

**LANCASTER COUNTY
HUMAN SERVICES
BLOCK GRANT PLAN
FY 2014-15**

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Lancaster, PA

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and Federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Federal Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signature</i>	<i>Please Print</i>	
		Date: 7/9/14
		Date: 7/9/14
		Date: 7/9/14

“Appendix B”

Part I: County Planning Team

1. The Lancaster County Human Services Management Team (LCHSMT) team, which was developed to provide suggestions and feedback for the development of the FY 13-14 HSBG, was asked to provide the same input for the development of the FY 14-15 HSBG Plan. Members included:
 - A parent of a child with Intellectual Disabilities and a board member of Lancaster County BH/DS
 - A person in Recovery and a board member of Lancaster County BH/DS
 - A board member of the Lancaster County SCA
 - A private provider representing the Coalition to End Homelessness in Lancaster County
 - The Executive Director of the Lancaster County Office of Aging
 - The Executive Director of the Lancaster County Single Authority
 - The Executive Director of the Lancaster County Youth Intervention Center
 - The Deputy Director of Lancaster County Mental Health Services
 - The Deputy Director of Lancaster County Intellectual Disability
 - The Director of Children’s Support Coordination
 - The Deputy Director of Lancaster County Administration – Representing the Lancaster County Coalition to End Homelessness
 - The Executive Director of Lancaster County Veteran Affairs
 - LCHSBG Coordinator from the Commissioner’s Office
 - The Executive Director of Lancaster County Children and Youth Social Services
 - The Lancaster County Human Services Administrator
2. The LCHSMT also made a concerted effort to attend the public hearings. The LCHSMT was present to listen and participate in public comment and was available after the public hearings to get additional feedback. For the second year in a row, public comment supported the position and recommendation of the Lancaster County Human Services Management Team.
3. The County of Lancaster believes in the concept of least restrictive setting in Human services. To guarantee that services are delivered at the least restrictive level, Lancaster County uses various tools to aid in decision making. Depending on the circumstances, the tools may include but are not limited to:
 - Mental Health Utilization Review
 - Child welfare Placement Review Committee
 - Drug and Alcohol screening
 - Coordinated Assessment for Homelessness
 - Supports Intensity Scoring in Intellectual Disabilities.

Additionally, communications between departments help to aid in decision making.

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- 4. The County of Lancaster will not be making any substantial changes to funding allocation form FY 13-14 to FY 14-15. There will be some change in vendors but the services will be generally identical.

Part II: Public Hearing Notice

1.

Invoice No. 3242526

PROOF OF PUBLICATION NOTICE IN

State of Pennsylvania)
) ss:
 County of Lancaster)

Penny L. Stauffer of the County and State aforesaid, being duly sworn, deposes and says that the *Intelligencer Journal-New Era* a daily newspaper of general circulation published at Lancaster, County and State aforesaid, was established 1794-1877 since which date said daily newspaper has been regularly issued in said county, and that a copy of the printed notice or publication is attached hereto exactly the same as was printed and published in the regular editions and issues of said daily newspaper on the following dates:

11TH DAY OF JUNE 2014

Affiant further deposes that she is the Billing Clerk duly authorized by the Lancaster Newspapers, Inc., a corporation, publisher of said *Intelligencer Journal-Lancaster New Era-Sunday News* a newspaper of general circulation, to verify the foregoing statement under oath, and also declares that affiant is not interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLIC NOTICE
 Public notice is hereby given that the County of Lancaster will conduct public hearings to discuss the County's proposed Human Services Block Grant categorical funding allocations for Fiscal Year 2014-15 on the following dates:
 • Tuesday, June 17, 2014 at 8:00 p.m., Room 100101, Public Safety Training Center, 101 Chesnut Boulevard, Mechanicsville, VA
 • Tuesday, June 24, 2014 at 3:00 p.m., Room 701, 150 North Queen Street, Lancaster, PA
 • Wednesday, June 25, 2014 at 9:15 a.m. during the County Commissioners Meeting, Room 701, 150 North Queen Street, Lancaster, PA at which time the Board of Commissioners will consider the adoption of the Human Services Block Grant categori-

cal funding allocations for Fiscal Year 2014-2015.
 The block grant encompasses mental health and intellectual disabilities base funds, Act 152 drug and alcohol funds, behavioral health services into the funds, Human Services Development Fund, child welfare special grants and homeless assistance funding.
 Public participation is invited.
 NOTE: Individuals having disabilities requiring special services or auxiliary aids attending the meeting should submit a written request for such assistance to the County Commissioners' Office, 150 North Queen Street, Suite 710, Lancaster, PA 17603.
 ANDREA MCGUE
 CHIEF CLERK
 COUNTY OF LANCASTER

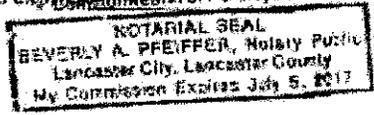
[Signature]
 (Signature)

COPY OF NOTICE OF PUBLICATION

Sworn and subscribed to before me this
 11TH DAY OF JUNE 2014

[Signature]
 Notary Public

My commission expires _____ of Pennsylvania



Invoice No. 3252707

PROOF OF PUBLICATION NOTICE IN

State of Pennsylvania)
) ss:
County of Lancaster)

Penny L. Stauffer of the County and State aforesaid, being duly sworn, deposes and says that the Intelligencer Journal-New Era a daily newspaper of general circulation published at Lancaster, County and State aforesaid, was established 1794-1877 since which date said daily newspaper has been regularly issued in said county, and that a copy of the printed notice of publication is attached hereto exactly the same as was printed and published in the regular editions and issues of said daily newspaper on the following dates:

3RD DAY OF JULY 2014

Affiant further deposes that she is the Billing Clerk duly authorized by the Lancaster Newspapers, Inc., a corporation, publisher of said Intelligencer Journal-Lancaster New Era-Sunday News a newspaper of general circulation, to verify the foregoing statement under oath, and also declares that affiant is not interested in the subject matter of the aforesaid notice of advertisement and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLIC NOTICE
Public notice is hereby given that the County of Lancaster will conduct a public hearing to discuss the County's proposed Human Services Block Grant...
NOTE: Individuals having questions regarding special services or special needs concerning the hearing should contact a representative...
735 Lancaster Pike
17603
ANDREA MCSUE
CHIEF CLERK
COUNTY OF LANCASTER

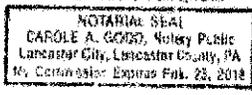
Signature
(Signature)

COPY OF NOTICE OF PUBLICATION

Sworn and subscribed to before me this 3RD DAY OF JULY 2014

Signature
Notary Public

My commission expires 03/23/2018



- 2. Tuesday, June 17, 2014 at 6:00 p.m., Room 100/101, Public Safety Training Center, 101 Champ Boulevard, Manheim;
Tuesday, June 24, 2014 at 3:00 p.m., Room 701, 150 North Queen Street, Lancaster;
Wednesday, June 25, 2014 at 9:15 a.m. during the County Commissioners' Meeting, Room 701, 150 North Queen Street, Lancaster.
Wednesday, July 9, 2014 at 9:15 a.m. during the County Commissioners' Meeting, Room 701, 150 North Queen Street, Lancaster, at which time the Board of Commissioners will

consider the adoption of the Human Services Block Grant categorical funding allocations for Fiscal Year 2014-2015.

3.

- The first public hearing was scheduled to allow people to attend after traditional working hours and allowed the hearing to be held outside the county seat for those who have a challenge attending meetings in the City of Lancaster. The meeting was attended by community stakeholders and county department heads. Jim Laughman provided a presentation on the Lancaster County Human Services Block Grant program for fiscal year 2014-2015. Community stakeholders expressed appreciation for their partnership with the County and requested that information about how Human Service Block Grant funds are allocated be made more readily available for public review.
- The second meeting was selected for citizens who could attend an afternoon meeting in the city. It was attended by County Department Heads and community stakeholders. Jim Laughman, Executive Director for BH/DS and Human Services Lead, provided a presentation on the Lancaster County Human Services Block Grant program for fiscal year 2014-2015. No new concerns or issues were raised at the hearing.
- The third public meeting was held at a Commissioner's Meeting allowing citizens the opportunity to attend a morning meeting and to share their thoughts with the Board of Commissioners. It was attended by County Department Heads and community stakeholders. Jim Laughman provided a presentation on the Lancaster County Human Services Block Grant program for fiscal year 2014-2015. The County Commissioners inquired about public comments made at previous meetings. Mr. Laughman responded.
- The fourth public meeting was held at a Commissioner's Meeting allowing citizens the opportunity to attend a morning meeting and to share their thoughts with the Board of Commissioners. It was attended by County Department Heads and community stakeholders. Larry George, Interim Human Services/Developmental Services Director provided a presentation on the Lancaster County Human Services Block Grant program for fiscal year 2014-2015. A community stakeholder spoke on the benefits the Human Service Block Grant funding will have on their clients and another thanked the County for responding to requests made at prior public hearings to make the Human Service Block Grant information more readily available on the county website.

Part III: Waiver Request

Lancaster County has budgeted 100% of the allocations to each of the seven (7) funding areas for the first year of the Block Grant. Lancaster County will use the Human Services

Management Team to review spending in each area on a minimum of a quarterly basis. The team will provide feedback to the spending and make suggestions. Ultimately, any major adjustment to the funding plan will be made by the County Commissioners after they have been apprised of any significant need to readjust allocations. If the Commissioners approve a significant funding reallocation (above 50%) of the original categorical allocation, the County will prepare the required documentation at that time to request a waiver.

Part IV: Human Services Narrative

1. MENTAL HEALTH SERVICES

- a) **PROGRAM HIGHLIGHTS:** Lancaster County faces numerous challenges as our population grows and our economic resources for behavioral health services continue to decrease. As a community, the Lancaster County Mental Health system continues to move forward; expanding our knowledge, recovery-oriented services, employment, and housing opportunities with the ultimate goal of ensuring that all individuals with a mental illness have access to and choices of supports and services they need. The Lancaster County Mental Health Program has several processes in place to ensure regular and ongoing input from adults and older adults with serious mental illness, persons in recovery, transitional age youth, LGBTQI, Veterans, family members and professionals regarding the county system of mental health care. We firmly believe that interested and involved persons should have many options to provide input throughout the year and that input is utilized to develop new programs or expand existing programs.

