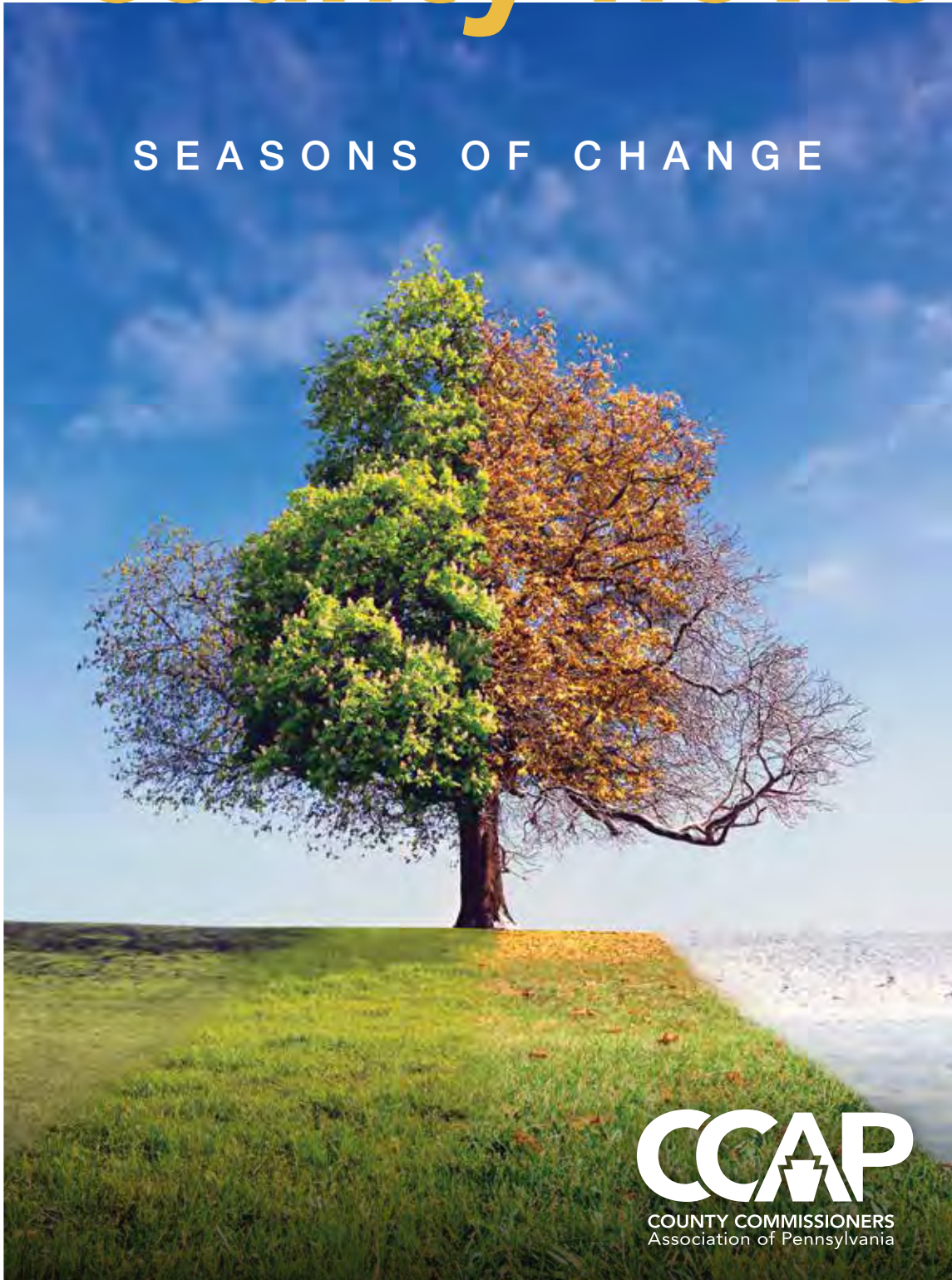


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CCAP advocates as the unifying voice of all Pennsylvania counties and provides leadership and support for excellence in county government.

Our Vision

CCAP is the recognized leader for Pennsylvania county government.

Founded in 1886, CCAP is an affiliate of the National Association of Counties (NACo).

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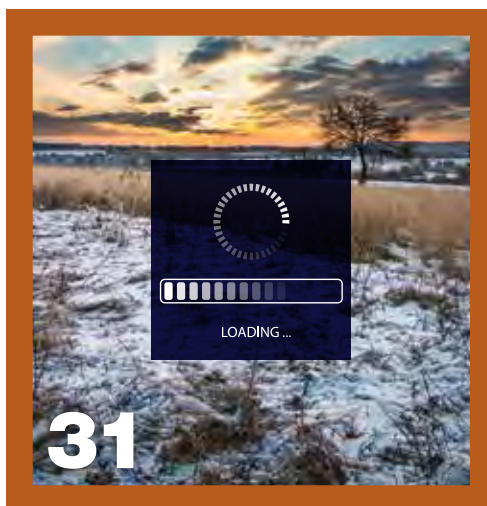
The weather in Pennsylvania is rather symbolic of county government. As the seasons change, so do the people and procedures of your local government. The methods by which things were done ten years ago, much less five years ago, are rarely the way things are done in the present day. In this issue of Pennsylvania County News, we'll revisit where we've been, where we are and where we are going.

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features



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LISA SCHAEFER

Executive Director
County Commissioners
Association of Pennsylvania

**What we've done
for the past 10
years isn't going
to be what works
for us in the next
10 years.**

That seems obvious, right? But typically this change is gradual and happens over the long term so that we hardly notice it, until we take a moment to think about how things are in fact different than what we knew in the past.

The COVID-19 pandemic was an unprecedented disruptor, thrusting us into an era of rapid change. It forced us to reevaluate and redefine the way we conduct our daily lives, from the personal to the professional. Often, it meant wholly rethinking the way we do things, to keep up with the needs of our constituents in a very short-term way. How we communicate with our residents and our legislators, how we offer services in person and virtually, how we understand and address the needs of our workforce, and how we plan for the future and find the resources to make it happen - none of these look the

same as they did even a few short years ago.

I tend to think we would have gotten to these new ways of doing things eventually, but COVID-19 forced us to confront change whether we were ready or not. Most of the time, this meant engaging in a whole new level of decision making and change management, often with imperfect information, hoping for the best and then making tweaks as we went along.

Change is never easy, whether prompted by external events or internal innovation, but it is an essential aspect of progress. It's a reminder that the familiar path can lead to stagnation if we don't continually reassess and adjust. In fact, one of the central themes of change is adaptation, and one thing we've learned is that the ability to adapt quickly is a valuable asset. These adaptations, while challenging,

often yield improved efficiency and effectiveness.

Much like our counties, CCAP hasn't been immune from the outside influences either. Recently, I had the opportunity to join with the other leaders of state associations of counties for a few days of networking, sharing ideas and professional development. We talked about issues that weren't anywhere near our agenda at my first meeting with this group four years ago, such as artificial intelligence, the political dynamics at the federal and state level, and their impacts on how we advocate for our members.

These conversations underscored for all of us the necessity of staying ahead of the curve. New challenges and opportunities emerge constantly, and organizations must be agile to navigate them successfully. We can actively shape who and what we want to be.



Rationally, we know things in the future aren't going to look the same as they do today. Among others, we're getting ready to say goodbye to 78 of our friends who will be retiring from county government at the end of this year. On the other hand, we're also getting ready to welcome more than 70 new friends who have just been elected as county officials and will begin a new four-year term in January.

The influx of retirements and the arrival of new members are a very real symbol of the cyclical nature of change. It's a bittersweet reminder that the workforce continually renews itself, bringing fresh perspectives and expertise, and highlights the need for knowledge transfer and mentorship to ensure a smooth handover of responsibilities.

We're looking forward to supporting our counties through

this time, and seeing how CCAP too can change to be ready for our future.

In essence, change is an integral part of our journey, shaping the past, present, and future. Embracing it with openness and adaptability is the key to continued growth and success. 🍷

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Contact: Fred Bean

Pennsylvania Counties Health Insurance Purchasing Cooperative (PCHIPC), administered by The Benecon Group, is the premier self-funded solution for counties in PA to safely and cost-effectively fund their medical and Rx employee benefits. Formed in 2005 with three counties, PCHIPC's membership has grown to 23 counties with nearly 9,000 county employees and \$120 million in surplus returned to the member counties. PCHIPC offers each county an excellent benefit network through PCHIPC's partnership with the leading health insurance companies in PA. It is governed by a Board of Directors made up of a representative from each of the member counties. Each member has a vote in governing PCHIPC. With total transparency of claims data and low administrative costs, PCHIPC remains committed to providing member counties significant savings.

CHANGES IN PLAIN SIGHT:

The Evolution of Public Meetings



Broadly, how have your public meetings changed over the last five years?

Shedden: *We have become more detail-oriented in our meetings. We try to keep things on schedule and limit the public input to two minutes.*

Marshall: *The biggest change I have seen is the lack of public attendance. In January 2020, the commissioners decided to begin broadcasting our meeting to the public through Facebook Live. We get about 100 views a meeting, but when we started, we got around 500 views. Generally, the only time the public shows up is when a group is receiving a Proclamation.*

I feel that through our archive of meeting recordings, the public has the ability to see what county government is doing and what county government actually does. COVID was a horrible time for many, but it enabled the county to move into this virtual meeting world and allow the public to interact and become informed, if they want. We never had 100 people from the public attend a meeting in person. However, we generally have more than 100 views of our recorded minutes.

How has the way you make meetings available changed?

Shedden: *We now stream all our meetings on Facebook live and allow the public and employees to join via Zoom.*

Marshall: *Over the years, the county has tried to have meetings at different times and locations. All we ended up doing was spending extra money for staff to attend evening or remote meetings. This virtual world allows the public to access county government meetings and see what is going on directly from the Board member.*

Public meetings are a way of life for county officials – not only are they required by the Sunshine Law to deliberate agency business and take official action, but they help counties keep their constituents informed of critical matters. In recent years, our idea of public meetings has expanded beyond the meeting room itself, and CCAP asked Greene County chief clerk Jeff Marshall and Bradford County chief clerk Michelle Shedden to offer their thoughts on the changes they have seen.

How has the way the public and/or media participate in your meetings changed?

