permanency, and child and family well-being. Within these three areas, seven outcomes are assessed through statewide data and reviews of cases, as follows:
  - Children are first and foremost protected from abuse and neglect.
  - Children are safely maintained in their own homes whenever possible and appropriate.
  - Children have permanency and stability in their living situations.
  - The continuity of family relationships and connections will be preserved for children.
  - Families have enhanced capacity to provide for their children's needs.
  - Children receive appropriate services to meet their educational needs.
  - Children receive adequate services to meet their physical and mental health needs.

- Pennsylvania Program Improvement Plan (PIP) has been implemented to correct areas of non-conformity in outcomes and systemic factors pursuant to the Child and Family Service Review. The PIP focuses directly on the achievement of positive outcomes for children and families and establishes 20 different goals to improve performance on CFSR-related issues. The initiative consists of five objectives: defining standards; providing training on the defined standards and how to achieve them; providing tools and supports to assist them with that achievement; and monitoring the achievement and actual implementation. The process which translates the statewide initiatives into county actions is institutionalized in the Needs-Based Plan and Budget process.

- Indian Child Welfare Act (ICWA), Public Law 95-608, states “that it is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs.” The law creates the following standards for implementation:
  - An Indian child, any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe falls within the policy.
  - An adoptive placement of an Indian child under State law must demonstrate a preference to a placement with (1) a member of the child's extended family; (2) other members of the Indian child's tribe; or (3) other Indian families.
In any foster or pre-adoptive placement of an Indian child, a preference shall be given, to a placement with: (1) a member of the Indian child's extended family; (2) a foster home licensed, approved, or specified by the Indian child's tribe; (3) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or (4) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

- **Multietnic Placement Act** was passed by Congress in to decrease the length of time that children wait to be adopted; to prevent discrimination in the placement of children based on race, color, or national origin and to facilitate the identification and recruitment of foster and adoptive parents who can meet children's needs. Congress further strengthened the enforcement of these anti-discrimination provisions when it passed the Interethnic Adoption Provisions in 1996. Administration for Children and Families Information Memorandum reinforced the act stating that "Every child, especially one who is languishing in foster care deserves a loving family. Discriminating against these children, or the families that wish to foster or adopt them, on the basis of race, color or national origin, is illegal. Equally important, however, is that such discrimination wrongly denies these vulnerable children the opportunity to enjoy the immeasurable benefits associated with being part of a loving family."

- **The Domestic Relations Section** in conjunction with state regulations requires an assessment for a dependent or delinquent child paced for care or treatment outside of the home to determine the family’s cost of that care or treatment. Child-specific income such as Social Security income is also used to defray the cost of care to the county.

**State mandates**

- **The Child Protective Services Law (CPSL)**, enacted in 1975, notes that abused children are in urgent need of an effective child protective service to prevent them from suffering further injury and impairment. The law states several purposes:
  
  - Establish in each county protective services for the purpose of investigating reports swiftly and competently.
  - Provide protection for children from further abuse.
  - Provide rehabilitative services for children and parents to ensure the child’s well-being.
  - Preserve, stabilize and protect the integrity of family life whenever appropriate or provide another alternative permanent family when the unity of the family cannot be maintained.
  - Encourage more complete reporting of suspected child abuse.
  - Involve law enforcement agencies in responding to child abuse.
  - Establish procedures to assess risk of harm to a child in order to respond adequately to meet the needs of the family and child who may be at risk, and prioritize the response and services to children most at risk.

- **The Juvenile Act** was enacted in 1972 and sets out five purposes:
  
  - Preserve the unity of the family when possible, or provide another permanent family when family unity cannot be maintained.
- Provide for the care, protection, safety and wholesome mental and physical development of children coming within its provisions.
- Consistent with the protection of the public interest, to provide for children committing delinquent acts, programs of supervision, care and rehabilitation which provide balanced attention to the protection of the community, the imposition of accountability for offenses committed, and the development of competencies to enable children to become responsible and productive members of the community.
- Achieve these purposes in a family environment whenever possible, separating the child from parents only when necessary for his/her welfare, safety or health, or in the interests of public safety.
- Provide a means through which the Act’s provisions are executed and enforced, and in which the parties are assured a fair hearing and their constitutional and other legal rights are recognized and enforced.

• Protection from Abuse Act (23 Pa. C.S.A §6101-6117) permits a family or household member to obtain a court order to protect a child or family or other household member who is the victim of abuse. Under this Act, the court has wide ranging powers of relief, including ordering the abusive member of the family or household out of the house for up to one year.

• Adoption Act establishes proceedings for voluntary relinquishment, involuntary termination and adoption. It details mechanisms to provide a new, permanent, legal family for children whose birth parents are unable or unwilling to fulfill this responsibility. Before a child can be adopted, the relationship between the child and his/her parents must be legally severed permanently. This can be accomplished voluntarily or involuntarily. When it is done, the child is “legally free” for adoption. Finalization of an adoption then creates a new parent/child relationship. The adoptive parents and child assume rights and duties equivalent to those of birth parents and a child.

• Newborn Protection Act (Act 201 of 2002) permits a parent to abdicate their parental rights and leave a newborn at a hospital without fear of criminal prosecution when the child has not been a victim of suspected child abuse.