The Lancaster County Mental Health Program seeks to provide as comprehensive and holistic array of services and supports as possible with the funding available. We are committed to providing a system that supports choices and opportunities for the persons we serve that help to promote personal growth. Through meetings with stakeholders, we are aware that the needs for both treatment and non-treatment resources within the County go beyond what we are currently able to provide. The commitment to not just treatment but also employment, housing, transitional age supports, recovery and community supports continues to be the focus for the Lancaster Community.

Each provider that receives county funded mental health dollars is challenged with meeting state guidelines as applicable and goals that are jointly developed by the provider and the Mental Health Program. Progress toward goals are reviewed every six months as well as discussed and monitored during annual provider site surveys. In addition, satisfaction of the service is determined by satisfaction surveys that are sent out to consumers and reviewed by the county. Additionally, our Mental Health Quality Improvement Council is the stakeholder group that reviews the largest amount of data and helps the mental health staff to analyze and develop initiatives to improve system

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access, capacity and options.

The Lancaster County Mental Health Program also partners with many other agencies and organizations within the County in an effort to develop and enhance available resources. We have an established coordinated planning and working relationship with the local Office of Aging, County Drug and Alcohol Program, the Lancaster County Coalition to End Homelessness and the Office of Veterans Affairs to help ensure better understanding and coordination of services to our shared aging, veteran populations and those faced with drug and/or alcohol addiction. Additionally, we continue working jointly with our local Children and Youth Agency, Juvenile Probation and Parole Department and Intellectual Disabilities Program to address the needs of youth who are dually served by our respective programs. Together, there is intensive planning and evaluation of services/supports to meet the needs of our youth aging out of Residential Treatment Facilities and those youth that no longer require the intensive level of Behavioral Health Rehabilitation Services but still require specialized services to be successful and resilient.

The Lancaster County Mental Health Program also partners with the Lancaster County Coalition to End Homelessness, which encompasses multiple housing, community agencies, religious organizations and businesses that work together to expand availability of safe and affordable housing in Lancaster County. This Coalition is leading the County's "Heading Home – The Ten Year Plan to End Homelessness in Lancaster County". Through a partnership with the Coalition we were successful in securing three Housing and Urban Development (HUD) grants to specifically secure permanent housing for individuals with a mental illness. There are currently 43 individuals including adults and older adults residing in these subsidized apartments. Over the last 3 years 11 individuals have successfully graduated from the program as they have been able to secure an income to support themselves in their own apartment. This coming year we will be expanding our capacity within our HUD programs to subsidize five additional apartments for our adults/older adults. In addition, we will continue to use PATH funds to house those individuals who have a mental illness and are in need of permanent housing. We have utilized our PATH funds and housing support funds to assist individuals to successfully transition from our Community Residential Rehabilitation Programs (CRR) to independent living.

b) Strengths and Unmet Needs:

- **Older Adults Strengths:** Our ongoing collaborative relationship with our local Office of Aging has significantly enhanced our ability to improve the services for older adults that are served jointly by our agencies. This relationship extends beyond the normal workday with both the on call Office of Aging worker and our crisis intervention program workers

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cooperatively addresses the needs of our older adults. With innovative relationships developed with our intake/case management staff and local physicians' offices, we are better able to identify and support the needs of older adults. One of our local hospitals has an inpatient mental health unit that specializes in treating older adults. **Needs:** Outreach to our older adult population through education so that they understand services that are available to them and to reduce the misconceptions that this population has regarding mental health services. Working with our provider network to ensure that adequate staff exist that are credentialed and able to bill Medicare for service delivery.

- **Adults Strengths:** In an effort to reduce the number of individuals who become incarcerated or admitted to inpatient units as a result of interactions with police, we are in the process of developing a Crisis Diversion Program. This program is being developed in cooperation with our managed care organization, using reinvestment dollars. It will serve to support ten individuals for between three to five days who may be having a mental health crisis/issue that warrants some additional treatment but does not require inpatient care. This is a program where police could voluntarily take individuals who may be having a negative interaction with other community members or the police and rather than charging them legally, they could get the needed treatment within this program. Additionally, as one of our reinvestment projects, we will continue working jointly with one of our local inpatient units to offer bridge services. This service provides a crisis staff member to work with individuals upon discharge from an inpatient setting. The goal would be to connect with the individual while they are still inpatient to help him/her to understand their discharge instructions; facilitate participation with their next appointments, understanding medications; arrange for transportation and other services as necessary. These connections will either be in person or via the telephone and the designated staff person will remain in contact with the individual from inpatient discharge through their first outpatient appointment. **Needs:** Lancaster County is a large county both geographically and in population size and for that reason accessibility to treatment sites can be difficult. Expansion of treatment providers to varied sites throughout the county would increase both the availability and accessibility to needed mental health treatment. These would include both outpatient therapy and psychiatry.
- **Transition-age Youth Strengths:** The Lancaster County Mental Health Program provides specialized transition age intensive case management to our youth as well as a specialized support/educational group. In addition there is a transitional age coordinator who works closely with the transitional age population to assist them in preparing for adulthood. The funding for this coordinator position is a result of reinvestment funds through our Health Choices program. Utilizing a specialized Community Residential Rehabilitation Program we are able to provide five (5) transitional age youth the opportunity to develop life skills and practice those skills in

a safe environment. This program assists them in locating employment, completing their education, developing budgeting skills, and prepares them to live independently within the community. **Needs:** Expansion of our transitional age/specialized support group to reach additional youth and assist them with needed supports and skills.

- **Children Strengths:** Lancaster County currently has 71 youth receiving treatment within a Residential Treatment Facility. Evidenced based interventions such as Parent Child Interaction Therapy and Family Group Decision Making are just two avenues utilized to meet the challenging needs of our children and youth. Lancaster County has a strong and influential CASSP system that is supported by the executive directors of all the County child serving agencies. Our CASSP Coordinator reaches out to all agencies to ensure that children and youth get the services and supports that they need. There are many school districts within the County that have school based behavioral health services that can be easily accessed by children/youth experiencing mental health or drug and alcohol issues. This year 49 youth will be able to attend summer camps that are inclusive within the community so that they are able to fully experience this activity. **Needs:** This coming year we will be working with our local Mental Health America program to provide an initiative that will provide wellness awareness and focus to children/youth within our local elementary schools.
- **Individuals transitioning out of state hospitals Strengths:** There are currently sixty (61) individuals from Lancaster County receiving treatment at Wernersville State Hospital. We work jointly with the hospital through the Community Support Plan (CSP) process to identify individual strengths/needs and community resources to ensure that any resident from Lancaster County is discharged with the available treatment and resources that they need to be successful. Through the (CSP) process many of our residents have identified the need for additional Community Residential Rehabilitation Supports (CRR) and the lack of this resource has delayed their discharge. For this coming year, we will be expanding our (CRR) availability to serve four additional individuals. This expansion will be within a large apartment complex and will utilize three new apartments. There will be (2) one bedroom apartments and (1) two bedroom apartment. The three new apartments will be scattered within the complex. **Needs:** Additional Extended Acute Care beds designated for Lancaster County so that individuals would not need to go to the state hospital for intermediate inpatient needs.
- **Co-occurring Mental Health/Substance Abuse Strengths:** The Lancaster County Mental Health Program is a participant and active member on both the Lancaster County Court of Common Pleas Adult Drug Court and the Lancaster County Court of Common Pleas Mental Health Court. Attendance at weekly team meetings promotes coordination of appropriate and varying levels of treatment in addition to providing intensive supervision and judicial monitoring. Both of the treatment courts are a valuable

resource and opportunity for individuals, some who are incarcerated, to participate in a process to promote their recovery at the same time that they are taking responsibility for their crimes. The purpose of these courts is to divert individuals from incarceration and if incarcerated to provide services and supports upon release. **Needs:** Accessibility to funding for D&A treatment. Due to funding cuts, there are limited funds available for individuals who do not have insurance to receive needed services.

- **Justice-involved individuals Strengths:** Through our reinvestment dollars we were able to develop and just recently started accepting individuals into a Master Leasing program. This program is designed to be short term housing (up to three months) for adults or older adults who are being released from prison or a local hospital and need housing. This short term housing opportunity for five individuals allows time to have benefits started or reinstated, for services to be started and for permanent housing searches. There are also separate funds available for security deposits, first months' rent, supported housing services and housing searches. In an effort to reduce evictions and utility shut offs for individuals, funds are available to pay for these hardships that individuals face so that they will not lose their housing. Through a collaborative effort with our local County Prison, we receive a daily listing of persons who were incarcerated the day prior. We are able to compare this list with individuals who may be open with case management services. This alerts case managers that someone with whom they are working has been incarcerated so that they can work with the prison, attorneys, and the individual to ensure that mental health services are provided to them within the jail and that services can be set up upon their release. If the County Prison identifies someone with a serious mental illness who is not open with case management, then a referral is made to our office and we complete an intake while the individual is still incarcerated. Services/supports can then be arranged prior to their release. **Needs:** More intensive supports within the prison for individuals who need something similar to a partial program. Ability to connect individuals with medical assistance/insurance so that coverage is available upon release. Availability of at least a 30 day supply of medication upon release and the ability to have that medication refilled.
- **Veterans Strengths:** CompeerCORPS, a Veteran-to-Veteran peer monitoring program is just beginning in Lancaster County. This program is designed to create a supportive network for veterans who could benefit from a veteran peer mentor. With funding from the Office of Mental Health and Substance Abuse Services, this new program will match a veteran resident of Lancaster County who has a diagnosed mental illness with a veteran Volunteer to enjoy friendship activities in the community. Lancaster County also has a specialized Veterans Court designed to assist Veteran offenders to take responsibility for their crimes and to get connected with needed services and supports. **Needs:** Treatment providers with a military background that Veterans feel comfortable receiving supports

from.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex Strengths:** Growing awareness within the County of the specialized needs of this population and some therapists with specialized training to support individuals. **Needs:** A growing need within the County are providers with expertise to provide services to individuals who are LGBTQI. The pressures that our youth struggle with regarding the stigma related to identification of being LGBTQI and additionally having a mental illness puts them at great risk for self-defeating behaviors and suicide. We will be working with both our outpatient providers and the inpatient units to expand their expertise and abilities to appropriately treat individuals who identify as LGBTQI. Our local inpatient units are ill equipped to serve LGBTQI individuals especially individuals who are Transgender and decisions about which sex individual they may need to share a room with.
- **Racial/Ethnic/Linguistic minorities Strengths:** Lancaster County has a large population of Hispanic individuals and within the past year the services provided by one of our identified Bi-Lingual, Bi-Cultural providers has grown tremendously. This growth has shown not only the need for outpatient services but that individuals are accessing this valuable service. Within this past year, we were able to enhance services for Hispanic individuals by having another Bi-Lingual, Bi-Cultural provider of outpatient services open their doors. **Needs:** Even with the expansion of services within the community there is a need for additional psychiatric services, partial hospitalization services and outpatient services for individuals who are non-English speaking.
- **Other -Medically involved individuals Strengths:** Meeting the physical health needs of many of our community members with no insurance is challenging and resources are very limited. In a partnership with South East Health Services, a patient certified medical home and community health center, one of our behavioral health providers is embedded within the daily schedule to provide assessment/treatment. If a physician identifies that one of the patients that he/she is seeing could benefit from behavioral health intervention then the patient is seen immediately by the clinician. Utilizing an integrated behavioral health model the individual can receive treatment for both medical and behavioral health issues/concerns at the same site. **Needs:** Outreach to our community physicians so that they are better able to understand mental illness and ways to connect their patients with our agency for services as well as treatment providers within the community.
- **Other - Co-occurring Mental Health/Intellectual Disabilities Strengths:** We are seeing a growing number of individuals who are in need of both mental health and intellectual disabilities services. This population requires skilled professionals who have the knowledge and experience in working with this specialized population. We

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currently have two identified supports coordinators who work specifically with both adults and youth who are dually diagnosed as having a mental illness and an intellectual disability. **Needs:** We continue to have a need for therapy, partial hospitalization services, employment, and housing needs. All of these services/supports are being explored.