Marshall: *Local newspapers and radio stations don't show up in person – they watch on Facebook Live or watch the recording and do their article from that detail. This creates additional phone calls to the Chairman of the Board or myself if the reporter has questions or needs additional information. This has led us to make sure to include a lot more detail than we used to put on the agendas. Our agendas read like minutes now.*

In the past when a citizen had a complaint about the county or anything, they knew if they came to the Commissioners' meeting the newspaper would be there and possibly report on it. That was the easiest way for the public to get access to the news media. The public still does this but now instead of accessing the news media they have access to social media and are getting their issues out through that market. We have never had meeting rules regarding public comments, but are looking at applying them in the coming year.

Shedden: *The public participates much more via Facebook and Zoom. Media still remains in person the majority of the time.*

Have you made changes to the way you provide agendas or other materials related to your meetings?

Shedden: *We now make agendas available online 24 hours before the meeting and all materials related to the agenda are posted online as well.*

Marshall: *In complying with the Sunshine Law, agendas are posted on websites in advance of meetings. We did change the times of meetings to ensure 24-hour posting, but all meetings are still held during normal business hours.*

How, if at all, has the content of your meetings changed?

Shedden: *The content hasn't really changed. We try to stick to the tried-and-true process. The only discussion topic that we had before that seems to have faded away is natural gas in the county. The agenda order is the same as it has been for 20 or more years.*

Note: *Nothing in this article is or should be considered legal advice.*

Pennsylvania Population Projections:

Where Are We Going to Be in 30 Years?

Prepared by the **Center for Rural Pennsylvania**

If demography is our destiny, then Pennsylvania is going to be a very different state in 30 years. Recently released population projections show that by 2050 most of Pennsylvania's counties will have fewer residents and relatively higher proportions of older residents.

Developed by the Pennsylvania State Data Center with support from the Center for Rural Pennsylvania, these projections are based on the age cohort survival model along with projections of births, deaths, and migration rates. The model does not factor in economic forecasting or possible changes in governmental policies or taxes.

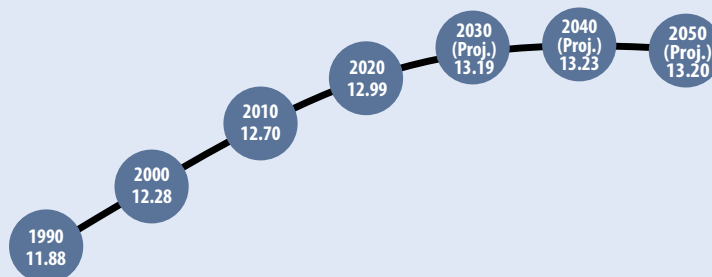


There are three key take-aways from these projections:

1. Slow Population Change

In 2050, Pennsylvania is projected to have 13.20 million residents, or 201,400 more residents than it had in 2020. Pennsylvania is not the only state projected to have sluggish population increases in the future. Population projections for Ohio show a 6 percent decrease in population from 2020 to 2050 and California is projected to have only a 1 percent increase during this period.

Projected Pennsylvania Population 1990 to 2050 (In Millions)



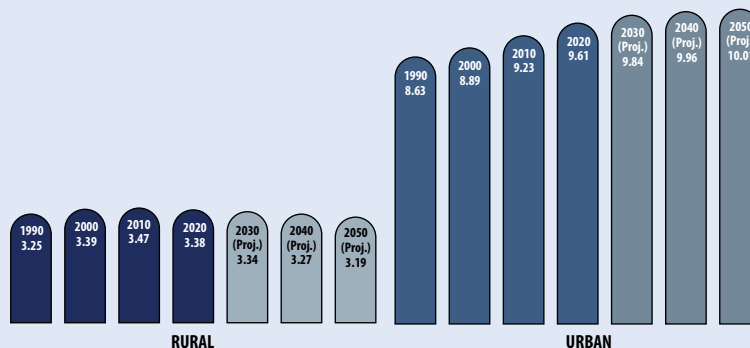
Data sources: U.S. Census Bureau and the Pennsylvania State Data Center.

2. Uneven Population Change

Based on the projections, 46 of Pennsylvania’s 67 counties are forecast to see a population decrease from 2020 to 2050. Twenty-one counties are expected to have a population increase. Counties of the first through fourth classes are, in aggregate, projected to see a 3 percent increase in population. Counties of the fifth through eighth classes are, in aggregate, projected to see a 5 percent decrease in population. This is not a new trend. From 2000 to 2020, first through fourth class counties have, in aggregate, increased in population (4 percent, while fifth through eighth class counties have decreased in population (3 percent).) First through fourth class counties have a population of 145,000 or more. Fifth through eighth class counties have a population less than 145,000.

There is also a regional pattern in the population changes. Counties in the southeast and southcentral regions are, in aggregate, projected to have a 3 percent increase in population, while those in the rest of the state are projected to have a 5 percent decline.

Projected Pennsylvania Rural and Urban Population, 1990 to 2050 (In Millions)



Data sources: U.S. Census Bureau and the Pennsylvania State Data Center.

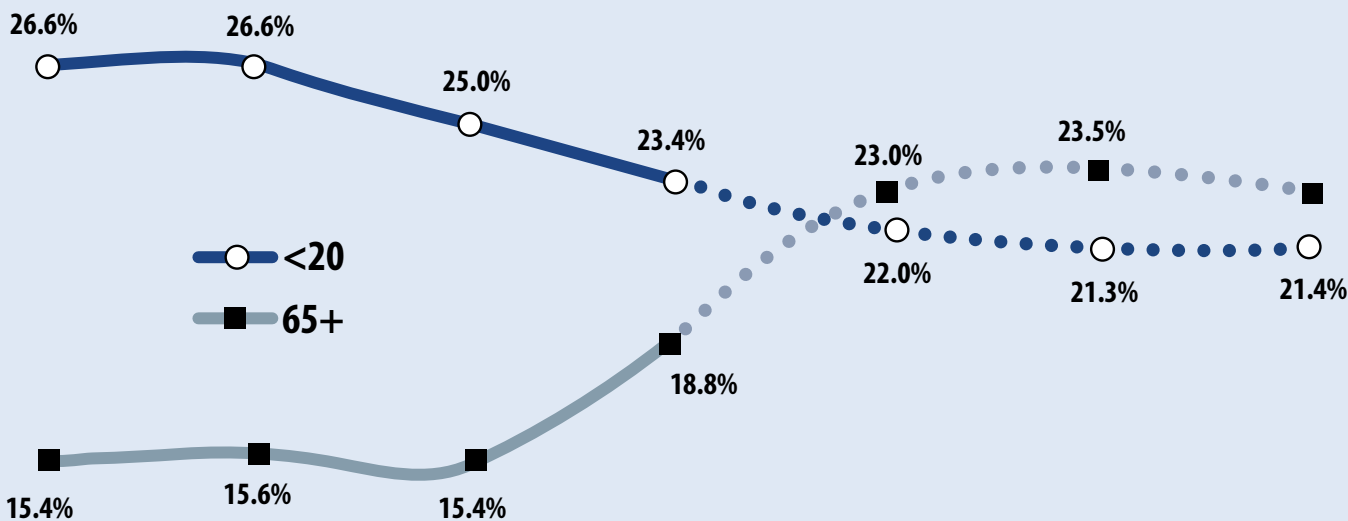
Continued on page 14

3. Aging Population

By 2050, Pennsylvania is projected to have more senior citizens (persons 65 years old and older) than youth (persons under 20 years old). Pennsylvania's aging population is nothing new. Since 2011, when the first Baby Boomer turned 65 years old, there has been a steady increase in Pennsylvania's senior population. In 2020, 26 of Pennsylvania's 67 counties had more senior citizens than youth. By 2050, 49 counties will be in a similar situation. The number of senior citizens is projected to peak in 2035 with 3.13 million seniors. Subsequently, the number of seniors will slowly decline as the Baby Boomer generation passes on.

Another reason why Pennsylvania is an aging state, is the low number of births. From 1990 to 2020, the number of births decreased by 40,800 or 24 percent. An analysis of Pennsylvania Department of Health data shows a total fertility rate of 1.67. The total fertility rate is a measure of the average number of births a woman will have during her lifetime. For a population to replace itself, it needs to have a total fertility rate of 2.10. Only three Pennsylvania counties had rates above replacement levels (Juniata, Mifflin, and Potter). Across the United States, only South Dakota met the 2.10 replacement rate threshold.

Projected Percent of Pennsylvania's Population Under 20 Years Old and 65 Years Old and Older, 1990 to 2050



Data sources: U.S. Census Bureau and the Pennsylvania State Data Center.





Implications

It is impossible to list all the implications caused by shifts in Pennsylvania's population over the next 30 years. Below is a selected list of implications that will likely have the most immediate impact on counties.

Labor Force: The current labor force shortage will likely continue for the foreseeable future. The population of adults in their prime working years (25 to 59 years old) is projected to decrease by 2 percent from 2020 to 2050. The shrinking pool of workers means many counties will likely have difficulties filling vacancies in critical human service jobs. It also means that there will likely be more pressure to increase wages to attract new workers and retain older workers.

Health Care: In the future, maternity wards may be far less busy than geriatric wards. This will likely cause a shift in the types of medical professionals needed. In rural counties, recruiting health care professionals may be more difficult as the demand for their services will increase across the entire state and nation. Home health care may become increasingly important as families try to keep elderly relatives in their homes as long as possible.

Social Services: As Pennsylvania's population ages, older residents will likely become more dependent on public services such as share rides, congregate meals, and other types of human services. Providing these services will be challenging, especially in rural areas. Although fewer in numbers, there will still be youth and young people who will be asking for different types of public services. Balancing these competing demands will be a challenge for all levels of government.

Housing: In the future, the demand for large homes, suitable for families with children, may decline as the population ages. Among counties that are projected to see population decline, there might be an oversupply of housing. This may cause home and rental prices to decrease.

Community Organizations: Youth organizations such as baseball leagues, soccer clubs, and scouts, may find it difficult to recruit members. The same is true for volunteer fire companies and other community service organizations.

Taxes: With fewer working age adults (25 to 59 years old), school districts and municipalities that rely on the earned income tax may experience revenue decline.