• Crimes Code is enacted to preserve the public order by defining an offense against the public and imposing a penalty for its violation. These offenses may be prosecuted in a criminal proceeding before the court.

• Regulations are rules or other directives issued by administrative agencies, such as the Department of Public Welfare. They bind each county in its administration and provision of services and describe implementation of legal requirements. The regulations dictating child welfare practice include:
  - Chapter 3130-Administration of County Children and Youth Social Service Programs
  - Chapter 3350-Adoption Services
  - Chapter 3490-Child Protective Services–Child Abuse
  - Chapter 3700-Foster Family Care Agency
  - Chapter 3800-Child Residential and Day Treatment Facilities
Bulletins are issued by administrative agencies to implement legal requirements or present statements of policy and guidelines which are used, for the most part, until regulations are published as final rulemaking.

**GRANT SYSTEMS**

**Block and categorical grants**

Pennsylvania has cooperatively worked with counties to administer grants since the 1970s. Counties administer a wide range of categorical and block grant funds.

The block grant funding levels over time have declined. With broad parameters, there is a wide variance in local approaches to use the funding for community needs. The variety in block grant approaches creates broad latitude to change priorities creating oversight difficulties. Block grants tend to focus on short-term solutions rather than long term effects.

Unlike block grants, categorical programs have program standards in addition to budgetary controls. Fiscal standards are inherent in any grant program, while the targeted nature of categorical grants directs service to the greatest need within the program. Program standards and their consequences with fiscal information provide information to steer to an effective and efficient future at the local level. Numerous federal and state categorical grants fund federal and state entitlements.

Funding through categorical grants increased as federal regulatory changes occurred. Categorical grants limit scope and function, but when combined with mandates and entitlements create continued financial growth to meet demand. Now in 2011, there are unforeseen financial pressures on all levels of government. A vital decision in creating stable community services must consider the best funding approach.

The federal government is entering into the fourth and largest expansion of block grants in American history. Although increased flexibility and cost containment are critical concerns that could be addressed in moving from categorical grants to block grants, no grant system is sustainable unless policy and infrastructure needs are addressed. In essence, how will the transition work be completed? What are the considerations to transitioning from a categorical to block grant funding approach?

A Legislative Budget and Finance Committee Report explored, entitled *Medicaid Reform Efforts in Other States and their Applicability to Pennsylvania*, pursuant to SR 200 of 2005, explored funding options. The report cited experiences of the only state at the time to transition to block grants, Vermont, stating:

“While the block-grant approach provides flexibility, it also subjects the state to potentially crippling costs due to factors that may be largely outside the state’s control, such as inflation or changes in utilization patterns.” (p. S-9)

**Flexibility**
Flexibility to meet unique needs and circumstances is often cited as a goal for block grant funding. Yet, administrative structures within and between counties are increasing collaboration using current categorical and block grant funding streams as permitted. Joint planning and mutual consumer approaches are on the rise at the local level of administration. Counties are working through the constraints of categorical grants to achieve some of the flexibility of block grants while continuing to provide their approved services to a specific population.

The flexibility and inclusion of funding directed at the local level have allowed counties to be able to sustain viable administrative structures with extremely low administrative costs. The loss of any portion of funds that contribute to indirect administrative costs places increased strain on valuable resources. Counties have demonstrated the ability to create a flexible administrative approach to address local needs across traditional geographic boundaries.

There are many examples in practice already; one within the child welfare system and one for drug and alcohol funds that redistribute unspent funds. These examples provide funds to overmatched counties and allow services to be provided with an appropriate mix of state and local resources. County children and youth agencies (CCYA) receive specific allocations for the wide variety of services that they provide. It is not unusual for circumstances beyond the control of one county to have expenses in excess of the allocations established by the Department of Public Welfare, Office of Children, Youth and Families (OCYF). It is also not unusual for a county to under spend their allocations as circumstances, resources and services may have changed in the 12 to 18 months between submission of the Needs-Based Plan and Budget and those allocations. The solution to this over and under spending has been to work cooperatively with OCYF at the close of the fiscal year to reallocate under spent funds returned by counties to counties that have over spent their allocation. To date there has been sufficient funds for OCYF to reallocate full reimbursement to over spent CCYAs and avoids delays and costly Hearing and Appeals process by counties. Should the over spending ever outpace the under spending, counties would be reimbursed to the extent possible by OCYF.

Similarly, for four fiscal years Single County Authorities (SCA) have used a mechanism to redistribute dollars referred to as a HUB. The HUB creates a way to redistribute unused Behavioral Health Services Initiative (BHSI) funding and Act 152 dollars. Act 152 dollars are used for residential treatment services during the gap between determining that a client is eligible for Medical Assistance, and their actual enrollment date in managed care. This time period varies greatly between counties and is determined by staffing patterns and administrative procedures established by each independent County Assistance Office. The result is inconsistent spending patterns among SCAs. The HUB, administered by Lycoming-Clinton SCA, allows for local SCAs to contribute unspent funding so that it may be used by others who have already spent their annual allocation. The redistribution of BHSI funding has resulted in a more equitable distribution of funding without reengineering the funding formula.