C) Recovery-Oriented Systems Transformation: Stigma and misconceptions continue to inhibit individual's ability to seek treatment/supports within the community. Our local Mental Health America (MHA), our Community Support Program (CSP) as well as other key stakeholders continue to educate the community about Recovery and to address Stigma. This past year, funds were utilized to employ a part time (CSP) director, who identifies as an individual with mental illness. With the addition of a designated director, additional efforts/events will be occurring to provide education about recovery as well as identification of need areas within the county. Wellness is key to all members of our community and as we address not only mental health needs we are also looking at the physical health needs of the individuals whom we serve. Both MHA and the National Alliance for the Mentally Ill (NAMI) have various programs/events to educate our community about recovery and ways to support people as they recover.

Within the County, we have two providers of peer support, with one of our providers being a consumer run program. The growing demand for this service and the benefits shown for individuals who receive this service is invaluable. Not only do individuals receive a service that assists them in their recovery, the hiring of certified peer specialists to provide this service offers employment opportunities to many. In order to enhance the services provided to individuals while on the inpatient mental health unit, reinvestment dollars will be utilized to expand the staff at one of our local hospitals. The expansion will allow the hospital to hire a peer support specialist who will be embedded within the unit and provide peer support services to individuals on the mental health unit.

Transforming a community and individual perceptions is an ongoing process and will expand beyond the current planning process. For this planning process, the part-time CSP director has been implemented and funds for this position will come out of block grant funds. MHA is receiving funds from the Block Grant as well as OMHSAS grants to provide wellness activities within the school districts as well as providing wellness education within our County jail. The MHS staff are currently going into County Jail to provide education through group processes and to reach out to individuals who are experiencing during and perhaps because of their incarceration. The outreach to the school districts has not been fully implemented but will be completed by the end of the fiscal year.

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The County contracts with Recovery Insight, utilizing Block Grant funds, to provide peer support services to residents who do not have other funding options. Embedded Peer Support within an inpatient mental health unit has not yet been implemented despite protracted attempts at partnerships with several local hospitals. Efforts continue, however, and we are hopeful that a formal discussion scheduled for early January, 2015 will serve as a springboard to implementation with several months.

All of these transformation priorities will collect data to include: the number of individuals served; the outcome of the interactions; progress made to meet recovery goals; as well as any obstacles and issues that continue to need to be addressed. The data will be collected by Lancaster County Behavioral Health & Developmental Services and utilized to track progress and unmet needs.

2. Intellectual Disability Services

Lancaster County Intellectual Disability, in partnership with an expansive provider network, offers a continuum of services and resources to over 1800 individuals. The true anchors of the system are the Agency's Supports Coordinators, who variably serve as assessors, facilitators, educators and referents in their efforts to help individuals and their families identify needs and strengths, and then match them with the appropriate service. Among the life domains for which multiple provider options exist are:

- 1.) Family Support Services, including respite care, family aide, nursing care and home and community habilitation.
- 2.) Vocational Training; including transitional employment, volunteer work, job search and placement, supported employment and job loss prevention and workshop settings.
- 3.) Adult Day Services; including adult developmental training, community habilitation, and seniors programs.
- 4.) Residential Services; including supervised apartments, semi-independent living, group homes and family living/life sharing.

This list is by no means exhaustive, and does not speak to the daily collaboration which occurs with school districts, advocacy agencies and 'sister' Lancaster County human service agencies such as Behavioral Health, Children & Youth and Office of Aging. Indeed, by maintaining a focus on maximizing an individual's potential, independence,

and self-determination, Supports Coordinators are able to respond to an individuals' changing needs throughout the lifespan.

Base, Block Grand and Waiver Funding Streams

	<u>Estimated/Actual Individuals Served in FY 13-14</u>	<u>Projected Individuals to be served in FY 14-15</u>
Supported Employment	108	110
Sheltered Workshop	463	465
Adult Training Facility	242	245
Based funded Supports Coordination	150	140
Residential (6400)	402	405
Life Sharing (6500)	22	25
PDS/AWC	76	80
PDS/VF	106	110
Family Driven Family Support Services	230	230

Block Grant Only (Base) Funding Stream

	<u>Estimated/Actual Individuals served in FY 13-14</u>	<u>Projected to be served in FY 14-15</u>
Support. Employment	17 = \$32,074 + 24 = \$62,380	20 = \$25,613 + 24 = \$62,380
*Sheltered Workshop	16 = \$127,834.70	18 = \$136,198.30
*Adult Training Facility	3 = \$27,460.18	3 = \$77,191.30
Residential (6400)	26 = \$908,217	24 = \$814,719
Life sharing (6500)	2 = \$124,674	2 = \$124,674
PDS/AWC	No Base funds utilized	None projected
PDS/VF	No Base funds utilized	None projected

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Family Driven Services	230= \$280,130	230= \$537,090 – (shift of camp cost)
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*Of note is that transportation costs are not factored into categorical costs above. Block grant funds are necessarily allocated as follows:

Sheltered Workshop – We are paying for 16 people’s transportation. The total cost is \$60,079.75.

Adult Training Facility- We are paying for transportation for 1 person with complex needs. The cost is \$10,284.45.

Supportive Employment:

Lancaster County ID services has long believed in the importance of individuals with intellectual disabilities achieving and maintaining competitive employment in their home communities. Not only do the efforts of supported employment services provide the opportunity for the individuals in our program to learn, grow and enhance both vocational and personal skills, but these services also provide the employer and the community with opportunity to experience firsthand the immense value persons with intellectual disabilities are able to add to the workforce environment.

The Base/Block Grant funding has allowed Lancaster County ID services to support many (non-waiver funded) individuals enrolled in our program to become meaningfully employed in the competitive job market. Indeed, while we are committed to continuing to provide funding to ensure the availability of Supported Employment services to those in need, we also encourage an expansion of service options and embrace the fundamental concept of maximizing an individual’s full potential.

Lancaster County ID has begun to ask the local provider network to review their current Supported employment programs and to develop strategies for growth and opportunity. In this same spirit, we have created a Competitive Employment Task Force; a collaborative forum of stakeholder agencies including Intermediate Unit-13, Goodwill Industries, the Office of Vocational Rehabilitation, The Arc of Lancaster County, several local school districts and parents of students served by the ID system. The identified objectives of the task force are:

1. Creating a paradigm shift from the traditional “workshop” model of employment upon graduation from school to the expectation of inevitable competitive employment.
2. Working with our local provider network and community employers to assist in the development of the strategies needed in order to expand the

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availability of services and job opportunities for the individuals with intellectual disabilities.

Base Funded Supports Coordination

Lancaster County ID utilizes Base funding to provide Supports Coordination services for between 50-60 individuals at any given time. Historically, the predominant reason for such provision is an individuals' temporary lapse in Medical Assistance coverage due to factors as varied as confusion and uncertainty with regard to necessary follow-up processes, lost documentation, and a change in reported income status. Supports Coordination staff attempt to be as proactive as possible in addressing preventable lapses and remediating more complex issues. There are also individuals who, typically because of inviolable income sources, will not qualify for medical assistance and we do provide them Base funded Supports Coordination, including the locating, coordinating and monitoring of supports. Through the interactive development of an annual Individual Support Plan, we are able to anticipate and respond to an individuals' needs as they arise throughout the year.

Lancaster County ID is fully committed to maintaining a service system in which individuals are able to navigate and utilize resources with ease, including facility-based settings. In keeping with the Agency's adherence to a community-based service philosophy, we are continually engaged in coordinated efforts to effect appropriate and thoughtful transition from facilities.

Life sharing Options:

Lancaster County ID services recognizes the value of all residential service types and fully supports the opportunity to provide the individuals enrolled with us the ability to choose and participate in a non-traditional residential service model such as Life sharing. In the absence of waiver slot availability, the Base/Block grant funding has allowed us to successfully support individuals in Life sharing homes, and we continue to offer and encourage the exploration of Life sharing as an alternative to typical residential services for our individuals seeking/requiring residential supports.

In an effort to increase the availability of, and interest in, Life sharing homes in Lancaster County the ID program is initiating and chairing a "Life sharing Summit" in August, 2014. With anticipated attendance from impacted individuals, residential provider agencies and locally based advocacy groups such the Arc of Lancaster County, the Summit's goals are to identify and address perceived obstacles and deterrents while also positively promoting the service and expanding Life sharing options. Furthermore, the Summit is seen as the natural impetus for local momentum in anticipation of the PA State Lifesharing Conference in October, 2014.

Cross Systems Communication & Training

Lancaster County ID ascribes to a holistic, bio-psycho-social perspective in guiding its relationship to those whom it serves. Indeed, recognizing and respecting an individuals' uniqueness and the variable factors and circumstances which characterize them are regarded as essential to our ability to be of maximum benefit. Whenever possible, we practice and encourage a "team approach" in serving and supporting our individuals and have nurtured longstanding, mutually beneficial relationships with 'sister' agencies such as Office of Vocational Rehabilitation, Behavioral Health, Children & Youth and IU-13, to name just a few, in effort to provide a cross-systems service approach.