To obtain population projections by county, age, and gender, visit the Center for Rural Pennsylvania website at: www.rural.pa.gov.



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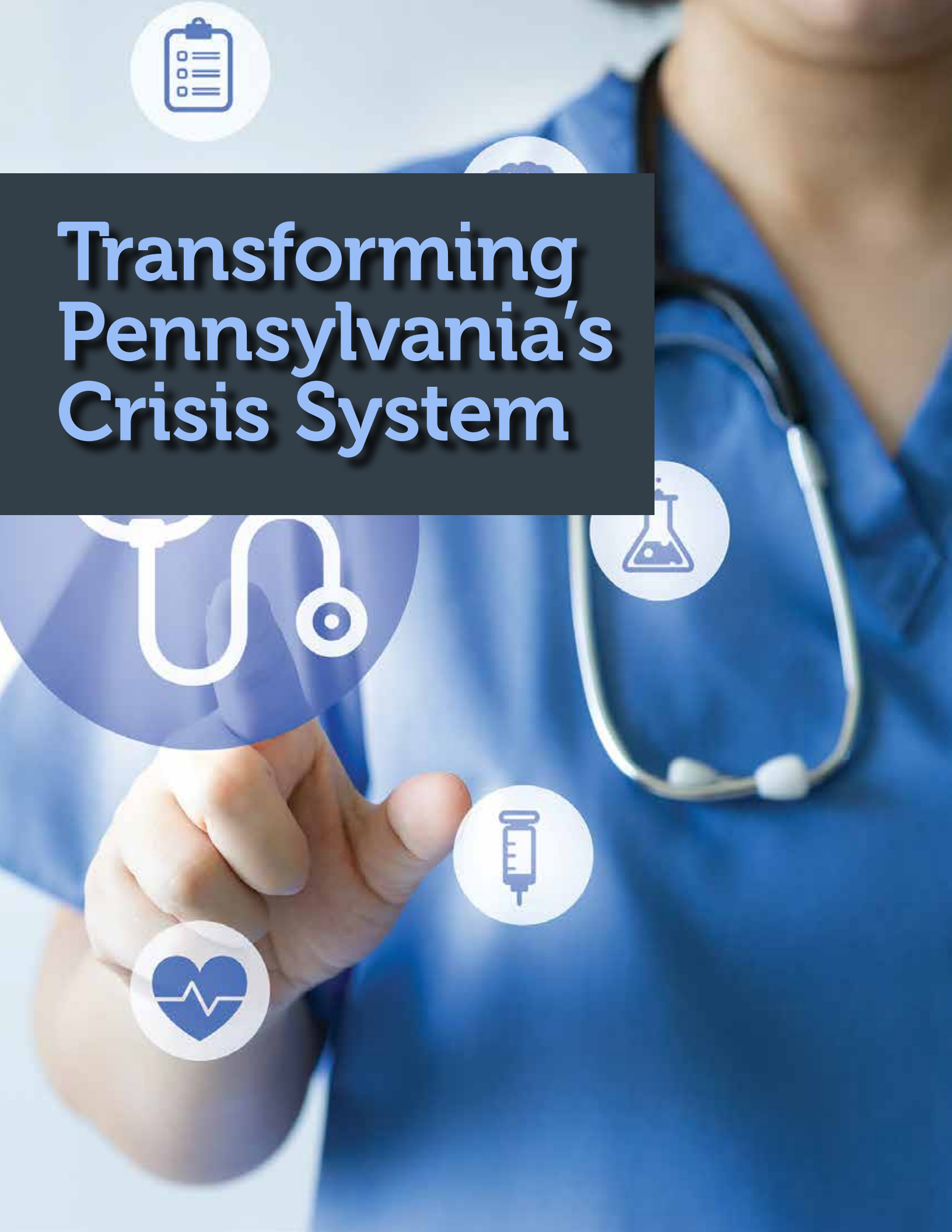
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Transforming Pennsylvania's Crisis System



On October 31, 1963, President John F. Kennedy (JFK) signed the Community Mental Health Act (CMHA) which aimed to provide community-based care as an alternative to institutionalization for people with mental illnesses, developmental disabilities, and substance use disorders. President Kennedy specifically stated that his goal for the passage of the CMHA was so that the “cold mercy of custodial care would be replaced by the open warmth of community.” The CMHA initiated change and led to the closure of state hospitals and the opening of 1,500 community-based outpatient clinics. JFK was assassinated three weeks after the legislation was signed, and his vision to ensure access to timely mental health treatment has remained elusive.

As state hospitals continued to close across the nation and the federal investment in community mental health services was never realized, an increasing number of individuals began receiving mental health services in county jails and hospital emergency rooms. Neither location was created to address the unmet treatment needs of individuals living with a mental illness. With access to mental health early intervention and treatment services increasingly challenging to attain, more individuals experienced suicidality, and the nation’s suicide rate increased. In 1980, 27,000 individuals were identified as having died by suicide. In 2022, the known suicide number was 49,500. Between 2000 and 2020, there was a 30% increase in the nation’s suicide rate.

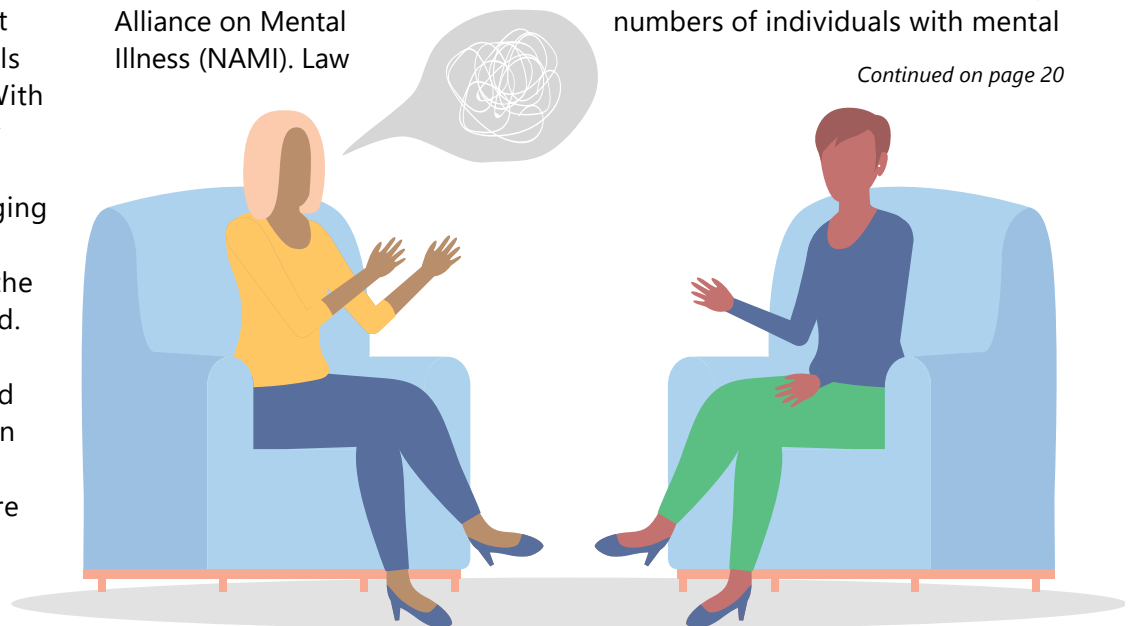
In response to the passage of the Community Mental Health Act, Pennsylvania took swift action. It implemented the Mental Health and Mental Retardation Act in 1966 with a focus on increasing access to community based and emergency services.

With an increasing number of individuals acutely struggling with unmanaged symptoms of mental illness and the lack of resources to support a mental health crisis intervention response, law enforcement officers were forced to respond to individuals with acute mental health needs with very little preparation. When first responders are not equipped with the knowledge and proper tools and support needed to work with individuals suffering with a mental illness, unfortunate things occur, such as the situation in 1987, a black man with mental illness, who was running toward officers, was shot and killed by the Shelby County Sheriff’s Department. At that moment, law enforcement leaders asked for help from mental health providers and family representatives from the National Alliance on Mental Illness (NAMI). Law

enforcement leaders knew then that they could not arrest their way out of a mental health crisis. As the partners brainstormed solutions, the Crisis Intervention Team (CIT) model was created as a community-based crisis intervention response that was equally inclusive of key partners working together to find local solutions to a national challenge.

CIT was the beginning of law enforcement leaders calling for a mental health solution to the nation’s mental health crisis. Without access to immediate crisis services, law enforcement officers were expected to respond to a range of mental health calls for services that presented no public safety risk. Law enforcement leaders articulated that there were only two options for a disposition location for a person in crisis: the emergency room or the county jail. And, very often, the emergency room would release the person in a few hours, while officers knew the individual would be detained longer at the county jail. Based on this fact, compounded with the closure of state hospitals, jails, and emergency rooms were overwhelmed with large numbers of individuals with mental

Continued on page 20



health concerns and inadequate resources or support to provide the appropriate care.

After identifying the significant costs to counties and the reality that an individual with a mental illness arrested on a misdemeanor level offense on average serves four times longer in jail than a person without a mental illness, the National Association of Counties joined with other leaders to begin the Stepping Up Initiative. Focused on the goal of reducing incarceration time and ensuring connection to treatment services, Stepping Up holds a vital role in ensuring people are served in the most appropriate system. However, both the U.S. Department of Justice (DOJ) and Health and Human Services (DHHS) concluded that it would be best, whenever possible, to prevent justice system engagement altogether.

Aware of the national boarding challenges in emergency departments, the financial burden on counties to provide treatment inside jails to people with mental illness, the increasing national suicide rate, the significant challenges for law enforcement responding to people in crisis, and the recognition that communities that have only a public safety response for people experiencing a mental health crisis violates the American's with Disabilities Act- the federal government prioritized the modernization of the crisis system.

The Substance Abuse and Mental Health Administration (SAMHSA), which is a division within the U.S. DHHS, brought together national experts in the provision of mental health crisis services. They examined data from states that were pushed

to transform crisis services decades ago to develop a national roadmap to address the challenges of emergency department boarding, jail detention of people with mental illness, and an increasing suicide rate due to access to care barriers. SAMHSA's Roadmap to the Behavioral Health Crisis System can easily be found online.