Counties are responsible stewards in creating and sustaining effective viable administrative structures with reasonable administrative costs. From the county operational level, numerous concerns must be addressed in order to collaborate and integrate services including the impact on current recipients and administrative resources, compliance with categorical requirements, and any potential losses or risks. Block grant funding latitude expands the number of oversight issues due to a demographically diverse state meeting multiple federal and state priorities. In light of
the variety and legal entitlements and mandates, policy makers must consider the following prior to changing a funding system:

- Will entitlements be under the block grant funding allocations?
- Is the state or county ready to assume the risk for entitlement costs not funded?
- What happens to current recipients of the entitlements and mandates?
- Will there be any changes in state or county match funding requirements?
- What laws and regulations will need to be rescinded or revised?
- Will the state funds remain in support of the categorical grant or block grant?
- Will there be an assurance of funds to maintain efforts through change?
- What happens to mandated services currently funded through multiple funding streams?
- What type of monitoring and reporting will be required?
- Will new technologies, training or other resources be needed for the new system?
- What drives the program? Accountability? Outcomes?
- What will the planning requirements be?
- Will the strained local provider networks sustain this transition?
- Will there be more resources added as new requirements are added under the block grant?
- What degree of oversight will be given to the various levels of government involved?
- How will block grants increase the viability and efficacy of services?
- What will the impact of the Affordable Care Act be on services?
- What will happen to cross systems initiatives when various supporting funds are gone?

Grants, regardless of type, are being squeezed and stretched with increasing costs, especially during the turmoil of the economy. Yet, despite the restrictions of categorical grants, categorical grants do create the following opportunities:

- Increase purchasing power of state funds with federal match
- Require cost effectiveness and outcomes of funding
- Require mutual oversight of funding by federal, state and local governments
- Target funds to identified need
- Create stability of programs over time
- Permit local planning to match with funding

Necessary changes to move from entitlement funding to block grant funding include:

- Dissolution of DPW’s Medicaid Waivers
- Assure that conditions for dissolution meet mandates under Pennsylvania’s Managed Care Law (1998)
- Voidance of state, county and oversight entity contracts with managed care entities
- Voidance of state and provider contracts for the direct provision of services or administration
- Review of state laws creating categorical requirements and funding

There will always be some unknown consequences of changes to current funding mechanisms. The Affordability Care Act implementation is one such example that will affect numerous human services systems as regulations are promulgated. The services under waivers such as psychiatric and psychological evaluations, physical and occupational therapies and other
traditional services by health care professionals are just a few areas that impact the current service system. Offsets are difficult to predict as experienced with the implementation of Pennsylvania’s Autism Insurance Act 62 of 2008. Future decisions regarding whether to sustain the Category PH 95 for individuals under age 21 applying for Social Security Income, commonly referred to the loophole, as eligibility for services is another potential unknown.

Although there are many unknowns when examining potential changes in funding, each human service delivery system currently operates within legal constraints that must be addressed.

**Specific service considerations to grant systems change**

Each service is part of a service system with various requirements dependent upon their respective oversight agencies at the federal and state level. There are multiple configurations of funding and requirements for each service delivered. Changing approaches must consider current and future expectations and goals. Below is a listing of various county administered and operated services with their respective concerns.

- **Attendant care**
  - Medicaid amendment and entitlement status under Social Security Act
  - Requirements under Pennsylvania Act 150 of 1986
  - Olmstead court decision implications

- **Children and youth services**
  - Adoption and Safe Families Act of 1997 (P.L. 105-89)
  - Child and Family Service Reviews under Social Security Act
  - Indian Child Welfare Act (P.L. 95-608)
  - Multiethnic Placement Act and Interethnic Adoption Provisions
  - Pennsylvania Child Protective Services Law of 1975
  - Pennsylvania Juvenile Act of 1972
  - Pennsylvania Protection from Abuse Act 206 of 1990
  - Pennsylvania Adoption Act 101 of 2010
  - Pennsylvania Newborn Protection Act of 2002
  - Pennsylvania Act 148 of 1976 (sets maximum reimbursement rates for services)
  - Pennsylvania Act 30 of 1991 (creates the Needs-Based Plan and Budget Process)
  - Various portions of Pennsylvania Crimes Code

- **Drug and alcohol services**
  - Pennsylvania Drug and Alcohol Abuse Control Act - Act 63 of 1972
  - Act 1 of 2010 regarding the Pennsylvania Gaming Control Board
  - Act 152 of 1988

- **Early intervention services**
  - Part C of the Individuals with Disabilities Education Improvement Act of 2004
  - Pennsylvania Early Intervention Service Systems Act of 1990
- **Family care giver services**
  - Requirements under the National Family Caregiver Support Act (42 U.S.C. 3030s)
  - Requirements under the Pennsylvania Family Caregiver Support Act, and Title 6, Chapter 20

- **Homeless Assistance Program (HAP)**
  - Title XX Emergency Shelter Programs (Social Services Block Grant) program requirements

- **Human Services Development Fund (HSDF)**
  - Requirements of Act 1994-78 which provides broad discretion to counties with minimal funding set at $50,000 per county