The development and maintenance of cross-system communication has given ID and its complementary entities an ability to continually educate and update each other. Perhaps the most illustrative and timely example of this is the past year's Office of Developmental Programming mandate for Lancaster County ID to assume more responsibility in the prevention, reporting, investigation and resolution of Adult Protective Service situations. Our constructive, positive working relationship with the local Office of Aging has made a challenging proposition that much more manageable, and from which our individuals are no doubt the ultimate beneficiaries.

The Lancaster County ID program will continue to share ID service information to our provider network, our individuals and their families and caregivers, and the advocacy organizations. Finally, Lancaster County ID takes no small amount of pride in regarding the quality and continuity of its cross-system's communication, and stakeholder relations at large, as a contributing factor in the lack of a single state center admission this past year.

Emergency Supports:

Base/Block Grant funding has allowed the Lancaster County ID program to provide emergency services for several individuals, including out-of-home respite, various in-home supports, and residential services. Continuation of such emergency supports is of course contingent on funding availability as well as service/provider availability, and though Lancaster County ID and its individuals have been very fortunate in the responsiveness and creativity of its provider network, the fact is that few providers have the 'in-house' ability to respond to true emergencies. Among the available options for psychologically and behaviorally based situations are Lancaster County Crisis Intervention and, for medical issues, the fortuitous proximity of four 'full-service' hospitals. At present, the County's Crisis Intervention (same Agency as ID) has 24 hour on-call accessibility to the BHDS Executive Director for individuals with ID experiencing off-hour emergencies. The ED will consult with the Crisis Worker and provide direction and if necessary, follow-up. The Agency's Administrative Entity also

monitors reported Incident Management activity over the weekend, and the Agency is currently studying how best to provide 24 hour on-call coverage in a manner that is practical and responsive.

A major initiative to mitigate the likelihood of an emergency is the creation of a weekend respite program for children, adolescents and adults on the Autism Spectrum. Surveys among Supports Coordinators and conversations with advocacy groups and families found significant community interest in such an option being able to alleviate the stress and pressure individuals and their caretaker families can experience. Site renovations and specialized staff training are presently underway, and the program, which will provide one-to-one staffing is scheduled to be available on August 1, 2014.

Individuals for whom no waiver capacity is available, despite documentation of a pronounced need, have occasionally been able to be served through non-ID waivers, such as the OLTIL Independence Waiver. Similarly, funding streams such as EPSDT/BHRS have been deemed appropriate for some adolescents and young adults. Further, ID Base funds are, when available, selectively utilized for individuals with specific needs. Lancaster County does not reserve Base funds to meet emergency needs, but has historically been able to provide short-term financial coverage until long-term funding, such as waiver, becomes available. Emergency service needs, residential or otherwise, normal or off-hours, are each addressed as they singularly arise. In addition to the mechanisms and processes described earlier, the County will, in exceptional situations, petition the Office of Developmental Programs for an emergency waiver slot.

Administrative Funding:

Each year, Lancaster County ID's Administrative Entity identifies five focus areas which aggregately serve as the Annual Quality Management Plan. Significantly, four of the five focus areas comprising the 2014-2015 Plan are directly related to supporting and maintaining Base and Block Grant Funded services:

1. Life sharing/Family Living; with the objective of increasing the number of individuals in Life sharing arrangements by 3% through improved promotion and education.
2. Employment initiatives; with the dual goal of increasing the number of graduate who elevate their level of employment while also increasing the number of individuals who transition into competitive employment from "sheltered workshop" setting.
3. IM4Q; which is a broad, expansive monitoring of the health, safety and well-being of individuals conducted in partnership with Arc of Lancaster County.
4. AE Oversight Monitoring; which is conducted in collaboration with Lancaster ID's Supports Coordination Organization and ensures that individuals have access

to home and community based services and supports in their communities. A secondary objective of this focus area is 100% compliance of ISPs pertaining to base funded services.

With the exception of the contracted arrangement with Arc of Lancaster County to manage IM4Q, Lancaster County ID's Administrative Entity does not delegate or purchase any administrative functions, and assumes all responsibilities and duties as identified in the Operating Agreement.

3. Homeless Assistance

Lancaster County Continuum of Care consists of over approximately 60 providers based in the community. Of those providers, some receive Housing and Urban Development (HUD) funding, some are non-profits funded through fundraising and some are faith based providers. Lancaster County offers a broad continuum of services including emergency shelter for families and individuals, transitional (bridge housing), rapid re-housing, budget counseling, prevention, diversion, supportive housing, permanent supportive housing, tenant/landlord relationship mediation, fair housing, affordable rental housing location, and coordinated assessment.

Gap analysis and program development is a comprehensive process. Currently the Continuum of Care consisted of a governing board, lead agency, and priority groups with task groups. Each level of the Continuum consists of public, private and government agencies. Individuals who are currently or formerly experiencing homelessness are represented within each level of the Continuum. Gap analysis is primarily done through the System Intelligence Priority Group. They are tasked with data analysis, best practice research and program implementation. A task group that reports to that priority group represents all the providers within the Continuum. Information flows between groups and through the hierarchy of the Continuum, with final decision making at the governing board level.

Lancaster County is now in its fifth year of implementing Heading Home the 10 Year Plan to End Homelessness. The Lancaster Coordinated Assessment (CA) project CHART (Community Homeless Assessment and Referral Team) began serving individuals and families in September 2013. The mission of CA is to provide the right service at the right time for families/individuals at risk of becoming homeless. CA is funded with block grant money. Lancaster County has continued using the flexibility of taking 20% from some areas (Human Services Supports and/or Human Services Development Fund) and diverting it into Homeless Assistance Services. Tabor Community Services (Tabor) was awarded the contract to provide the CA for the Lancaster County Continuum of Care in early 2013. Since CHART began, 767 assessments have been completed and 388 households were diverted from shelter (supported by direct financial assistance to individuals or families at imminent risk of experiencing homelessness). We expect to

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have continuing impact on the number of new people entering the system by utilizing the funds available for CA's diversion/prevention activity. Tabor subcontracts two functions of CA to other community providers: 1) The United Way's 211 Call Center prescreens daily calls for housing or homelessness related assistance. After the prescreen, 211 will refer eligible individuals or families directly to CHART if they do not indicate they are a veteran, and directly to the local VA Supportive Services for Veteran Families programs in the county if they do indicate veteran status. 2) Lancaster Housing Opportunity Partnership who provides a real time Housing Locator website used by the community.

In addition to funding CA, HAP funds are supplementing funds for the Community Homeless Outreach Center (CHOC). CHOC is a drop in center for people experiencing homelessness where they can go and get connected to services, get a shower and get out of the elements. CHOC has become a recognized "one stop shop" by individuals experiencing homelessness and we are hoping to have a great impact on getting individuals connected to services and housing through the effort of making CHOC a more robust drop in center.

Lancaster City has seen a significant increase in the number of individuals panhandling since the city has been on a positive track of revitalization. Lancaster County has also demonstrated that this is a very giving community, increasing the likelihood that panhandlers will receive the money they are asking for. There have been efforts started to educate the community on the differences between panhandlers and individuals experiencing homelessness, as the two populations are different. There may be some small overlap, but largely the individuals who are homeless are known to the homelessness provider network and are not panhandling. In contrast, the known panhandlers are largely NOT experiencing homelessness and have income. Homeless Assistance funds have been used this year to help start the education process as well as support the Suspended Coffee movement.

The Lancaster County Continuum of Care (CoC) has a number of new initiatives not funded by the Block Grant. We are waiting to hear from HUD regarding the disposition of three new Rapid Re-Housing for Families project applications submitted in January 2014. Through a local reallocation and prioritizing process, funds amounting to approximately \$320,000 were earmarked for these new projects. Additional programs for families have been prioritized and identified as a systemic gap and we are hoping the addition of these three projects will address that need. We leverage the block grant funds along with other federal funds from HUD to complete the CoC grant. The federal government looks for a comprehensive and innovative plan in systemically addressing homelessness. We are also partnering with the Suspended Coffee movement and are helping businesses in the community start "suspending" coffees and other items purchased by others to feed those who cannot afford to purchase food themselves. This is

an example of innovative thinking in addressing the current issue of panhandling in Lancaster County. LHOP is developing a Landlord Risk Reduction Fund which will act as a mechanism to draw landlords in who are potentially willing but unsure if they want to rent to individuals experiencing homelessness. Given the stigma around homelessness, this is a gap that was identified in planning with LHOP on how to engage landlords. The Risk Reduction Fund provides tenant training for the individuals participating in the pilot program and the links them to a landlord who is willing to also be a part of the pilot. The landlord is guaranteed up to 2.5 times the rent should the individual damage the property, be evicted for non-payment of rent, etc. The expectation is that few and most likely no one will fail and no funds will need to be paid. It acts as a barrier breaker for landlords who are unsure if they want to rent and is expected to broaden the base of landlords over time. Again, there are a few communities in the nation that are doing something similar, but no one is doing exactly this, which again demonstrates Lancaster's innovation.

Using the established HMIS system in the CoC, we have begun to look at data to identify trends and risks for people becoming homeless in Lancaster County. We have also compiled data that is helping us measure length of stay in programs, recidivism rates, and new individuals/families experiencing homelessness and employment/income changes. We are hoping this data will help us target populations most at risk and work to divert them instead of casting a broad net and in turn assisting those that have resources and would not have wound up in the homeless system.

The CoC continues to be responsible to HUD to report on the following indicators:

- Length of Stay in Shelter
- Number of Shelter Discharges to Permanent Housing
- Length of Stay in Permanent Housing
- Exits to Unknown, Shelter or Don't Know (and keeping that percentage low)
- Increasing Income and Employment
- Recidivism Rate.