Someone to Call

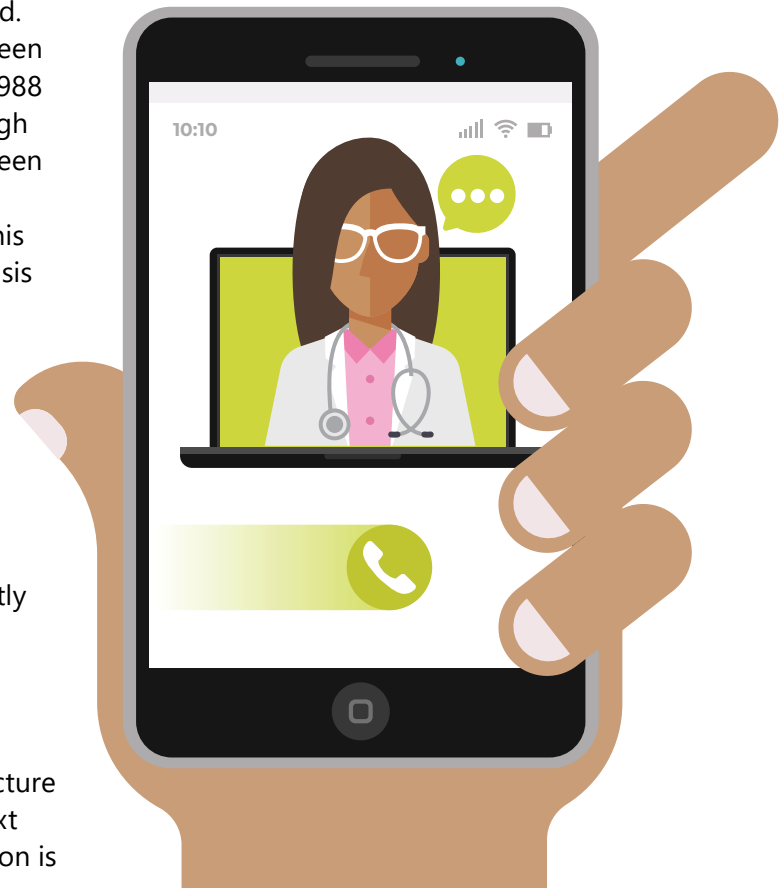
The vision was simple: someone to call, someone to respond to, and somewhere to go. The first step to ensure access to immediate crisis is the ability to talk to a trained crisis counselor twenty-four hours a day, seven days a week. While many local communities had their local crisis numbers, SAMHSA aimed to create a national Federation Communications Commission-designated behavioral health crisis line that, like 911, would always be answered. Interestingly, between 60-70% of calls to 988 are resolved through conversation between the caller and the 988-call taker. In this way, the trained crisis counselors are the intervention and prevent the deployment of additional personnel.

SAMHSA has invested significantly in building the nationwide capacity of 988, with Pennsylvania receiving infrastructure funding for the next four years. The vision is

that people experiencing a mental health crisis will not call 911 and utilize additional county resources but rather will reach out to 988 to connect to mental health support. In time, it is anticipated that 988 will reduce the call volume from mental health calls of services that 911 is currently required to handle.

Someone to Respond

The next component of the crisis system focuses on someone to respond. The goal is, when appropriate, for 988 to be able to deploy mobile crisis teams instead of law enforcement in responding to people in crisis in the community who present with no public safety risk. The intent is that two-person teams will be able to respond to community locations to de-escalate and support individuals to access appropriate care without these



individuals ever having to enter an emergency department. This model has been proven successful in many communities nationwide, and the goal is to ensure it becomes available across the Commonwealth. Mobile teams will also be able to go into homes to support families who have a child experiencing a mental health crisis.

Somewhere to Go

Emergency room boarding of behavioral health patients is a tremendous burden to our nation's healthcare system. Individuals waiting in hallways for weeks to access inpatient mental health placement is not appropriate, but currently, there are no other options. This is why SAMHSA's vision includes emergency behavioral health walk-in centers. Providing somewhere-to-go resources, walk-in centers are staffed with licensed medical professionals who can diagnose, prescribe medication, medically stabilize, and provide medical clearance. Certified peer professionals also staff these locations to connect with individuals about how they can find a path to recovery.

Perhaps most critically, these centers are required to take all law enforcement drop-offs (voluntary and involuntary). Thereby, finally, hearing the plea of law enforcement officers to give officers a place to bring people that provide mental health and substance use disorder treatment.

While the length of stay at a walk-in center is limited to 23 hours, the vision is that short-term stabilization programs are connected to or readily accessible for individuals

who need short-term inpatient support. These short-term beds allow a treatment location to be accessible to individuals as they stabilize after the crisis.

The first step in implementing SAMHSA's vision for the crisis system is to establish regional 988 call centers because they will ensure callers have access to timely and needed county-specific resources. While the implementation of SAMHSA's vision represents a significant change from crisis services as they currently exist in many of Pennsylvania's counties, there is simply no disputing that increasing access to immediate mental health care is critical. The model Pennsylvania is working to implement is not only the national model; it is a proven model. The

crisis continuum outlined above is present in Arizona, and for every 100 calls that come in through 988, only three people need long-term psychiatric hospitalization.

As Pennsylvania joins the federal movement to enhance access to community crisis services, the leadership of county leaders is critical to enacting this transformative system evolution. 🍷

Jenna Mehnert Baker, DPA, MSW, is the DHS/OMHSAS Bureau Director of Policy, Planning, and Program Development. She can be reached at jemehnert@pa.gov

The advertisement features the Primepoint logo at the top, with 'primepoint' in white and 'HR & Payroll' in green. Below the logo, the text 'LET'S TEAM UP.' is written in large, bold, green letters. The main body of the ad is divided into four quadrants, each with a blue header and green subtext: 'Payroll' (Robust, Efficient, & Intuitive Technology), 'Time' (The Industry's Best Engineers Designing Your Time Management Solution), 'HR Solutions' (High-tech Solutions Backed By Unmatched Customer Service), and 'Employee Experience' (Our Configurable EmployeeXperience® Platform Gives You and Your Employees More Control). A green banner at the bottom reads 'Government Specialists: Ideal solutions & services for government agencies'. The website 'www.primepoint.com' is listed at the very bottom.

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HUMAN RESOURCES

HUMAN RESOURCES:

Full of Changes, but still a
Resource for your Employees

By Tiffany Bloyer, MS, MBA, PHR, SHRM-CP, Director of Human Resources-Franklin County

In the last five to ten years, the field of Human Resources (HR) has undergone significant changes. One could easily argue it had been undergoing significant changes over the past 20 years. Oftentimes I wonder, what will happen next, or how do you ever know how to handle the next trend or change. I have easily learned in my time to keep learning, be open-minded, and to be sure you have a good labor attorney on speed dial.

I was thinking about the many ways HR has evolved over the years, even since I have been with the county. I came up with the following, in no particular order:

Strategic partners: HR has shifted from being primarily an administrative function, often referred to as the paper pushers, to becoming a strategic partner within the organization. HR professionals now play a crucial role in aligning HR strategies with overall business goals and objectives, providing support in many areas of the overall operations of success in an organization.

Technology: Technology has transformed HR processes

and operations. Automated HR systems and software have streamlined tasks such as recruitment, onboarding, employee data management, payroll and benefit administration. The future of technology will continue to be enhanced and County Government may struggle to find themselves keeping up, but there are still ways to utilize some method of technology to remain competitive and efficient in HR. And of course, social media... enough said-in all seriousness, utilizing technology to recruit and tell the story of your workforce is a new trend that most HR professionals would have never imagined being a method to reach new applicants.

Remote work and flexible work arrangements: Remote work and advancements in technology have led to a rise in virtual collaboration. HR has adapted to manage remote teams, and

address the unique challenges of managing a distributed workforce. Employers need to be open minded and able to adjust to change and offer opportunities that they may not have had in the past-like remote work or compressed workweeks, which may be a recruitment and retention tool needed in today's workforce.

Employee experience and culture: There has been a greater emphasis on enhancing employee experience and engagement. HR now focuses on creating a positive work environment, implementing flexible work arrangements, and fostering a culture of inclusivity and wellbeing. This is key to the success of any organization and what employees are truly looking for when finding the right employment opportunity.

Continued on page 24



HR staff have to be willing to be open to this and what their employees want and needs are—and making sure they are finding out and asking questions of your workforce.

Employee well-being: HR has placed a great emphasis on employee well-being, and recognizes the need for a happy and healthy workforce. Happy and healthy employees lead to a more productive and engaged workforce that often leads to less turnover. Employee well-being can cover a variety of areas for employees, to include wellness programs, mental health support and work life balance initiatives.