- **Juvenile detention and shelter services**
  - Requirements under Pennsylvania Act 148 of 1976
  - Act 30 of 1991
  - Funding viability of mandate

- **Medical Assistance Transportation Program (MATP)**
  - Medicaid requirements and entitlement implications
  - Pennsylvania State Plan of Title XIX providing a funding allocation for emergency and non-emergency transportation

- **Mental health services**
  - Medicaid waiver and entitlement implications
  - Review mandates and responsibilities under MH/MR Act 1966
  - Review impact on Mental Health Procedures Act
  - Olmstead court decision implications
  - Affordability Care Act implications

- **Mental retardation services**
  - Medicaid waiver and entitlement implications
  - Review mandates and responsibilities under MH/MR Act 1966
  - Review impact on Mental Health Procedures Act
  - Olmstead court decision implications
  - Affordability Care Act implications

- **Nursing home services**
  - Medicaid amendment and entitlement implications
  - Rate determination (which is part of budget negotiations and State Plan Amendment)
  - Nursing home assessment funding services (two which expire in 2011 and 2012)
- Pay for performance to nursing homes serving individuals with high acuity (expires 2012)
- Certified Public Expenditure Funding to obtain federal funds for county nursing home costs
- Disproportionate share program for Medicaid occupancy
- Olmstead court decision implications
- Affordability Care Act implications

**PennCARE**
- Federal Older Americans Act of 1965 as amended in 1973
- Pennsylvania Act 1978-70

**State Food Purchase Program (SFPP)**
- Established under the State Food Purchase Program Act of 1992 which permits termination if funds are not available

**HSDF: A COUNTY HUMAN SERVICES SAFETY NET**

The Human Services Development Fund (HSDF) is one of the counties’ most important human services funding sources as it allows counties flexibility in addressing human services needs. While HSDF is an extremely small line item in the Department of Public Welfare’s budget, the funding is crucial, as it allows counties to use the funds not only where they are most needed, but where they can best reduce costs to human service programs in the long run.

First allocated in FY1984-1985 in the amount of $4 million, HSDF was subsequently established under statute by the passage of Act 1994-78 on October 5, 1994, with the purpose of “encouraging county governments to provide locally identified services that will meet the human services needs of citizens in their counties.” Funding for HSDF continued to grow from 1994-2002, when it was allocated at $41 million. Unfortunately, after gradual reductions each year since FY 2002-2003, funding for HSDF was tragically eliminated from Governor Corbett’s FY 2011-2012 budget. This elimination of funding has resulted in a collective loss of $23 million in funds to the counties statewide that will be felt in local programming, as it is not just the elimination of a fund, it is the elimination of a source of flexibility in the counties’ already strained human services systems. While the loss certainly impacts counties, interestingly HSDF equals less than one percent of the Department of Welfare’s total current proposed budget.

Overall, HSDF is often thought of as an “adult services” fund, providing services for low income adults not covered by any other source. However, HSDF is much more flexible than that and actually allows counties to use the funds not only where they are most needed, but where they can best reduce costs to human service programs in the long run. Often these programs are preventative in nature and help citizens maintain and reach self-sufficiency, providing in-home care services as opposed to forcing individuals to turn to long-term care or institutionalization. HSDF also can be used to fund coordination of county human services programs, which prevents overlap and assists with a more efficient management.
Specific programs funded by HSDF vary from county to county, as one of the benefits of HSDF is allowing counties to use the money where it is most needed locally and with a wide variety of uses across the commonwealth. However, some of the programs funded by HSDF include: chore services for disabled adults, case management for homeless individuals and families, case management for those recently released from prison, sexual assault counseling for children, kidney dialysis transportation, “meals on wheels” programs, and after school safe haven programs for at risk teens.

These programs all make up the foundation of the human services “safety net,” providing thousands of individuals with a small amount of assistance that keeps them in their homes, helps them obtain employment as they become productive members of our communities. In one county, for example, HSDF funds a program that provides weekly meals to 29 individuals who are disabled, homebound, and have no other support system for obtaining access to food. It also helps provide personal care services to 22 disabled individuals to assist them with maintaining their health, hygiene and a clean home environment thus preventing eviction or institutionalization. While only $274,698 of HSDF funds were used last year to help maintain these two programs, providing the same number of individuals with home and community based services through Medicaid could cost anywhere between $630,870 and $1,690,752, depending on the level of care needed and whether they are developmentally disabled or elderly. When these programs are looked at more closely, it is easy to see that without the necessary HSDF funding, the costs associated with other human service programs will increase dramatically.

Without HSDF, many local home and community based programs designed to prevent the need for long term care will be eliminated, money that pays for coordination and integration between categorical human service programs to eliminate overlap will not be funded, and prevention oriented programs that reduce the need for additional services will no longer exist. HSDF is a necessary fund, and its importance becomes even more evident when trying to identify cost savings within human services. It is vital that the fund be restored to continue the provision of necessary human services within our counties and to avoid unnecessary expenses in the long run.

**FUNDING FORMULAS**

Some funding for services is allocated to counties on the basis of a formula, and there are many factors included in the allocation formula, depending on the program. In some cases, the formula is dependent on population and poverty, census data, metropolitan statistical details, among other things.