We know that, in Lancaster, we have seen 3,090 new entries into HMIS, meaning that there are that many new people experiencing homelessness. This number is for the period of July 1, 2012 through April 30, 2013. What is not accounted for in this number are the additional individuals who were at Winter Shelter which ran December 2012 - March 2013. If those individuals were included, the number of new entries would be 3243. We have seen a downward trend in the number of individuals we find in shelter or in areas not meant for human habitation during our Point in Time counts that we do bi-annually. CHART has had a significant impact on this trend as they are diverting individuals from entering the shelter system and allowing the system to serve more individuals. The increased number of new entries into HMIS has remained consistent as

the nation’s economic fatigue has made its grip on Lancaster County tighter. There are additional factors that are impacting the increase of new entries into homelessness for individuals this year. Lancaster County currently has a 5% vacancy rate on rental units, indicating a very tight housing market, leaving few to no affordable housing units for individuals with moderate to low income. It is also known that 72% of all households in Lancaster County are cost burdened (meaning they are paying more than 50% of their income) when factoring in rent/mortgage, utilities and transportation. This indicates that there is little to no “disposable income” for households to put back into the economy, thus contributing to the economic fatigue. Lastly, the current average rent in Lancaster County is \$834 per month. If an individual is working at a job that pays the current minimum wage of \$7.25 per hour, that individual will have to work 107 hours per week to afford that average rent.

Our initiatives for the 2014/2015 year will be:

- Continued funding of the Community Homelessness Assessment and Referral Team (CHART)
- Continued funding of the Community Homeless Outreach Center (CHOC)
- Continued funding for Suspended Coffees
- Continued funding of the Housing Resource Center (formerly the Fair Housing Center) at the Lancaster Housing Opportunity Partnership (LHOP)
- Expand funding at LHOP to allow for an additional full time staff person and an increase in services through the Housing Resource Room and the Landlord Risk Reduction Fund. The Housing Resource Room will provide a physical location for individuals who need assistance in looking for affordable rental units, connecting to mainstream resources such as public welfare or Social Security and information about landlord tenant rights. LHOP is in the process of designing a website that will house available units within Lancaster County and, in addition, have a secured area where case workers can log in and find units available from landlords who are specifically willing and setting aside units for individuals and families experiencing homelessness. This innovation is not being done anywhere in the Commonwealth right now. There is a website through Pennsylvania Housing Finance Agency (PHFA) but it is not customized to tag landlords who are willing to rent to those experiencing homelessness.

	Estimated/Actual Individuals	Projected Individuals to be
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	served in FY 13-14	served in FY 14-15
Bridge Housing	0	0
Case Management	3266	3527
Rental Assistance	528	600
Emergency Shelter	0	0
Other Housing Supports	1535	1658

Bridge Housing is not provided with block grant funds. There are transitional housing programs that are in existence within the community but are funded through federal dollars/foundations/fundraising. HUD has been clear that communities are to move away from transitional housing programs as it is demonstrated that rapid re-housing programs are more effective and communities can serve more individuals with the same amount of funds. Transitional programs are monitored using the indicators above that are required by HUD.

Case Management services are provided by the block grant through CHART as individuals are entering the system and moving through to programs. Again, the efficacy is measured using the indicators above.

Rental assistance is provided through the block grant. These funds are used in conjunction with Emergency Solutions Grant (ESG) funds from the federal government. The efficacy is measured through the indicators above. Specifically, using the recidivism rate and if the family/individual was able to remain out of the homelessness system and in permanent housing as well as length of stay in shelter. We also are measuring diversion from shelter based on recidivism rates.

Emergency Shelter is not paid for by the block grant but is available in the community through faith based providers. Shelter efficacy is measured using the indicators above.

Other housing assistance will include services such as prevention and diversion activity at CHART including utility assistance, short term hotel stays for families when the shelter is at capacity as well as the services through LHOP. Efficacy of these services will be measured against the HUD indicators as well as outcomes set through the block grant contract specific to each provider.

Lancaster County continues to be a leading community in the nation when it comes to innovation and ability to serve those experiencing homelessness. Currently, Lancaster County is in the top 10% of communities, nationally. The Human Services Block Grant has allowed for this to continue. We expect that cuts to our federal Housing and Urban Development grants will continue. These cuts make the block grant funds even more critical. If block grant funds are cut, these initiatives may not be possible and individuals

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who already have the trauma of becoming homeless may not receive the services they need.

4. Children and Youth Services:

The Human Service Block Grant (HSBG) allows the Children & Youth Agency (CYA) to provide evidence based services that promotes family engagement to positively impact the safety, permanency and well-being outcomes for children and families. These services funded from the block grant specifically focus on prevention of placement, strengthening families and timely reunification. The HSBG permits the county and CYA to have flexible spending to meet the needs of the families in our community. Lancaster County special Grant funds are utilized for the Family Group Decision Making, Multi-Systemic Therapy, Truancy Prevention/Intervention program-Check & Connect, Housing Assistance Initiative, and the Family Center.

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Safety 2	<p>80% of families referred will successfully complete the service and remain in their own home.</p> <p>Reviewed every 6 months.</p>	MST, FGDM, Housing

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Permanency 1	90% of the families will have continuity of family relationships. Measured every 6 months.	FGDM, MST, Family Center
Child & Family Well-being 1 & 2	85% of families/youth will successfully complete the program and have enhanced capacity. Measured every 6 months.	Check & Connect, Family Center

Program Name: Family Group Decision Making

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

Family Group Decision Making:

The Family Group Decision Making program is a joint effort by the Children and Youth Agency, the Office of Juvenile Probation and It Takes A Village, Inc. The program is designed to provide Family Group Decision Making conferences to families involved in the child welfare and juvenile justice systems according to accepted FGDM practices and standards. FGDM is an evidence based practice that has proven to be effective with families involved in the Juvenile Probation and Children and Youth systems.

Family Group Decision Making is a practice that focuses on the strengths of the family and empowers families by allowing them to draw on family experiences, knowledge and resources to create and implement plans that provide for the safety, permanency and well-being of their family. When families are the decision-makers, it allows them to be

invested in a plan for positive change and promotes a future of decreased involvement in formal systems.

The family group process is carefully coordinated and provides neutral facilitation to ensure fidelity to the FGDM values. Family members know their families best and their strengths are tools to solve concerns. The FGDM conferences are and will be used to bridge gaps between services and allow families to be accountable for the concerned individual(s).

Expected Outcomes for FGDM:

- ✓ Families will be able to safely provide for their children without the intervention of the Agency in an expedited fashion when extended families are engaged in the provision of services
- ✓ The length of time for children to be safely reunited with their parents will be shortened
- ✓ Extended informal family members will be utilized to a greater degree to provide the safety and well-being needs of children involved in the child welfare system
- ✓ 75% of children will not experience reentry into the foster care system within six months among those who successfully participate in FGDM
- ✓ 30% of fathers will increase their involvement with their children from no involvement to minimal or moderate involvement at the time of the FGDM conference.
- ✓ 50% of Independent Living youth who have successfully participated in FGDM will be able to identify at least one community connection upon their exit from foster care.

	13-14	14-15
Target Population	CYA & JPO families	CYA & JPO families
# of Referrals	83	100
# Successfully completing program	75	
Cost per year	\$265,000	\$300,000.00
Per Diem Cost/Program funded amount	\$3,000 per successful conference	\$3,000 per successful conference

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Name of provider	It Takes A Village	It Takes a Village
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Although there is underspending for 2013/14 it is expected that the program will expand in 2014/15. Effective in April 2014, the dependency court implemented mandatory referral of dependency cases for a family group conference. As a result Children and Youth referrals have increased 200% in the past three months. This trend is expected to continue in 2014/15 and the funding will be maximized. Additional ACT 148 funds will be available if needed.

Successes and Challenges of Family Group Decision Making include:

- Provided Family Group Conferences to 70 families
- These conferences served to prevent out-of-home placements and facilitated reunification.
- The Family Group Conferences engaged the family system in planning for the safety and well-being of their children and enhancing the families' problem-solving abilities.

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

Chronic truancy is the most reliable early indicator that a child is at high risk for becoming delinquent and becoming involved with juvenile crime. It is imperative to intervene early to assist youth in engaging in the school community and learning process for positive outcomes for the youth, family and community.

The Check & Connect Program is an evidenced based truancy intervention/prevention program designed to enhance student's engagement at school and with learning. The model was developed by the University of Minnesota to promote students' engagement with their school, reduce dropout and increase school prevention.

The Program consists of the following four components:

- 1) A Mentor who keeps education salient for students.
- 2) Systematic monitoring.
- 3) Timely and individualized intervention
- 4) Enhancing home-school communication and home support for learning.

The Mentor works with the students and partners with families for a period of two years. During this time, the Mentor is regularly checking on the educational progress of the student, intervening in a timely manner to reestablish and maintain the student’s connection to school and learning and enhancing the students’ social and academic competencies. Strategies are also used to enhance communication between home and school regarding student’s educational progress range from frequent telephone calls to home visits or meetings at a neutral community setting or the school. A critical goal of parent-connected efforts is working with families as partners to increase their active participation in their children’s education.

This program is one of 27 dropout prevention interventions reviewed by the U.S. Department of Education to date and the only one found to have positive effects for staying in school. Studies show that Check & Connect is effective for decreasing truancy, decreasing dropout rates, increasing accrual of school credits, increasing school completion, and improving literacy. The Check & Connect program in Lancaster County is delivered in the School District of Lancaster by a community treatment provider.

Expected Outcomes for Check and Connect:

- 75% of youth involved in the program will increase their attendance by 10%
- 75% of youth involved in the program will attend their court hearings to address their truancy issue.
- 75% of youth and their families involved in the program will meet all court mandated requirements
- 75% of youth and their families will be referred to community resources.

	13-14	14-15
Target Population	Middle school youth	Middle school youth
# of Referrals	60	55
# Successfully completing	53	

program		
Cost per year	\$100,000.00	\$100,000.00
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Pennsylvania Counseling	Pennsylvania Counseling

The Check & Connect program also received additional funding from the School District of Lancaster to allow for program expansion so that all middle schools have access to this program.

Successes & Challenges for Check & Connect:

- Serves approximately 55 youth per calendar year
- Has reduced the frequency of unexcused absences by 60%
- Engages the youth and connects them to support services for educational success
- Funding only permits one school district out of 16 in the county to receive this targeted service. All school districts would seemingly benefit from this program.

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

MST is an intensive family and community-based treatment program that focuses on addressing all environmental systems that impact at risk youth, their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST is geared towards youth ages 11-17 that are at risk of out of home placement. MST is utilized by Juvenile Probation Office and the Children & Youth Agency as a community based service to prevent out of home placement and strengthen families.

MST has a standard set of outcomes that have been measured and with which the Evidence Based Practice has been proven effective.