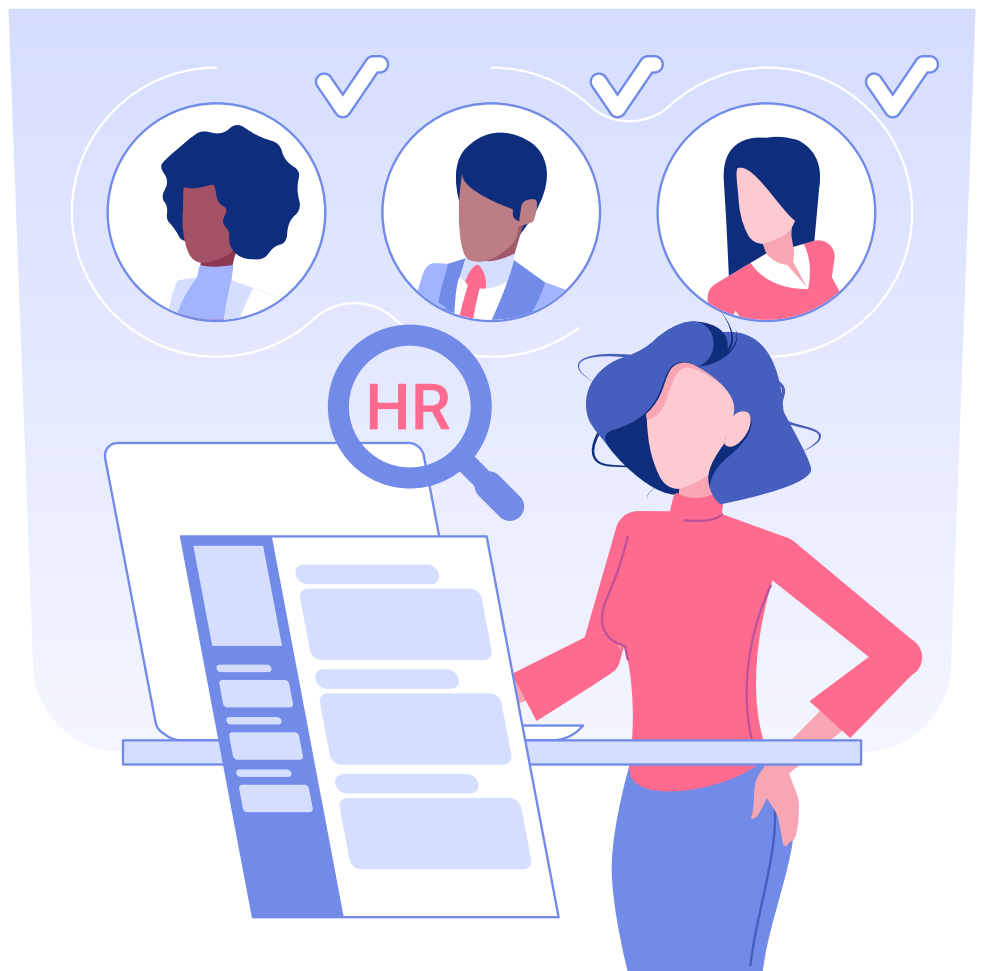
Employee development: HR has recognized the importance of attracting and retaining top talent. HR departments actively promote their organizations' values, culture, and benefits to attract the right candidates. Additionally, recruitment strategies have evolved to include social media platforms and specialized job portals. Thinking of new ways to recruit employees is a must in today's time. It's about being creative and thinking of your demographics and who you are trying to attract as an employer. Employees want to learn and HR must recognize the importance of continuous learning.

Diversity and inclusion: HR has become more focused on promoting diversity and inclusion in the workplace. Efforts are being made to ensure equal opportunities, eliminate biases, and foster a culture that values diversity. A diverse workforce brings so many wonderful

benefits and ideas to any organization. Organizations that value diversity and inclusion often see success at all levels within the organization and employees can learn so much from people's differences, allowing them to grow personally and professionally.

Although many things have changed over the years, one thing has been constant; HR is a resource for employees. It's a place where employees should feel comfortable to go to when they need help, have questions, need an ear, or have a concern. That has not changed, nor should it. I have always believed that if there's one constant in life, it is change, and HR has certainly changed over the years, but in many great ways.

HR should always have a seat at the leadership table in any organization—public or private. An HR department knows an employee from their start date, which can act as a great asset. HR can also help employers avoid the “hot water situations” that can be incredibly costly to a county organization, or any organization for that matter. Employees want options in the workplace today and HR can help ensure employees are satisfied and have opportunities to grow, enjoy the work they do, and serve the public. County HR, and HR in general, will continue to change for the better as the years continue, just like it has in the past. I encourage you to use this valuable resource in your organization. 🍷





AI Empowering Counties: A Look at Cybersecurity Considerations

In an era characterized by digital transformation and increasing reliance on technology, local governments are recognizing the potential of Artificial Intelligence (AI) to enhance their operations. From streamlining processes to improving public services, AI holds the promise of a more efficient and effective government experience. However, the integration of AI must be approached with careful consideration of cybersecurity concerns.

AI can help county governments efficiently collect, manage, and analyze vast amounts of data. Chatbots and virtual assistants can improve citizen engagement by providing quick and accurate responses to inquiries, automating routine tasks, and offering personalized services, all while reducing the burden on government employees. AI can streamline the creation of county policies, drafting grant requests, and other report-centric requirements. AI can be used to monitor and maintain public infrastructure. For instance, AI-enabled sensors can detect wear and tear on roads, bridges, and public facilities, allowing counties to address maintenance needs proactively.

As counties look to embrace AI, it's essential to address potential cybersecurity risks to protect sensitive data and infrastructure. With the increased use of AI in data-driven decision-making, safeguarding sensitive information is paramount. Encryption, access controls, and regular audits can help mitigate the risks associated with data

breaches. AI systems themselves must be secured to prevent unauthorized access or manipulation. This includes monitoring for adversarial attacks that attempt to deceive AI models. While a powerful tool in cybersecurity, human oversight is indispensable. Trained professionals should work alongside AI systems to interpret findings, respond to incidents, and ensure alignment with legal and ethical standards. Counties must consider the privacy of citizens when implementing AI systems. Transparent data usage policies and compliance with privacy regulations are essential. This includes carefully vetting vendors and ensuring the security of AI components and algorithms. Citizens should be informed about the use of AI in government services, its benefits, and the measures taken to protect their data. Transparency and clear communication build trust.

The integration of AI into county government operations offers tremendous opportunities for efficiency and enhanced services. However, as local governments embrace AI, they must remain vigilant in addressing cybersecurity considerations. Protecting sensitive data, securing AI systems, ensuring privacy, and having a well-defined incident response plan are all critical elements of a comprehensive cybersecurity strategy. When AI and cybersecurity are harmoniously integrated, counties can effectively harness the power of AI to serve their communities while safeguarding the public's data and privacy.

This article was written by ChatGPT, with the request to "write an article about how AI can help local government and cybersecurity considerations, in less than 500 words," and editing by Michael Sage, CCAP Chief Operations and Information Officer.

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Tim Morgus, CPA, CFE, CGFM
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412.535.5502
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PTG PensionPro+ Value Points

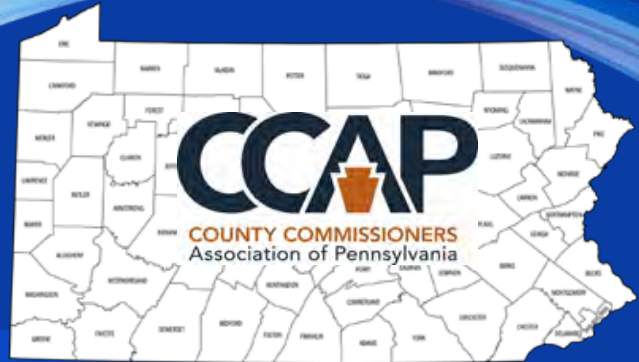
As the leading pension administration software provider for the pension community, PTG embraces its responsibility it has in protecting your membership data. It is for this reason PTG has made the investment to partner with industry leaders in designing and developing the PTG PensionPro+. PTG's Partners are:

- Microsoft Azure, a proven leader in software development tools hosted in the cloud. The PTG PensionPro+ is currently under evaluation for SOC 1 and SOC 2 compliance certification. The system is hosted in multiple Microsoft's SOC 2 Type II certified data centers. PTG PensionPro+ is protected by Sentinel Security Solutions and monitored by Armor's Managed Protection and Incident Response Team.
- FPT Software, is an award winning global technology company with over 42,000 employees. FPT is ISO Certified and HIPPA Compliant.
- Auth0 Identity Management Software for multi factor login accessibility. Auth0 is also used by Pfizer, Blue Cross Blue Shield, AMD, SoFi, Securitas, Subaru, Mazda, 1800 Flowers.
- Workflow Engine io for workflow processing software. Workflow Engine io is also used by Dell, AIRBUS, KMPG, GE Honda Aero Engines, Techlogix.
- Telerik Reporting (A Process Software Company) for integrated reporting capabilities. Telerik is used by NASA, VISA, Microsoft, IBM, Volvo.
- DocuWare for Electronic Content Management. DocuWare is a HIPPA and GDPR compliant organization used by Kellogg's, DHL, Snap-On.
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By Justin Loose, David Myers & Jonathan Heintzman

Trailblazing Broadband:

Berks County's Route to Better Bandwidth

Like many counties, Berks County has known for a long time that its residents' access to broadband internet service was unevenly distributed. During the years leading up to the pandemic, even the more remote county satellite offices struggled with access to high-speed internet. Berks County employees reported they lacked access to the internet at their homes. Some employees were unable to get cellular telephone service as well. Most of these issues before COVID were related to the non-critical business of county government. At the time, this lack of broadband internet access was more of a nuisance than a barrier.

The pandemic changed all of that. High-speed internet access in homes instantly became a necessity for work and school. Broadband was needed to access healthcare and social services including counseling and treatment. Berks County, like almost all other service agencies, was flooded with reports of residents who were frustrated

by their inability to access reliable high-speed internet from home. Where broadband was available, many residents struggled with the technical knowledge and skills needed to operate the technology. The need for "digital navigators," individuals to assist residents in learning digital skills and using technology became apparent. As healthcare facilities were dealing with the issues created by COVID, many county residents were not able to access essential healthcare services.

Some residents could not afford to purchase broadband or were not aware of social programs available to lower the cost of internet access. Local Berks County anchor institutions such as the Berks County Intermediate Unit, libraries, and not-for-profit agencies were the first to address the need. Several school districts in the county purchased Chromebooks and hotspots for their students. Training and support was also provided for the students and their families.

Continued on page 32

During the pandemic, the Wyomissing Foundation, a local philanthropic group, formed a coalition of many impacted institutions to identify and address issues related to internet connectivity. They created two workgroups – one was focused on digital equity and digital navigation; the other was a technical group that included information systems and geographical information systems professionals focused on identifying ways to get high-speed connectivity to the places that were unserved and underserved.

The Berks County commissioners recognized the need for connectivity was dire and adopted the Wyomissing Foundation's technical committee as part of their effort to find opportunities for infrastructure improvements using American Rescue Plan (ARPA) funding. Berks County, along with the Wyomissing Foundation and the non-profit community group, Berks Alliance, funded a broadband feasibility study in 2021 to help guide their collaboration with internet carriers and the Pennsylvania Broadband Development Authority. The Berks County Broadband Team made recommendations for improvements in the county based on that feasibility study. The study included creating an inventory of existing carriers and assets; working with businesses, governments, and schools to identify needs; and surveying constituents to identify their experience with connectivity, speed, cost, and reliability.

The study revealed that there were several areas of the county where Internet access was virtually impossible due to lack of carrier infrastructure and challenging terrain. The study also revealed areas where internet service might be available, it was not reliable and too costly to purchase. The study reinforced what local school districts already knew, that many people lacked the equipment or the skills to use the internet technology adequately.