Policy makers and county officials are often frustrated by funding formulas that don’t change to reflect circumstances that occur over time. Some formulas have simply been developed haphazardly, and maintained over time, as funding opportunities were presented. It’s important to understand that a formula factor change will have far reaching consequences in many cases, leading to some county allocations being reduced so that others can be increased, and the reallocation or rebalancing can leave significant funding challenges to the counties that are losing funds. The County Commissioners Association of Pennsylvania (CCAP) believes that formula changes must take into account the consequences created, and wherever possible, provide for hold harmless for counties disadvantaged by formula revisions.

Counties administer a wide variety of human services. Not all are included or addressed in this
article, but a rather a comprehensive representation of county service systems are included. The following chart depicts many funding formulas in use in Pennsylvania for community human services:

<table>
<thead>
<tr>
<th>Law or Initiative</th>
<th>Fed</th>
<th>State</th>
<th>Agency</th>
<th>Effective Date</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title IV-E of the Social Security Act</td>
<td>X</td>
<td></td>
<td>Public Welfare</td>
<td>1994</td>
<td></td>
<td>Sets federal participation rate for allowable services to eligible youth. Reimbursement rate is established according to county poverty level</td>
<td>$304 million County child welfare; IV-E $9.3 million ARRA IV E</td>
</tr>
<tr>
<td>PA Code 55-3130.32</td>
<td>X</td>
<td></td>
<td>Public Welfare</td>
<td>1982</td>
<td>1987</td>
<td>Sets caseworker-to-client ratio of no more than 1-30</td>
<td>No specific line item amount; reimbursement levels determined by type of work</td>
</tr>
<tr>
<td>Law or Initiative</td>
<td>Fed</td>
<td>State</td>
<td>Agency</td>
<td>Effective Dates</td>
<td>Last Modified</td>
<td>Description</td>
<td>FY 10-11 Allocations</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>-------</td>
<td>--------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Substance Abuse Prevention and Treatment Block Grant (SAPT)</td>
<td>X</td>
<td></td>
<td>Health/BDAP</td>
<td>1972</td>
<td>Annual</td>
<td>No funding formula is established. Federal funds are allocated SCAs. The 1972 allocations were based on county population and special initiatives. Formula adjusted annually to balance the amount of state and federal funding allocated to each SCA. Mandatory funding levels are required specified services. The department allocates funding for Student Assistance programs in schools.</td>
<td>$54.1 Million</td>
</tr>
<tr>
<td>Law or Initiative</td>
<td>Fed</td>
<td>State</td>
<td>Agency</td>
<td>Effective Dates</td>
<td>Last Modified</td>
<td>Description</td>
<td>FY 10-11 Funding Allocations</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>-------</td>
<td>--------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Act 63 of 1972</td>
<td></td>
<td>X</td>
<td>Health/BDAP</td>
<td>1972</td>
<td>Annual</td>
<td>The state is required to provide maintenance of effort to match block grant funds. State dollars allocated to SCAs based on annually adjusted formula to balance proportion of funding streams and hold SCAs harmless to the extent possible.</td>
<td>$41.7 Million (state)</td>
</tr>
<tr>
<td>Act 152</td>
<td></td>
<td>X</td>
<td>Public Welfare/OMHSAS</td>
<td>1988</td>
<td></td>
<td>Act 152 funds residential drug and alcohol services for persons eligible for Medical Assistance, but not yet enrolled in HealthChoices. OMHSAS allocates funds annually. Allocations reduced proportionally as HealthChoices began. SCA’s redistribute unused funding to areas of greatest need.</td>
<td>$16.2 Million</td>
</tr>
<tr>
<td>Law or Initiative</td>
<td>Fed</td>
<td>State</td>
<td>Agency</td>
<td>Effective Dates</td>
<td>Last Modified</td>
<td>Description</td>
<td>FY 10-11 Funding Allocations</td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
<td>-------</td>
<td>--------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Act 1 of 2010</td>
<td>X</td>
<td></td>
<td>Health/Bureau of Drug and Alcohol Programs</td>
<td>2010</td>
<td></td>
<td>SCAs receive funding for assessment and residential treatment for substance abuse problems from gaming revenue. Allocation of funds is based on past utilization of services, and population. In July 2010 SCAs began to receive half of the funds in the problem gambling fund for community needs assessment, prevention and treatment of problem and addictive gambling.</td>
<td>$3 million (state)</td>
</tr>
</tbody>
</table>
### Drug and Alcohol/ Mental Health