Successes and challenges of MST include:

- Increase the caregivers' parenting skills
- Improve family relation.
- Involve the youth with friends who do not participate in criminal behavior.
- Help the youth obtain better grades or start to develop a vocation.
- Help the adolescent participate in positive activities, such as sports or school clubs
- Create a support network of extended family, neighbors and friends to help the caregivers maintain the changes
- Provision to 62 families (10 Children & Youth; 52 Juvenile Probation & Parole)

MST breaks the cycle of criminal behavior by keeping kids at home, in school and out of trouble.

MST aims to achieve these goals through a treatment that addresses risk factors in an individualized, comprehensive, and integrated fashion; and that empowers families to enhance protective factors. This evidenced based program is based on a successful model and implementation/operation fidelity is imperative. The County's contracted provider, PA Counseling, follows the accepted program model.

MST is primarily MA funded through Perform Care. CYA and JPO provide funding in cases where parents do not have or qualify for medical assistance. Also County funding may be provided in cases to start services during the authorization process in order to prevent a delay of services.

	13-14	14-15
Target Population	CYA & JPO youth 11yrs-18yrs.	CYA & JPO youth 11yrs-18yrs
# of Referrals	55	55
# Successfully completing program	43	
Cost per year	\$170,000.00(budgeted)	\$140,000.00
Per Diem Cost/Program funded amount	\$66.00 per diem	\$66.00 per diem
Name of provider	Pennsylvania Counseling	Pennsylvania Counseling

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

This limited special grant is available for families involved with the Children & Youth Agency where housing is identified as a risk factor that impacts the safety and well-being of their children. This grant is utilized to stabilize family living situations, prevent out of home placement and promote timely reunification. Families exhausted other community resources before these funds were utilized.

The Children and Youth Agency utilizes the housing funds to assist families with payment of rent and mortgage costs and fuel assistance. ACT 148 funds are also utilized to assist families. In 13/14 and additional \$20,000 was used.

Success and Challenges of the Housing Assistance grant include:

- To allow families to maintain stable housing and avoid becoming homeless and needing to live in an area homeless shelter or having the children placed in an out of home placement
- To all allow families to continue to care for their children
- To allow mothers to afford to leave abusive situations and live independently
- To allow for a more timely reunification of children in out of home placement. . Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.
- Serves approximately 20 families in rental assistance.
- The available funding covers only a small portion of the need extant in Lancaster County

	13-14	14-15
Target Population	CYA Families	CYA Families
# of Referrals	20	20-25
# Successfully completing program	20	
Cost per year	\$15,000.00	\$15,000.00
Per Diem Cost/Program funded amount	NA	NA
Name of provider	CYA	CYA

Program Name: Family Center

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

Scope of Services:

- Provide services to approximately 125 unduplicated children between the ages of birth to five (5) years-old and 80 families in home visits in Lancaster County through the Parents As Teachers program.

- A minimum of 12 home visits per year will be conducted within each home. For children and/or families with special needs, there will be between 12 to 24 visits done per year for each enrolled child.
- The PAT Program will conduct and offer monthly social and educational events, which will provide education to parents in various social and family issues along with child development. It will also provide an environment where children can learn social skills and interact with other children, as well as a forum for parents to socialize and interact with other parents.
- Developmental and health screenings will be provided to every child enrolled in the PAT program at the age appropriate intervals.
- As other family needs become known, referrals will be made to other services to support healthy families and child development. The program can connect families to a wealth of additional community resources for meeting their basic needs as well as providing enrichment opportunities.

	13-14	14-15
Target Population	Families with children birth to 5 and prenatal mothers residing in Lancaster County	Families with children birth to 5 and prenatal mothers residing in Lancaster County
# of Referrals	89	90
# Successfully completing program	113 Families and 150 Children	N/A
Cost per year	\$37,639.00	\$37,639.00
Per Diem Cost/Program funded amount	\$144.78	\$144.78

Successes and Challenges of the Family Center include:

- Provides services to approximately 90 families.
- The focus is on strengthening the family and providing education and support regarding the safety and well-being of children.
- There are geographical barriers which do not allow all eligible county residents easy access to the family Center and its services.

5. Drug and Alcohol Services

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A. Overview

The Lancaster County Drug and Alcohol Commission, known by its state name as Single County Authority (SCA), is a Public Executive Commission model and an independent department within Lancaster County government. The Lancaster County Drug and Alcohol Commission was originally created in the 1970s as a Planning Council, a department within the Lancaster County Mental Health/Mental Retardation Program. Due to the need for greater autonomy and public focus on the drug and alcohol field, the Lancaster SCA was changed to a Public Executive Commission in January 1989. The Drug and Alcohol Commission currently employs 8 staff, including administration, prevention, fiscal, and a case management unit. The office has been downsized over the past six years, since the funding allocations are decreasing from the Department of Drug and Alcohol Programs (DDAP) and the Department of Public Welfare (DPW).

The Lancaster County Drug and Alcohol Commission provides substance abuse treatment for low income and uninsured clients; and community based prevention, education, and intervention services for all citizens in Lancaster. It also provides some limited case management services in a small, three person case management unit.

The Lancaster SCA no longer manages the tobacco funding or services in Lancaster County. Several years ago, the Lancaster D&A Commission managed over one million dollars of tobacco prevention and cessation services. The state Department of Health decided to manage this project using regional primary contractors in Pennsylvania, and therefore the Lancaster D&A Commission is no longer involved with this project. Feedback from several tobacco prevention providers indicate that Lancaster no longer receives the locally delivered programs using this regionally managed tobacco prevention model.

The Drug and Alcohol Commission also provides management and oversight in the delivery of mental health and drug and alcohol treatment services for Medicaid recipients, also known as Medical Assistance (MA) clients, in the HealthChoices managed care project. It is important to remember that low income and indigent clients bounce back and forth, from being covered by the Medical Assistance (MA) or Medicaid card (HealthChoices), to losing the Medicaid eligibility and therefore becoming an SCA funded client. Therefore, both the HealthChoices delivery of treatment and the SCA delivery of treatment must be coordinated, if not integrated. When a client loses one funding stream, such as HealthChoices eligibility, the client will be served using the SCA resources, and vice versa. With the SCA funding cuts, this coordination cannot occur, since the SCA does not have the funding to cover the placement.

The Executive Director of the Lancaster County Drug and Alcohol Commission sits on a ten (10) member Board of Directors managing the HealthChoices project in a five (5) County collaborative called CABHC. Counties include Cumberland, Perry, Dauphin, Lebanon, and Lancaster.

The HealthChoices project enrolls more than 64,000 Lancaster County Medicaid clients, and a total of 147,000 Medicaid clients in the five (5) county CABHC region. More than \$185 million of mental health and substance abuse services are provided in this HealthChoices collaborative. The provider network for the HealthChoices project is the same provider network for the Lancaster SCA. This allows coordination of client services between SCA and HealthChoices funding streams.

The Lancaster County treatment needs assessment and annual plan are created for both the HealthChoices project and the Drug and Alcohol Commission. Committees, which include consumers and family members, assist in the collection of information and data and provide input into the development of the plan. Committees include:

1. Consumer and Family committees
2. Provider Network committee
3. Data committee
4. Clinical committee
5. Reinvestment committee

Along with these committees, the Lancaster County Drug and Alcohol Commission meets seven (7) times each year with a citizen advisory board. These members are appointed by the Lancaster County Commissioners and serve a six (6) year term. This seventeen (17) member citizen advisory board assists the Executive Director in prioritizing the services and “steering the ship.” Recommendations from the board are presented to the County Commissioners, who consider the citizens’ recommendations, and then decide on a course of action.

The Lancaster D&A Commission also meets three (3) times each year with the contracted treatment providers. Information is collected from the treatment providers, who also assist in the development of the treatment needs assessment and the treatment plan. Some of the members of this committee are also in recovery, thereby providing a perspective on behalf of the drug and alcohol consumer. The treatment needs assessment and treatment plan are reviewed by both the Advisory Board and the provider network committee.

Recently, the Lancaster D&A Commission staff met with a group of Lancaster based treatment providers, for a series of meetings, called the “Focus Group”. The purpose was

to review and analyze fiscal and demographic data, and determine how to distribute the funding that has decreased each year, over the past decade. Some very large funding cuts are possible over the next few years, from both the state and federal agencies. The Lancaster D&A Commission is identifying a contingency plan that the local professionals helped to create, in order to be ready for the worst case scenario.

With this large county and demand for services comes a relatively small amount of public resources. In F.Y. 2007-2008, the DDAP state allocation per capita for Lancaster was \$4.50, making it the **fourth lowest SCA in the state on a per capita allocation**. The allocation from the Department of Public Welfare for drug and alcohol behavioral health is not much better. For Lancaster, the per capita OMHSAS allocation is \$2.61. Sixty seven percent of the 47 SCAs have a DPW per capita allocation which is larger than Lancaster's, even though Lancaster is one of the largest counties in the Commonwealth. The low per capita allocation continues in Lancaster County.

The recent budget problems in the public and private sectors are nothing new to the D&A field. The entire tobacco grant for the Lancaster SCA was eliminated and a regional contractor took over the project. This hurt the SCA and also hurt the local providers.

The Lancaster SCA strives to allocate 30% of the budget in prevention/education projects and at least 50% of the budget for drug and alcohol treatment. With the DPW and DDAP funding cuts in the past seven years, this goal will need to change. The SCA is reviewing the data and will change the percentages when the allocations are known for fiscal year 2014-15. The new strategy will likely include a goal that no more than 20% of the SCA budget will be allocated for administration and case management combined.

The Updated Treatment Needs Assessment highlights the tremendous growing need in Lancaster County for additional resources and services. Without even a cost-of-living increase from year-to-year, which is typical for the drug and alcohol field, inflation is eroding away the many successful programs in the County. The total Lancaster County inhabitants with DSM4 diagnosable substance disorder is a minimum of 32,784 citizens, and as many as 43,000 addicts, when the local special population needs data is included.

Many programs are available in Lancaster County and many more can be developed. The greatest need is a significant increase in public funding for both treatment and prevention services.