Following the study, the county Broadband Team made recommendations for resource allocation to support digital navigator pilot projects and to support expansion of broadband infrastructure, including the "middle mile" fiber deficiencies identified in the feasibility study. Middle mile fiber is the fiber used to connect rural areas to main internet connections. As a result of these recommendations, the Berks County commissioners allocated \$5.7 million from ARPA to be used as seed money for broadband expansion and to fund two digital navigator pilot projects in the community. These expenditures are overseen by the county's Office of Community and Economic Development. The Broadband Team offered support for applicants seeking Capital Projects Funding (CPF) through the Pennsylvania Broadband Development Authority. In addition, the City of Reading allocated \$200,000 to the Reading Public Library to support a digital navigator project.

The Broadband Team continues to serve as a nexus between the county, businesses, community anchor institutions, and internet carriers. The team works with the internet carriers to understand their expansion plans in the county and to ensure that carriers are aware of the greatest areas of need in the community. The county Broadband Team remains engaged with the ongoing efforts of the Wyomissing Foundation to support digital equity efforts including the deployment of digital navigators. The Broadband Team was a facilitator of a local digital equity event that sponsored collaboration between social service agencies, educators, libraries, and broadband carriers focusing on the importance of digital navigation projects.

The combined broadband efforts in Berks County are already creating positive results. Since the creation of the county Broadband Team, Berks has seen increased interest from broadband carriers, allowing thousands of new properties to be connected with fiber and improved broadband capacity. Most importantly, there is still a ground swell of enthusiasm for broadband connectivity and digital equity coming from county and local government, service agencies, libraries, and not-for-profit agencies. Berks County clearly understands the importance of high speed, reliable, and affordable broadband service. 🍷

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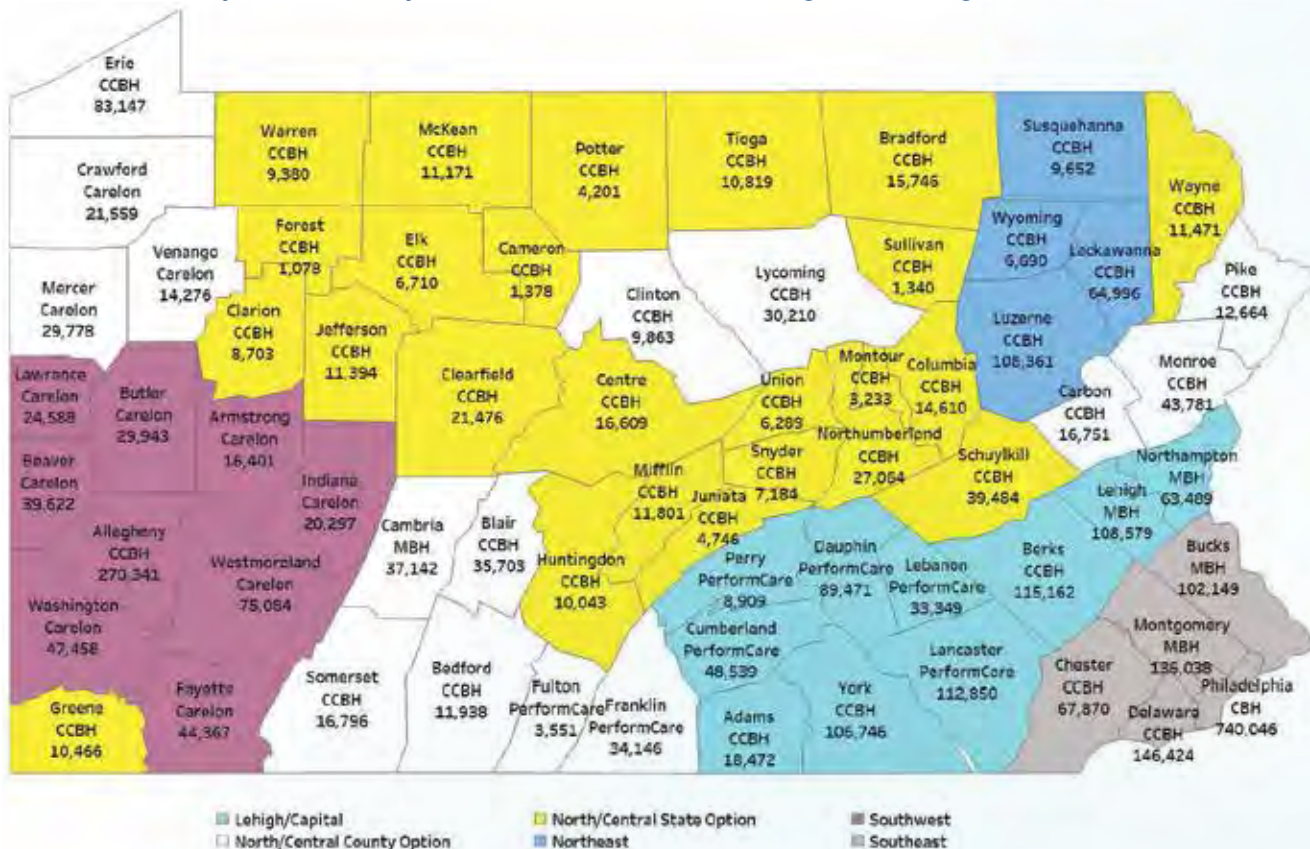
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Integrated Care Models Report Released by COMCARE

Department of Human Services Office of Mental Health and Substance Abuse Services

HealthChoices Behavioral Health Eligibles; by Zone, County, and Behavioral Health Managed Care Organization



June 2023 statewide total 3,323,594 covered lives (i.e., HealthChoices Behavioral Health members)
Data source; ARM587 Report created 07/01/2023

Integrated Care Models Report Released by COMCARE

On behalf of Pennsylvania’s 67 counties and our partner Behavioral Health Managed Care Organizations (BHMCOs), COMCARE is pleased to provide the following report highlighting more than two dozen Integrated Behavioral Health (BH) and Physical Health (PH) Care Models that are available to Pennsylvanians enrolled in Behavioral HealthChoices (BHC), the Commonwealth’s managed care program for Medical Assistance recipients.

Today, approximately 3.7 million Pennsylvanians enrolled in the BHC program have access to BH and PH care upon enrollment. As demonstrated in these models, the counties and BHMCOs continue to successfully address Social Determinants of Health (SDoH), which are conditions and circumstances in which people live that affect a wide range of health risks and outcomes. Absent support services, social determinants of health can prevent members from any meaningful opportunities to achieve favorable health outcomes.

In fact, Pennsylvania has consistently ranked in the top quartile of all states in positive care quality outcomes on national measures that rely on coordinating/integrating physical and behavioral health. The 28 Models of Care included in this report reflect just a sampling of the breadth of services available; the positive health outcomes our members are receiving; and the efficiencies and savings these models deliver.

For instance, please consider the following snapshots:

Caring For Moms:

Provides care management for mothers and mothers-to-be who are experiencing symptoms of depression with the goal of helping mothers remain healthy in their homes by helping them with follow-up appointments; and adhere to their antidepressant medications. The care team is also focused on the health, safety, and wellbeing of the infant in mom's care, and "... can provide support and referrals for assistance with any needs mom or family have in functioning as a family."

Integrated Care for Kids:

Improves child health and reduces avoidable inpatient hospitalizations and out-of-home placements. The care team includes psychologists, therapists, social workers, community health workers, family peer specialists, and pharmacists. Services include screenings for BH conditions for children and their caregivers, identifying potential underlying social needs that affect health outcomes, and care coordination.

Mobile Psychiatric Nursing:

Provides ongoing psychiatric and physical health assessment, medication management, physical health monitoring and clinical support by qualified nursing staff in home or community settings. Psychiatric assessments include a mental status, personal safety review and physician-ordered nursing procedures such as injections in support of the member's psychiatric treatment.

Street Medicine:

Brings integrated care teams into communities to support vulnerable populations and provides services in homeless encampments, community centers, churches, and more. The team comprises providers from a Health System, a Primary Care partner from the local FQHC, as well as social services, and Outpatient Behavioral Health and Drug and Alcohol (D&A) providers. These teams help resolve BH and PH needs in the community and help members avoid hospitalization.

In each of the models included in this report, we have provided a brief description of the services provided and how integration was achieved, the target population, outcomes, considerations that must be considered before launching the program and those counties where these services are provided. Each model includes a contact person, as well, for further information.

We have divided the models we are sharing into two sections: those the Commonwealth requires, and those that originated from counties. It is important to note that all these models have been successful due to the innovative, hands-on approach taken at the county level and the partnerships with the BHMCOs. We have also provided a brief overview of the BHC program, a list of the state's BHMCO.

BHC Background

The BHC program was created by the legislature in 1997 to replace a BH system that was failing vulnerable Pennsylvanians, and was prohibitively expensive for all taxpayers, as evidenced by annual double digit increases in the state Medicaid budget. The legislation also "carved-out" behavioral health capitated managed care contracts from physical health managed care contracts in the Medicaid program. Critically, the legislation gave the counties legislative authority for mental health and substance use delivery systems. (The County Commissioners Association of Pennsylvania created COMCARE to support the BHC program.)

As a result of this shift, BHC has become an integral component of the range of human services that counties provide. From the outset of the BHC program, counties, providers, advocates and BHMCOs recognized that individuals with serious mental illnesses, children with serious emotional disturbance and substance use disorders required more support. BH consumers are often affected by increased poverty rates, homelessness, unemployment, food insecurity and transportation limitations. They also experience a disproportionately high rate

Continued on page 36

of incarceration. Because counties are responsible for all these associated services (child welfare, housing, courts, transportation, job training, food security, etc.), counties can screen for social determinants of health as part of the care management interventions for BHC members. Referrals are provided at the point of need for individuals participating in BHC.

Finally, a portion of the savings produced by the BHC program is invested back into the community to meet specialized needs at the county level. All funds that are not used for program management, services, or development of new services are returned to the state. In fact, state officials have estimated the BHC program has yielded statewide cost savings between \$11 to \$14 billion from the program's inception through 2016, in comparison to the pre-existing fee-for-service program.