<table>
<thead>
<tr>
<th>Formula Title</th>
<th>Fed</th>
<th>State</th>
<th>Dept</th>
<th>Effective Dates</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHSI</td>
<td>X</td>
<td></td>
<td>Public Welfare/OMHSAS</td>
<td>1996</td>
<td></td>
<td>The Behavioral Health Services Initiative was to provide mental health and substance abuse treatment services to individuals who lost eligibility through Welfare Reform. The statewide amount is split 60% drug and alcohol; 40% mental health and then allocated to SCA's and county MH/MR programs. The formula was initially based on utilization; there is no correlation to county population.</td>
<td>The money is split 60/40 between drug and alcohol and mental health. Drug and alcohol’s portion is $31.9 Million</td>
</tr>
<tr>
<td>Formula Title</td>
<td>Fed</td>
<td>Stat</td>
<td>Dept</td>
<td>Effective Dates</td>
<td>Last Modified</td>
<td>Description</td>
<td>FY 10-11 Allocations</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----</td>
<td>------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Title XX Emergency Shelter Program (Homeless Assistance Program)</td>
<td></td>
<td>X</td>
<td>DPW</td>
<td>1983</td>
<td>1996-1997</td>
<td>The program began with Requests for Proposals (RFP) to all counties, but not all counties responded. Although percentages of individuals in poverty and rates of unemployment were initially included, these criteria did not remain consistent as the program rolled out and became statewide in FY 1996-1997.</td>
<td>$22.8 Million (state)</td>
</tr>
<tr>
<td>Homeless Prevention and Rapid Rehousing Program (HPRP); Title XII of ARRA 2009</td>
<td></td>
<td>X</td>
<td>Community and Economic Development</td>
<td>2009</td>
<td></td>
<td></td>
<td>$20.2 million (federal) pursuant to the federal formula; $1.5 million to be distributed through competitive grants. ($21.7 million total federal funds)Total federal funds</td>
</tr>
<tr>
<td>Formula Title</td>
<td>Fed</td>
<td>State</td>
<td>Dept</td>
<td>Effective Dates</td>
<td>Last Modified</td>
<td>Description</td>
<td>FY 10-11 Allocations</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-------</td>
<td>------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>State Food Purchase Plan (SFPP) State law at 62 P.S. §§4041-4049</td>
<td></td>
<td></td>
<td>Agriculture</td>
<td></td>
<td></td>
<td>Provides grants to counties or a designated lead agency to purchase food for the needy, the statute does not specify a funding formula, the department uses three factors, each of which account for 33% of the allocation: unemployment, food stamps, and medical assistance.</td>
<td>$17.9 million</td>
</tr>
<tr>
<td>EFSP - Yearly FEMA Appropriation-no formula title</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Emergency Food &amp; Shelter Program (EFSP). No particular funding formula, each State Set-Aside Committee determines county allocations taking numerous factors into consideratio</td>
<td>$1.3 Million</td>
</tr>
<tr>
<td>Formula Title</td>
<td>Fed</td>
<td>State</td>
<td>Dept</td>
<td>Effective Dates</td>
<td>Last Modified</td>
<td>Description</td>
<td>FY 10-11 Allocations</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----</td>
<td>-------</td>
<td>------</td>
<td>-----------------</td>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Emergency Food Assistance Program (TEFAP); 1990 Federal Farm Bill</td>
<td>X</td>
<td></td>
<td></td>
<td>1981</td>
<td>1990</td>
<td>Distributed pursuant to total unemployed persons and number of persons with incomes below the poverty level in the state; distributed regionally to food banks and community organizations who then distribute to individuals based on their income. Organizations that distribute to households directly are allocated food based on the household eligibility; organizations who distribute prepared meals must demonstrate that they serve predominately needy persons.</td>
<td></td>
</tr>
</tbody>
</table>
## County Nursing Homes

<table>
<thead>
<tr>
<th>Formula Title</th>
<th>Fed</th>
<th>State</th>
<th>Dept</th>
<th>Effective Dates</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay for Performance (P4P)</td>
<td>X</td>
<td>X</td>
<td>DPW/OLT L</td>
<td>7/1/2006</td>
<td></td>
<td>Incentive Payment to county nursing homes quarterly only if the acuity level of residents increases at that home</td>
<td>$6.5 million – uses Certified Public Expenditure funds</td>
</tr>
<tr>
<td>Medicaid Day One (MDOI)</td>
<td>X</td>
<td>X</td>
<td>DPW/OLT L</td>
<td>7/1/2006</td>
<td></td>
<td>Annual - based on FMAP Incentive payments to county nursing homes to serve MA residents</td>
<td>Approximately $37.4 million total $20.65 million federal $16.75 million state.</td>
</tr>
<tr>
<td>Payment Rates</td>
<td>X</td>
<td>X</td>
<td>DPW/OLT L</td>
<td>7/1/2006</td>
<td>7/1/10 Annual</td>
<td>Amount paid to provide care to Medicaid residents</td>
<td>$618 million – state $2.15 billion federal $423 million in federal stimulus funds</td>
</tr>
<tr>
<td>Assessment</td>
<td>X</td>
<td>X</td>
<td>DPW/OLT L</td>
<td>7/1/2007</td>
<td></td>
<td>Financing mechanism to drawdown additional federal funds</td>
<td>$387.6 million</td>
</tr>
<tr>
<td>(Act 132) County Share</td>
<td></td>
<td></td>
<td>DPW/OLT L</td>
<td>1976</td>
<td></td>
<td>Requirement that counties pay 10% of the non-federal cost of care for MA residents</td>
<td>Approximately $24 million – state funds/CPE funds</td>
</tr>
</tbody>
</table>
### County Nursing Homes