Not all solutions require additional funding. The Lancaster County Drug and Alcohol Commission is involved with the following projects that should not dramatically increase the financial demand on the SCA:

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1. Re-entry program. The Lancaster SCA is working with many other agencies in the establishment of a model re-entry program for clients returning to the community from County prison.
2. The Lancaster SCA is involved with having the treatment providers use COMPASS, which allows people to apply for the Medicaid card without visiting the local County Assistance Office. Drug and alcohol outpatient clinics may become COMPASS approved and therefore assist in the clients application for MA. An increase in clients accessing the Medicaid card will allow the HealthChoices project to fund the client in mental health and drug and alcohol treatment. This will decrease the burden on the SCA budget. More than 25 staff from D&A providers were recently trained by County Assistance staff in the Medicaid application process.
3. The Lancaster County SCA has been involved with the utilization of buprenorphine or Suboxone, a medication used for certain heroin addicts in the early stages of their addiction. The Lancaster SCA is using SCA dollars in buprenorphine treatment, along with the HealthChoices funding stream for MA clients. The Lancaster SCA is paying for Suboxone medication for 30 clients, and demand continues to increase. Buprenorphine training has been provided for the Lancaster case managers, treatment providers, SCA Advisory Board, and PACDAA members. Successful utilization of buprenorphine should decrease the high cost of treating heroin addicts in residential treatment.
4. Alcohol tax. The Lancaster SCA supports a “user fee” or added tax placed on all sales of alcohol. If a person is hurt by a product (such as alcohol addiction), then that product’s cost should include funding (fee or tax) to correct or address the harm. The Lancaster SCA supports the PA Community Providers Association efforts to include such a user fee on the sale of alcohol products, to be used for additional prevention and treatment services. The beer tax of eight cents per gallon has not been raised by the state since 1947.
5. Continue to fund detox and outpatient services, keeping these modalities open for the entire year. Left over funding is used to purchase rehab, partial, and halfway house. Rehab and halfway house placements are typically closed before the end of the fiscal year.

6. Educate elected officials and state administrators in the need for both additional funding and a more equitable allocation formula. On a per capita basis, Lancaster is being short changed.
7. The Lancaster SCA participated on a committee to establish a mental health court.

Using the basic prevalence rate of 8.3% of the county population age 12 and above, there are an estimated 32,000 substance abuse disorder clients in Lancaster County. When the special population data is included, the estimated number of addicts and alcoholics in the county exceed 43,000. No matter which number is used, a large number of addicts and alcoholics live in Lancaster County. Since only several thousand clients are served in treatment by the SCA and HealthChoices funding streams, and private health insurance has limited substance abuse treatment, there is a large unmet need growing in Lancaster County. The Lancaster County SCA is turning many clients away from residential rehab and halfway house, since the funding is not available and the demand for services increases.

This bupe coordinator project is now an in-plan MA service, and is reimbursed using HealthChoices funding. It is financially struggling, since 30% of the bupe coordinators caseload is non MA clients, and therefore non MA reimbursable. In order to correct this budget shortfall, the Lancaster SCA used 50% of the Suboxone budget to support the RASE bupe coordinator project. The other 50% of the Suboxone budget remained for the medication.

The IGT funding stream was eliminated in FY 2008-09. With such an inadequate treatment budget, this was a major blow to the local drug and alcohol field. IGT treatment funding did not have any requirements attached that many of the other streams have. This was a negative impact on the D&A field. The funding cuts continue.

The Lancaster SCA implemented a maximum benefits package for all methadone clients funded by the SCA. The Drug and Alcohol Commission funds the first year, pays for half of the methadone treatment the second year, and the client must fully pay this treatment after the second year. All clients sign off on this policy. They may appeal this policy if they believe circumstances prevent them from paying for the methadone treatment or prevents them from working.

In the fiscal year 2013-2014, the Lancaster SCA ran out of rehab and halfway house treatment dollars, with more than six months left in the fiscal year. The local trend that created this unusual situation was that clients were eligible for Medicaid, and getting the

MA card, but they were not registered or “flipping” into HealthChoices quickly enough in order to have the HealthChoices project pay for the D&A treatment. Since HealthChoices cannot be retroactive, the clients were all being funded by the limited Lancaster SCA treatment budget.

In order to avoid this situation again, the Lancaster CAO assigned four intake workers to process the D&A client welfare applications. Now the MA applications are being processed in one to two weeks, instead of the previous six to eight weeks. HealthChoices is now paying for much of the D&A treatment for low income Lancaster clients. Since there are no new DDAP or OMHSAS treatment dollars expected in the near future, Lancaster’s goal is to utilize the HealthChoices services whenever possible. HealthChoices now pays for more than \$6 million of D&A treatment in Lancaster County each year. Unfortunately, MA and HealthChoices cannot pay for many low income, “working poor” clients. The limited SCA and block grant funds pay for this population.

It should be remembered that many active addicts do not seek treatment due to denial and the person’s unwillingness or inability to address the addiction. Therefore, it cannot be assumed that the demand for substance abuse treatment, minus the number of clients currently served, equals the unmet demand. Since the Lancaster SCA has an open system which allows all admissions into treatment through the nine outpatient clinics or detox unit, all citizens have direct access. Access is direct and simple. The only issue is whether the person has a funding stream to pay for the treatment.

The Treatment Needs Assessment identifies resources that are needed, but it all comes down to the need for additional funding. Tremendous programs are available in Lancaster County, but each one should be expanded and other valuable programs could be developed. This would include transitional housing beds, although Vantage House has established several units for women with their children. Lancaster has a very strong service delivery system for Latino clients, but again the size is limited to the funding that is available. An increase in opiate addiction treatment options was created through the HealthChoices funding stream, along with limited SCA funding that was diverted from the residential rehab budget.

In fiscal year 2008-09, the Lancaster SCA budgeted \$60,000 for the purchase of Suboxone for SCA clients. In 09-10, the amount was \$92,000. This is needed when clients are in the buprenorphine project and then lose MA funding due to success of the program and the client becoming employed. This funding was taken from the residential budget. Even if the issue of flipping clients into MA HealthChoices continues to be resolved, the SCA residential budget will still not meet the need, since more people are seeking services. And most SCA funded clients are not eligible for MA HealthChoices.

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The greatest barrier for accomplishing this plan is the lack of funding, along with the anticipated future funding cuts and inflation. This mostly affects the “working poor,” or SCA client, since MA/HealthChoices pays for the welfare client.

An outcome of the Lancaster SCA Focus Group was the creation of a plan to address the ongoing decreases in state funding. The Lancaster SCA will implement the following changes:

1. The Lancaster SCA will only pay for one assessment every six months.
2. The SCA will not pay for any DUI evaluations.
3. The Lancaster SCA will seek additional block grant dollars.
4. The SCA will no longer pay the treatment providers for MA applications.
5. The total SCA outpatient contract pool will not exceed one million dollars, which is 50% of the treatment budget.

The Lancaster SCA is paying drug and alcohol counselors to attend mandated workshops and training programs. The small “stipend” given to D&A counselors to attend mandated workshops and training programs is well liked by the treatment community. Although workforce development is still an issue in the drug and alcohol field, this funding for training assists the outpatient clinics in recruiting new counselors. The lack of sufficient treatment and prevention funding remains as the primary barrier in Lancaster County.

The newest assets are the HealthChoices reinvestment projects. All are doing well, since they are funded by HealthChoices and the financial resources are there for start-up and maintenance. The Suboxone services provided through both the private physicians and the SCA are serving many heroin addicts in the county. There are no new SCA resources expected in the future, so the Lancaster SCA must rely on HealthChoices assets.

The Lancaster County Drug and Alcohol Commission strives to place 50% of the total allocation in treatment services and 30% in prevention/education. It is also the goal of the Lancaster SCA to allocate 20% of the available funds in the administrative cost center and case management unit. In order to meet this goal, the Lancaster SCA decided not to replace a case manager and secretary when the positions became vacant. These allocation percentages were developed over the past 15 years and have the support of the D&A Commission staff and SCA advisory board. The Lancaster SCA now has only two and a half case managers and one case manager supervisor. A secretary position was eliminated, so that the SCA office now only has one secretary.

These percentages do not include the HealthChoices funding, which exceeds \$6 million each year of D&A treatment in Lancaster County.

Since a significant increase in public funding for both treatment and prevention services is unlikely, the Lancaster SCA Action Plan consists of six (6) areas which require little if any SCA funding. This includes the re-entry program, implementation of COMPASS, utilization of Buprenorphine, support of the state-wide alcohol tax, continued funding of detox and outpatient services and the education of elected officials and state administrators. HealthChoices funding and HealthChoices reinvestment dollars will continue to be utilized for the re-entry program, funding of treatment, and the use of Buprenorphine. The current HealthChoices project has a healthy financial surplus, and therefore additional reinvestment dollars will soon be available.

The Lancaster County Drug and Alcohol Commission utilizes the following performance outcome measures in the assessment of the services purchased by the SCA:

1. Monitoring of all providers. The Lancaster County Drug and Alcohol Commission staff monitor each prevention and treatment provider on an annual basis and require corrective action if deficiencies are discovered. Service providers must be in compliance with the SCA requirements within six (6) months of each site visit and now they submit a written plan for correction.
2. Treatment outcome measures. The Lancaster SCA reviews client data, such as relapse, employment, treatment goals and objectives, etc. If a provider is not within the SCA benchmarks, the staff reviews the data and works with the program to improve its performance. Lancaster developed a computer based fiscal and client information system more than 23 years ago, and therefore the SCA has the ability to collect and evaluate information.
3. All treatment providers must receive at least 86% compliance in the annual licensing site visit. Actions plans are submitted to the Lancaster SCA when deficiencies are discovered during the licensing site visit.
4. HealthChoices continuous quality improvement. The Lancaster SCA provider network is essentially the same network of providers utilized in the HealthChoices project. The HealthChoices project is managed by the Lancaster SCA and Lancaster County MH/MR Program. Factors which are monitored in the HealthChoices project include client access, complaints and grievances, recidivism, consumer satisfaction, provider satisfaction, utilization management, and other quality improvement factors. Quarterly reports of continuous quality

positions. The office still operates on an administrative budget that is less than 13% of the total allocation. Use of newer technology and staff working harder and smarter allow this objective to be met even though the state administrative demands continue to increase. The Lancaster SCA draws down over \$100,000 of HealthChoices administrative dollars each year.

The Lancaster SCA has been successful in receiving additional block grant funds, and utilizes HealthChoices administrative allocations whenever possible. The Lancaster SCA has also acquired drug and alcohol treatment funds through Act 198 and Title 42 court fines and fees. These funding streams are being earmarked to special projects for local non-profit facilities.

The Lancaster SCA could develop a comprehensive, fully funded prevention and treatment system with an annual allocation of \$16 million. Compared to the community damage and costs that alcohol and other drugs cause, and also compared to the other human service systems public funding, this amount is very reasonable and relatively small.