The data is clear: under BHC, the counties have consistently met or exceeded national quality and access to care outcomes. Consumers continue to give the program high marks for quality of service and the counties have achieved significant cost savings for all taxpayers. Pennsylvania compares favorably to other states with respect to mental health care, with annual reports from Mental Health America ranking Pennsylvania in the top three states in the nation as measured by rates of access and prevalence of mental illness over each of the past three years.

To read the full report, visit <http://www.ccapcomcare.org/publications-and-information>.



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The lobby at the Hotel Hershey



Tioga County Commissioner Erick Coolidge addresses the CCAP membership.



Delaware County Council Member Christine Reuther, who will serve as District 5 representative on the CCAP Board in 2024.



Berks County Commissioner and 2024 CCAP President Michael Rivera



Desiree Nguyen, CCAP Managing Director of Insurance Programs



Conference breakout sessions



Butler County Commissioner Kim Geyer



Representatives to the NACo Board of Directors, Dauphin County commissioner George Hartwick (right) and Berks County commissioner Christian Leinbach (left)



Reception at the Hotel Hershey



Venango County Commissioner and CCAP President Chip Abramovic



Lawrence County Commissioner Dan Vogler



CCAP Chief Leadership and Engagement Officer Todd Snovel



Cristy Schmidt, CCAP's Penn State Extension fellow, presents at a breakout session.



CCAP Human Services and Criminal Justice Policy Director Melanie Gordon



Lebanon County Commissioner, Joellen Litz



Terry Madonna, PhD, Senior Fellow in Residence for Political Affairs, Millersville University.



Butler County Commissioner Kevin Boozel



Lawrence County Commissioner Loretta Spielvogel



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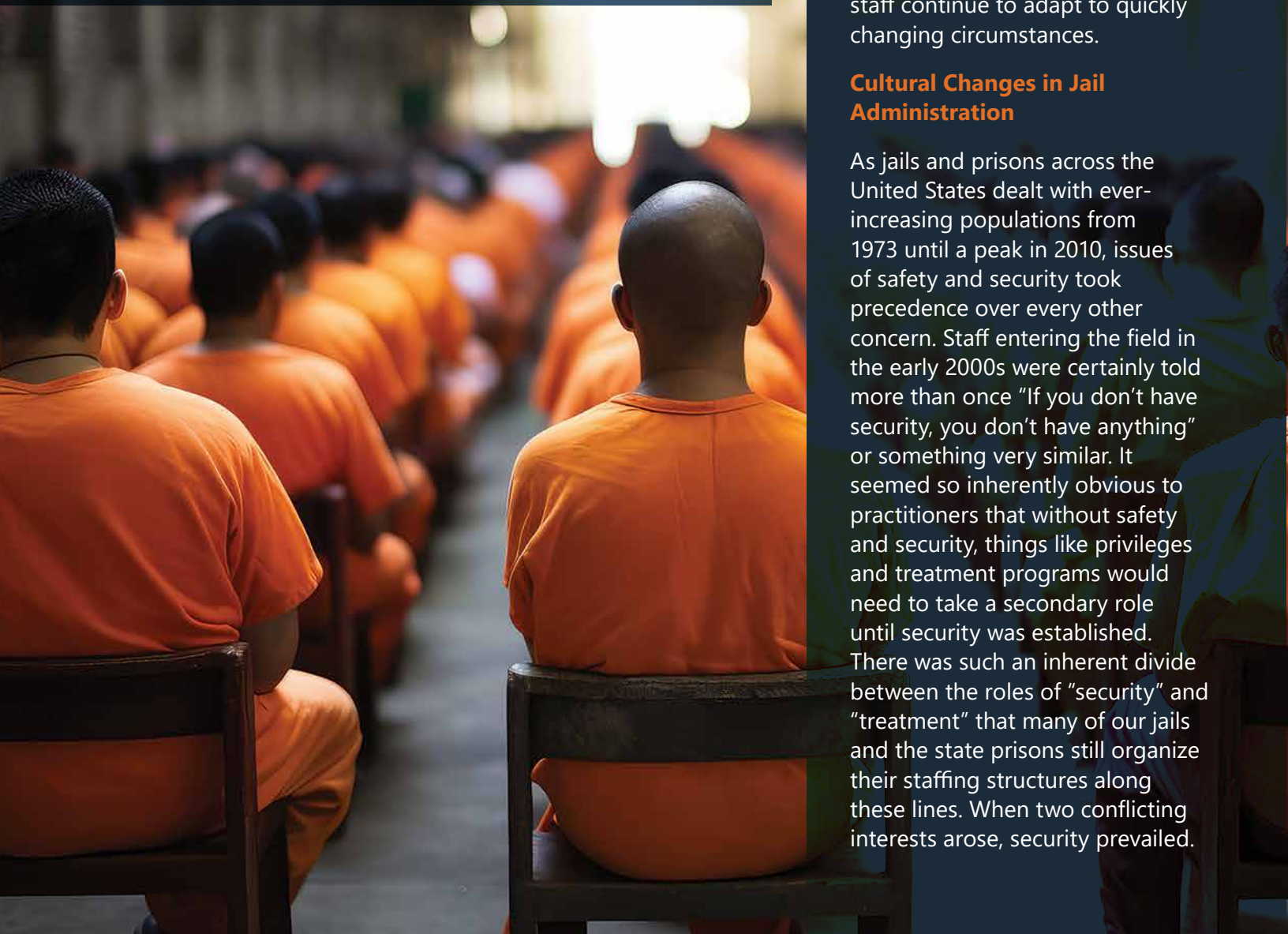
Melanie Gordon
CCAP Human Services and
Criminal Justice Policy Director

THE BROAD CHANGES IN COUNTY JAILS

Pennsylvania jails have transformed in many ways over the past decade. Modern correctional practices, changes in the workforce and incarcerated population, and the public's awareness of corrections have shifted meaningfully. Some of these changes have been very positive and improved the conditions and treatment of individuals, while others brought even greater challenges for those working in the field. Counties, the jail administrators, and corrections staff continue to adapt to quickly changing circumstances.

Cultural Changes in Jail Administration

As jails and prisons across the United States dealt with ever-increasing populations from 1973 until a peak in 2010, issues of safety and security took precedence over every other concern. Staff entering the field in the early 2000s were certainly told more than once "If you don't have security, you don't have anything" or something very similar. It seemed so inherently obvious to practitioners that without safety and security, things like privileges and treatment programs would need to take a secondary role until security was established. There was such an inherent divide between the roles of "security" and "treatment" that many of our jails and the state prisons still organize their staffing structures along these lines. When two conflicting interests arose, security prevailed.



As jail populations peaked in 2010 and began to decline, jail administrators began to re-examine the assumption of a security/treatment dichotomy. There was a growing awareness that treatment (rehabilitative programs, education, mental health and medical services) is a critical part of the whole jail operation. Rather than viewing these services as subordinate to security, it's now commonly understood that providing these services enhance security. There is a focus on successful re-entry to society after incarceration, which begins the moment an individual is brought into the jail setting. This continuous process of needs evaluation works to address many social determinants of health. When each incarcerated individual's needs are examined and met as closely as possible, there are fewer negative outcomes. The net effect makes everyone safer.

Looking back at 2013, jails were beginning to implement then-recently finalized Prison Rape Elimination Act (PREA) standards. Those standards went into effect August 20, 2012, and would take several years for jails to ensure that compliance was part of everyday life. The standards enhanced staff responsibilities regarding sexual harassment and assault prevention and mandated reporting. As part of these standards, there was new emphasis in how gender, sexual orientation, and the experiences of the LGBTQ community are intertwined in correctional administration. The jail administrators have worked to be knowledgeable of best practices that respect individual dignity while maintaining balance with effective security.

Technology has become an important factor for security and how incarcerated individuals receive information. In 2013, many jails had transitioned to electronic law libraries and that was the only technology an incarcerated individual would have access to use. Now incarcerated individuals often have tablets that can be used for legal research, communication with staff by requests and grievances, messaging and video visits with family, and a variety of leisure activities with digital books, news, music, movies, and games. Staff have added the use of digital rounds tracking, x-ray body scanners, mail scanners, and body worn cameras to increase safety. There are also new threats like drone technology, which could be used to introduce contraband into the facility.

Changes in the Incarcerated Population

The overall number of individuals incarcerated in county jails has continued to decline. In 2014, the average daily population in all Pennsylvania counties combined was 36,437. In 2021, that number decreased to 24,599. Across the criminal justice system, there were successful initiatives that helped to divert lower level and non-violent offenses away from incarceration. Many counties began to implement Crisis Intervention Teams (CIT) and specialty courts. There has also been a focus on the use of supervised bail, probation, and in home detention to keep people living in the community when it is safe to do so.

Unfortunately, the individuals who are now being held at the jails have significantly higher needs than before. Jails have become

the mental health option of last resort for many individuals. Despite diversion efforts, a lack of timely community mental health services can lead to law enforcement and the judiciary having no option but incarceration. As a snapshot day, on January 31, 2015, county jails reported 8,170 individuals on a mental health caseload from a total 29,834 incarcerated. That was 27.38% of the population. On the January 31, 2022, snapshot, there were 10,848 individuals on the mental health caseload from a total 21,662 incarcerated. That was 50.17%. The severity of mental health needs has also increased. It's difficult to identify how many individuals were ordered by the courts to have a competency evaluation because it isn't tracked uniformly. Jails have experienced an overwhelming increase in the need for competency evaluation, competency restoration, and other forensic mental health services. Wait times for access to state hospital beds had improved before the COVID pandemic but have once again become quite lengthy. County jails are becoming more trauma-informed and offering more mental health services in house to try to address this need.

In the area of substance use, local trends continue to shift over time. Jails must often be aware of these trends and ready to respond to changing needs quickly. The effects of the opioid crisis and new synthetic drugs continue to ripple through our communities. Correctional staff must be able to recognize the various substances, the possible effects when used, and how to respond effectively.

Continued on page 50

Individuals being committed to jail routinely self-report using multiple substances in combination. Individuals are much more acutely affected and are being brought to jail very physically unwell. Many jails are also providing Medication Assisted Treatment (MAT) for substance use disorders or are working to begin such a program.