<table>
<thead>
<tr>
<th>Formula Title</th>
<th>Fed</th>
<th>State</th>
<th>Dept</th>
<th>Effective Dates</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPE</td>
<td>X</td>
<td></td>
<td>DPW/OL TL</td>
<td>7/1/2005</td>
<td></td>
<td>Cumulative dollars from all county homes available through a Certified Public Expenditure process</td>
<td>Estimated $41 million for FY 09-10 – last available</td>
</tr>
</tbody>
</table>

### Mental Health/Mental Retardation

<table>
<thead>
<tr>
<th>Formula Title</th>
<th>Fed</th>
<th>State</th>
<th>Dept</th>
<th>Effective Dates</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH/MR Act of 1966</td>
<td>X</td>
<td></td>
<td>DPW</td>
<td></td>
<td></td>
<td>Allocations are based on historical costs, the distribution of any new initiative funding, and the calculation of any COLA increases, if applicable, based on base program allocations.</td>
<td>Mental Health State $709.8 million</td>
</tr>
<tr>
<td>Managed Care Act 1998</td>
<td>X</td>
<td>X</td>
<td>DPW/OMHSA</td>
<td>1997</td>
<td>Statewide 2007</td>
<td>Rates based on Medical Assistance recipients in a given zone and utilization patterns using actuarially sound principles</td>
<td>FY 2010-2011 $1.105 million state</td>
</tr>
</tbody>
</table>
### Early Intervention (birth to three)

<table>
<thead>
<tr>
<th>Formula Title</th>
<th>Fed</th>
<th>State</th>
<th>Dept</th>
<th>Effective Dates</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal IDEA Part C State Early Intervention Services Act 212 of 1990</td>
<td>X</td>
<td>X</td>
<td>Educatio DPW</td>
<td>1990</td>
<td></td>
<td>This is a federal entitlement program with a state entitlement requiring county match (10%) for state funds. Although oversight is a joint effort between two departments, counties administer the services to infants and children from birth to age three.</td>
<td>State - $115.7 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Federal $49 million</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ARRA $6.2 million</td>
<td></td>
</tr>
</tbody>
</table>

### Aging

<table>
<thead>
<tr>
<th>Formula Title</th>
<th>Fed</th>
<th>State</th>
<th>Dept</th>
<th>Effective Dates</th>
<th>Last Modified</th>
<th>Description</th>
<th>FY 10-11 Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Caregiver Support Department of Aging Policy (Act 132)</td>
<td>X</td>
<td>X</td>
<td>Aging</td>
<td></td>
<td></td>
<td>Funds allocated pursuant to three factors considered: all older people (60+) below poverty, weighted by 2; older minority people below poverty, additional weight of 1; older rural people below poverty, additional weight of 1. Because appropriation has not increased since FY 00-01, census data and formula have not been updated.</td>
<td>S$12.1 million state</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Federal $10 million</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$10 million federal</td>
<td></td>
</tr>
<tr>
<td>PennCARE - Established in PA Department of Aging policy through the Federal Older American’s Act of 1965 and Act 1978-70</td>
<td>X</td>
<td>X</td>
<td>Aging</td>
<td>1956 &amp; June 20, 1978</td>
<td>2006 &amp; 2004</td>
<td>PennCARE provides state funding to the 52 Area Agencies on Aging from lottery funds; allocation is determined by Intrastate Funding Formula approved in 2004, and state law incorporates a “hold harmless” provision that specifies that no AAA may receive less state funding than it received in the preceding year.</td>
<td>Federal $10 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State $12.1 million</td>
<td></td>
</tr>
</tbody>
</table>
HEALTHCHOICES AS A MODEL –
Behavioral Health Managed Care... More than Just a Carve Out

In 1997 a change started in the administration and funding of behavioral health services for individuals eligible for Medicaid. The “right of first opportunity” was offered to counties and the behavioral HealthChoices program was rolled out. The “right of first opportunity” permits counties to contract and oversee Medicaid funded behavioral health managed care contracts. As the rollout continued through the state, the Department of Public Welfare executed behavioral health contracts for the counties that did not or could not opt to exercise their right of first opportunity. In 2007 the managed care approach to Medicaid behavioral health services was statewide. Although the approach appears antithetical to integration, the actual service delivery system is demonstrating increased collaboration, integration and maximization of funds.

Savings

Traditionally, managed care contracts that include behavioral and physical health are contracted to a large physical health managed care organization (MCO). The physical health MCO then subcontracts with a behavioral health MCO. In this approach, administrative dollars and profits are realized at two contract levels. When counties hold the managed care contracts for behavioral health, there is no physical contractor taking their portion of administration and profit resulting in more dollars going to provide direct services. Regardless of who oversees the plans, all behavioral health managed care contracts must meet the state set standards, which are available online at http://www.dpw.state.pa.us/ucmprd/groups/public/documents/communication/s_002381.pdf

Counties that receive funds to oversee behavioral health MCO contracts receive substantially lower payments for the oversight than with private contractors. If there are earnings or profits realized locally from the county held MCO contract, a specified portion of the funds may be dedicated to local reinvestment solely to improve, expand or support services to individuals in the plan rather than used for stockholders or bonuses as is common practice in the for-profit sector.