Pennsylvania has an aging jail and prison population, which creates more age-related medical needs. The increases in these three needs (mental health needs, substance use disorders, and aging) have rapidly increased costs associated with medical and behavioral health care. Even without the expense of an MAT program, the daily nursing, medical provider, and mental health care at the jail is much more extensive to maintain a legally required level of care. Many individuals take a significantly larger amount of daily staff time and attention to stay safe and healthy. The increasing need for transportation to specialists or hospitalization is a budgetary cost for staff time and strains already stretched staffing levels.

Staffing and Workforce Changes

Prior to the COVID-19 pandemic, county corrections had been making strides at professionalization within the field. Counties were often a first step for individuals who wanted to enter law enforcement or a Commonwealth position, but more applicants came with higher education or prior experience and stayed for a period of years. The pandemic and ensuing workforce changes threw many jails into a full staffing

crisis. It was not uncommon for jails to be 30% or more understaffed, creating unmanageable workloads and overtime for the staff who remained. Multiple counties were forced to explore options such as sending part of their incarcerated population to another county at a set cost per day or asking for help from the National Guard. Many senior employees found opportunities to leave corrections or move to other state and federal facilities, leaving a void of experience and institutional knowledge when eventually replaced by new staff with no prior experience. Jails are also finding it difficult to attract qualified applicants, because the law enforcement and state agencies which used to have long hiring lists are now also competing for the same employee pool. Recruitment, retention, and training will all continue to be critical issues for jail administrators.

Public Awareness and Interaction

In the early 2000s, jails were often out of the public consciousness and didn't receive much attention. In recent years, there has been more public awareness and scrutiny of the entire criminal justice system. Jail leaders have been working to understand and help shape the community's perception with accurate information. It can be difficult to find ways to celebrate the positive changes and successes, but any negative events gather interest. There have been increases in right to know requests relating to the jails. Media outlets have begun to do more in depth journalistic

efforts, and there are more involved public groups that have specific areas of advocacy related to jails. Jail administrators try to find ways to highlight how they improve conditions of confinement and offer services and programs to benefit those incarcerated.

Conclusion

As jails continue to adapt to current and future challenges, interconnectivity with the criminal justice system and human services will be critical. The demands on the correctional staff have evolved significantly in the past decade. A very different kind of work force has already begun to emerge and will be shaped with new skillsets. Jail leaders have become more involved with efforts that work on systemic solutions that improve the lives of individuals and communities. ▀

Jails are also finding it difficult to attract qualified applicants, because the law enforcement and state agencies which used to have long hiring lists are now also competing for the same employee pool.

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Q Is education part of CCAP programs and services?

A Absolutely! The education and professional development of CCAP members is amongst the association’s top priorities. From conferences and workshops to webinars and networking events, CCAP offers a robust offering of educational opportunities each year.

Q Do CCAP conferences offer educational content?

A Conferences are a wonderful way to learn formally through keynotes, presentations, and breakout sessions as well as informally through networking opportunities with CCAP members and associate members. Each of CCAP’s four main conferences - Spring, Annual, Fall and the County Administration Conference - offer many options for both types of learning.

Q Does CCAP offer signature educational programs?

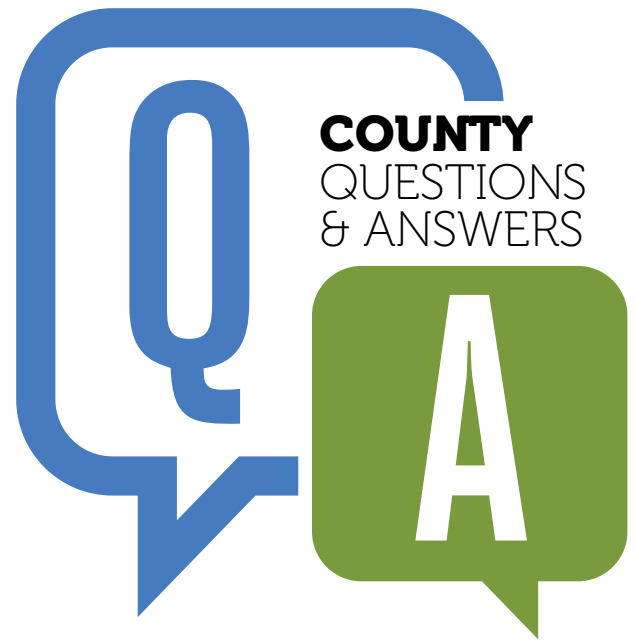
A The Association has two signature educational programs. The Academy for Excellence in County Government is a multi-year certificate training program offered to all CCAP members. A required set of core courses as well as elective courses make up the Academy credit requirements. Most core and elective courses can be fulfilled through pre-conference events and conference breakout sessions and those enrolled in the program can network through a cohort-based model.

The Center for Excellence in County Leadership (CEL) is a premier professional development experience that takes a small cohort through a 2.5 day experience that fosters skills in communication, decision-making, and leadership skills.

Q When does a CCAP member express interest or enroll in either program?

A The Academy is currently enrolling participants for its next cycle. Those interested may find information on the CCAP website as well as an online form to enroll. Courses will be offered through 2026, and a graduation ceremony for this cohort will take place during the 2026 CCAP Fall Conference.

CEL applications will be released within the next two months for the 2024 cohort. The CEL program includes 12 individuals in each cohort and typically takes place at the CCAP offices in Harrisburg in mid-June.



Q Which educational program is right for me?

A We typically recommend that the Academy is a great place to begin professional development with the association. Several of the courses offer great introductory content to the roles and responsibilities of county government. More seasoned members are also encouraged to enroll and participation from previous educational programs may be counted toward elective credits. The CEL program is for those CCAP members who have been in office for one year or more and who are looking to elevate their leadership.

Q Where can I learn more information about these programs?

A All education programs are overseen by the CCAP Education Committee and you may always connect with any committee member to learn more. Additionally, you can contact Todd Snovel, CCAP Chief Leadership and Engagement Officer, at tsnovel@pacounties.org, or find information on the CCAP website at <https://www.pacounties.org/education>.



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Get to Know: PACDAA

By Michele Denk
Executive Director



PACDAA, The Pennsylvania Association of County Drug and Alcohol Administrators, an affiliate of the County Commissioners Association, is a professional association representing the forty-seven Single County Authorities (SCAs) across the Commonwealth. The SCAs receive state and federal dollars to plan, coordinate, and manage the delivery of drug and alcohol prevention, intervention, case management and recovery support services at the local level. PACDAA members work closely with statewide partners in the Pennsylvania Department of Drug and Alcohol Programs (DDAP) and the Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) as well as the Pennsylvania Commission on Crime and Delinquency (PCCD). Locally, SCAs work with other human services and criminal justice partners to ensure that federal, state and local funds are utilized effectively to address unique needs of each county.

PACDAA staff are members of the CCAP Policy Team and work to advocate on behalf of the Single County Authorities. PACDAA members provide services to all sixty-seven counties through several organizational models. The models are selected by

local authorities to best match local strengths and needs. The SCAs are recognized and funded through a formal funding agreement with the Pennsylvania Department of Drug and Alcohol Programs. DDAP monitors SCAs for compliance with all applicable laws and regulations.

The models include:

Planning Council: Under this option, the local authorities establish a drug and alcohol planning council, administered by the County Mental Health / Intellectual Disabilities Office. The council functions independently and has the responsibility, together with the SCA administrator, to develop and plan a comprehensive drug and alcohol service delivery system. The SCA is a brand of the county government, and the Administrator is a member of the county staff.

Executive Commission – Public Agency: Under this option, the local authority (County Commissioners or Council members) chooses to establish a department within county government with the sole responsibility of delivering drug and alcohol prevention, intervention, and treatment.

Under this option, the SCA is a branch of county government, and staff are county employees.

Executive Commission – Private Agency: Counties can also enter into a contract with a non-profit corporation and delegate all responsibilities for the implementation of drug and alcohol programs and services. The non-profit board serves as the Executive Commission, and staff are employees of the commission.

Independent Commission: Under this option, the Department reserves the right to contract with a qualified agency to fulfill the obligations of the SCA. The duties, responsibilities and powers ascribed and delegated to the local authorities are transferred to the qualified agency and their board of directors under this option. Staff are employees of the Independent Commission.

Additional information and a list of SCAs in each model are available at www.pacdaa.org.

The SCAs provide the framework to address emerging trends and issues around substance abuse issues. PACDAA provides membership meetings, organized

trainings and round table discussions, and opportunities for statewide advocacy. PACDAA membership participates in various committees to increase advocacy and learning opportunities for members.

The Treatment Committee has a focus on treatment data, gambling treatment, recovery-oriented services, licensing, and case management issues. The PACDAA Training and Education Committee offers an annual training for new administrators, and annual case management and vendor fair, monthly case management and fiscal round table discussions and various other trainings on current topics throughout the year.

The Legislative and Policy Committee analyzes hundreds of pieces of legislation each year to determine potential impacts for counties and SCAs.

The Administrative Committee oversees the PACDAA rate setting process for residential levels of care, monitors changes to fiscal, personnel and operational issues.

The Prevention Committee works to develop comprehensive prevention strategies and provides input into the development of the statewide prevention needs assessment and plan.

The Executive Committee is comprised of representatives from each of PACDAA's seven regions and elected officers. Current PACDAA officers are Kate Lowery, Beaver County, President; Ryan Hogan, Luzerne-Wyoming Counties, Vice President; Pam Bell, Delaware County, Secretary;

and Judy Rosser, Blair County, Treasurer.

PACDAA members are critical partners in the system transformation that has occurred in response to the opioid epidemic. The most recent data around efforts to combat overdose death can be found at [Pennsylvania Overdose Data Brief 2022.pdf \(pa.gov\)](#)

The most important elements of the transformation include increasing options for Medication Assisted Treatment. SCAs are responsible to ensure that all forms of Federally approved medication are available options at all levels of care.

SCAs and Managed Care partners led the transition to implementing the ASAM (American Society of Addiction Medicine) assessment tool. This tool allows treatment to be tailored to individual needs and should improve treatment outcomes.

SCAs have partnered with the PA College of Emergency Room Physicians, DDAP and the PA Department of Health to provide warm handoff services in local emergency rooms. This has been a major effort and has resulted in hundreds of direct admissions to treatment, contributing to the reduction in overdose deaths.

PACDAA and its members will continue to work with state and local partners to develop a system that is responsive to changing community needs and strengths. For additional information contact Michele Denk, Executive Director, mdenk@pacounties.org



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