Leverage

Reinvestment funds require approval from the Department of Public Welfare’s Office of Mental Health and Substance Abuse prior to spending the funds and are critical to the success of the program. Reinvestment funds are not permitted to create future liabilities or ongoing future expenses. There are numerous ways to further support individuals with mental illness to assist developing community supports and services within these confines.

Housing is an excellent example that demonstrates how reinvestment funds can leverage additional funding to support individuals with mental illness. Between 2005 and 2010 a total of $52,133,472 was used as one time funding from local reinvestment funds to create local housing options. Reinvestment funds made it possible for counties to partner with their county mental health office, county development offices, local housing agencies, Pennsylvania Housing Finance Agency and the Technical Assistance Collaborative to create a stable home necessary
for individuals recovering from mental illness. By leveraging reinvestment and other funding streams, over a dozen counties collectively realized 1600 units.

Leveraging takes on many different forms depending on the local needs. Throughout the state there is one mutual way that leveraging occurs: to create critical services that benefit all individuals in their efforts for recovery. Through reinvestment dollars services that previously were not available are created to meet contract standards or local needs. These services can benefit individuals who are not funded through Medicaid, but are paid through other funding streams. Reinvestment can make it possible to address the Medicaid population and assist in addressing the needs of other individuals with mental illness solely by expanding the options of services available!

Creating new approaches

Throughout the country, especially in rural areas like Pennsylvanian, securing psychiatric care in the community is difficult. Reinvestment dollars are being used to create telepsychiatry which can provide psychiatric diagnostic assessment, evaluation and medication management. Telepsychiatry not only decreases waiting time in accessing care, but increases the number of individuals seen by a psychiatrist and supports collaboration with other professionals involved.

New approaches also include the continued efforts to incorporate new services with amendments to the State Medical Assistance Plan. All programs now have a choice of a Certified Peer Specialist, which is someone who has experienced mental illness or chemical dependence and assists others to sustain living and working in the community. The local oversight agencies are increasingly creating new evidenced based practices including:

- Assertive Community Treatment
- Supported Housing
- Family Psychoeducation
- Integrated Treatment for Co-occurring disorders
- Illness Management/Recovery
- Medication Management

Collaboration and integration

Creating new approaches and evidenced based practices frequently rely on collaboration either at the family level or between systems. An area of demonstrating effective collaborative and continued efforts is the reduction in the use of placing children in residential treatment facilities. One project formed documented their efforts to convene a work group with all county child-serving systems to develop an action plan for a fully integrated local system of care for children and reducing of children residing in facilities. By incorporating all the available resources and addressing all the children in facilities regardless of what system is funding the placement, the number of children in out of home placement was reduced by 57 percent and provided community based services.

Collaboration continues to spread in many venues: forensics, child welfare, education, behavioral health, substance abuse services are crossing traditional boundaries. Schools have behavioral health programs. Outreach to older persons needing mental health services is occurring.
Behavioral health is creating care management to collaborate with traditional medical practitioners. Multi-systemic approaches to respond to community needs continue to grow to meet the demands while operating under the focused constraints of programs.

Successes

Behavioral HealthChoices with the “carve out” of behavioral health managed care permitting the counties the “right of first opportunity” has exceeded performance standards in numerous areas. Each contract area has their strengths and challenges and learns from each other new perspectives and options for solutions. Behavioral health under the HealthChoices carve out is meeting with success beyond the three stated goals for the Department of Public Welfare: 1) improve access to health care services for Medical Assistance recipients; 2) improve the quality of health care to Medical Assistance recipients and 3) stabilize Pennsylvania’s Medical Assistance spending. There is much more from the behavioral health carve out as the successes continue to grow beyond the initial standards. Some of the notable successes include:

- Collaborative planning with local partners, both public and private to reach outcomes
- Identifying approaches to meet local needs
- Creating more evidence based practices
- Breaking records for access to services for chemical dependence
- Promoting individual choice and voice in services and supports through recovery-oriented practices
- Creating high consumer satisfaction
- Decreasing the need for admissions to inpatient care through community services and support

RECOMMENDATIONS

Counties are business partners. Counties are gate keepers and the local presence for community services. Counties know their constituencies and providers, and are better able to manage locally directed programs. Counties can provide the state with administrative infrastructure needed to reduce the state’s bureaucratic burden.

Counties fully understand the need to contain costs, delivery community services and effectively manage to meet clearly stated goals and benchmarks. As the state examines new ways to deliver community services, CCAP suggests that the commonwealth use a pilot approach. By starting first with several willing counties and testing the new approach, the state is able to identify necessary statutory and administrative revisions in order to assure that goals and outcomes are met.

Due to the complexity of the constraints on various funds and programs identified, CCAP recommends a group of true business stakeholders of county officials and personnel who have front line experience and understanding of the delivery systems and respective governing rules be convened. The experience of county officials and personnel can suggest ways to reduce mandates, identify critical policy directives to be addressed to support change, examine flexibility between services, funding and counties, and use this knowledge to develop a pilot program.
Any changes in the system must be developed in collaboration between the state and counties. While CCAP maintains that any significant change will be difficult, those arrived at through discussion, and implemented carefully, first in a few pilot counties before moving statewide, are likely to produce the best outcomes.