Although the Treatment Needs Assessment identifies many special needs and growing trends, some of these trends have not materialized and some of them can simply not be funded without destroying or seriously compromising well established programs and services. We will not sacrifice a successful past in order to address a wish list of services that should be provided if the proper funding was available. The Lancaster County Drug and Alcohol treatment and prevention system have many exemplary programs, which could and should be expanded if the funding was available.

Additional programs have been added using HealthChoices funding. They include new recovery houses, a new Latino recovery house, Peer Recovery Specialists, and the use of Suboxone coordinators. A mental health court was created and many clients are receiving treatment using HealthChoices funding.

Act 152 funding will be used in conjunction with BHSI and Single County Authority (SCA) base funding, to place clients into substance abuse treatment in a residential setting, as the client applies for Medical Assistance (MA). The Act 152 funding is used for non-hospital residential programs, such as detox, residential rehab, and halfway house treatment, until the HealthChoices coverage begins. It can also be used for other D&A modalities of treatment in the block grant system.

This is considered the MA lag period or gap. This lag time may occur from a few days, to a few months, depending upon several factors in the MA application process. Eventually

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if the MA is not approved, and therefore the client is not MA eligible, then the SCA will utilize Act 152, BHSI funding or base funding for the placements. Since the client's placement into treatment occurs before the MA application is processed, this lag or gap period can easily drain the limited funding of the Lancaster SCA.

Act 152 is used for any client described in the above situation, but it is especially effective in having clients enter D&A residential treatment directly from the County prison. The County Pre-Parole Unit works closely with the Lancaster SCA in placing clients into D&A treatment, directly upon discharge from the prison. Medical criteria are evaluated by conducting a D&A assessment and level of care determination, using the PCPC and other evaluation instruments. The MA application is completed in the prison, and submitted to the County Assistance Office on the day the client leaves the prison and enters treatment. If MA is denied, then the D&A treatment is funded by Act 152, BHSI and SCA base dollars.

The Lancaster SCA could utilize a much greater BHSI allocation than the amount identified in the block grant plan. Many Lancaster citizens do not have insurance, MA, or family income to pay for D&A treatment. Many of these people are the working poor, struggling to maintain their sobriety and keep their life together. With statistics showing more than 42,000 addicts and alcoholics living in Lancaster County, there is a demand for D&A treatment which far exceeds the limited funding. Therefore, if additional BHSI funding is available, then additional D&A treatment can be provided, and more citizens can begin their clean and sober life in Lancaster County. Additional HSS/HSDf funds will also be allocated to help pay for rehabilitation costs. The D&A Commission could utilize an additional \$600,000 of BHSI, or block grant funding, in FY 14-15.

The Drug & Alcohol Commission will also use HSS/HSDf funds to purchase evidence based prevention and early intervention services for children and early adolescents, who are at great risk for substance abuse addiction and school dropout. These services have been shown to reduce the risk for substance abuse, school dropout, and delinquency, teen pregnancy, and other health damaging behaviors.

The Elementary Youth Support Program has received national recognition as an Exemplary Program, and is undergoing research by the University of Pittsburgh. This program provides in school group education using Caring and Sharing groups and Lions Quest groups for high risk children, grades K through 8; early teen and pre-teen pregnancy prevention classes using the Baby Think It Over curriculum; SkillQuest sessions on stress management, anger control, bullying prevention, communication, and dealing with loss; home visits and family linkage to community services; parenting

training; and school and community training to educate and advocate for the needs of high risk families.

The Alternative Community Intervention Program provides a unique intergenerational mentoring program, providing the youth with the skills, opportunities, and expectations to change their own environments with the support and guidance from adults. These students take part in developmentally appropriate social skills, and leadership education. Specifically, the program provides a four day per week after school tutoring; mentoring and talent development; leadership training and job skills development for high school youth; a one week overnight summer camp and several six week day camps; service learning projects; parent education sessions; and a higher education scholarship program using private donations.

The D&A Commission plans to utilize the block grant allocation in fiscal year 2014-15:

Detox:	\$ 379,430	471 clients
Residential Rehab:	773,371	227 clients
Halfway House:	25,333	17 clients
Outpatient/IOP	74,434	124 clients
Partial:	10,582	21 clients
Case Management:	72,195	121 clients
Prevention:	<u>92,850</u>	<u>558 clients</u>
	\$1,428,195	1,539 clients

1. Access

A recent barrier to placing clients into residential programs is the lack of Lancaster SCA dollars to “back up” the placement, while the Medicaid application for HealthChoices funding is being processed at the County Assistance Office (CAO). In the past, if the treatment provider admitted the client into the residential program, and for some reason the HealthChoices funding did not come through, then the provider relied on Lancaster SCA funding for payment. But now that the SCA does not have the funding from DDAP or OMHSAS to back up the placement with “base dollars” or block grant dollars, the facilities often cannot admit the clients, with the risk of not getting paid for many of them. Therefore the new trend is that the client receives detox, and instead of then transferring to a rehab program, the client is referred to an outpatient clinic to continue treatment. This is not a full course of treatment, and in many cases, leads to a relapse for the clients.

One word continues to describe Lancaster County and the results of the treatment needs assessment; LARGE. Lancaster County recently surpassed 530,000 citizens, with a fairly large Latino community of more than 41,000. The Medical Assistance or Medicaid population exceeds 64,000, which is also known as the “welfare population”. Many people in need gravitate towards Lancaster County, since it has a wealth of human service agencies and a large homeless shelter. With a growing County population, the need for additional treatment and prevention services also increases. The current 4.3% unemployment rate is improving over the past year, but the Medicaid population in Lancaster is consistently growing.

Clients in Lancaster County have direct access into treatment by scheduling an appointment in any of the nine contracted outpatient clinics. One outpatient clinic recently terminated the SCA and MA contracts, and will focus on private paying clients. Assessments occur within seven (7) days of the request and placements into residential programs typically take one or two days, if funding is available.

The biggest issue is receiving “a full course of treatment”. With SCA and MA clients, it is usually best practice to have a full course of treatment of six (6) to 12 months. It is not unusual for clients to need at least six (6) months of drug and alcohol residential treatment. This is rarely provided, since the limited funding would be quickly depleted on just a few clients. Other than pregnant addicts and women with children, rarely does a client receive more than four (4) months of residential treatment. The theory is to give more clients a “helping hand” of limited duration as compared to a few clients receiving the ideal length of stay.

As already mentioned, the Lancaster SCA no longer has treatment dollars to place clients into residential facilities while the Medicaid application is being processed. Rehab and halfway house services have virtually been discontinued, in some months of the fiscal year. Most of the SCA treatment dollars are being used to purchase detox and outpatient services.

The Lancaster SCA strives to fully fund detox services, since there is a physical need for a client’s health and safety. We also strive to fully fund outpatient clinics, which are relatively inexpensive to fund. Therefore, treatment modalities such as rehab, halfway house, and partial are only funded to the extent that funding is available, after the detox and outpatient services are covered. Additional funding would allow the development of transitional housing beds, the increase in services to the Latino community, an increase in the treatment of criminal justice population, and an increase for treatment for heroin and opiate addicts.

In January, 2014 the Lancaster SCA was forced to close down SCA placements into residential rehab and halfway house programs, due to the SCA funding being exhausted. This continued throughout most of the second half of the fiscal year. Clients who are pregnant or on Medicaid can still be placed. The Lancaster SCA kept detox, outpatient, IOP, and partial open. Since the block grant was able to provide an additional \$300,000 to the Lancaster D&A Commission, residential placements were reopened in May, 2014.

Yet the public data and needs-based estimates are clear in one conclusion: The Lancaster treatment needs are large and the public funding and resources are small. Compounding the problem is that this need continues to grow with Lancaster's growing population and the public funds are being decreased each year. The County population just exceeded 530,000 people.

In order to allow Lancaster citizens an equal opportunity for accessing limited SCA treatment dollars, Lancaster has established a maximum benefits package. When a client is evaluated and admitted into treatment, the benefits package is discussed and explained to the client. The client then signs off that he or she understands the maximum benefits of two (2) detox admissions per year, along with one residential rehab placement. When the client exhausts the maximum benefits package of two detoxes, yet is need of addition detox, the Lancaster SCA assists the client in accessing Medicaid, which is an entitlement service that does not have any financial limits. The client then enters detox using the Medicaid/HealthChoices funding stream. Since SCA and Block Grant funding are not entitlements, and are very limited in scope, it is imperative that all clients have at least two opportunities per year for detox so as to prevent a handful of clients from utilizing all of the available detox funding. As such, the SCA must place limits on the funding is available in the fourth quarter of the fiscal year, the Lancaster SCA waives the maximum benefits package in the fourth quarter (April, May, June). The benefits package does not apply to pregnant addicts or any adolescents. Using this maximum benefits package allows the detox budget to meet the annual demand for services.

Since the Lancaster SCA has a maximum benefits package, it has never exhausted detox funding before the end of the fiscal year. In recent years however, it has run out of residential rehab funding by the fourth-sixth month, thus outpatient services are provided as an alternative. The Lancaster SCA system focusses on getting each client onto Medicaid so that HealthChoices will fund a full continuum of D&A treatment. More than \$10 million of D&A treatment is provided each year in Lancaster County using the HealthChoices funding stream. Treatment facilities are also known to provide free treatment services, or "scholarships," for clients when SCA funding is limited. Hospitals also provide services, if the person is in a life threatening situation and there is no other

funding source. Since detox is a health and safety issue, the detox budget receives a priority in resource allocations, at \$500,000 of SCA funding each year, and growing.

There are no limits on the number of admissions or treatment for outpatient services. This maximum benefits package only identifies the services provided and funded by the Lancaster SCA. It does not include services provided by private health insurance or the HealthChoices project. If funding is available at the end of the fiscal year, the maximum benefits package is lifted and the client can receive SCA treatment funding beyond the maximum.

A person must have lived in Lancaster County for at least 365 continuous days in order to be eligible for funding to a rehab or halfway house. There is no residency requirement for detox or outpatient treatment. This prevents clients from arriving in Lancaster County in order to be placed in rehab or halfway house, if the home SCA is unable to provide this service.

Within the treatment budget, enough funding is provided in both the detox services and outpatient services in order to keep these modalities operating throughout the entire 12 month fiscal year. Whatever funding remains in the treatment budget is utilized for residential rehab, halfway house, and partial. These three (3) modalities are authorized on an individual client basis, and therefore are controlled and managed by the SCA on a day-to-day basis. When the funding allocation is exhausted for these three (3) modalities, the Lancaster SCA stops new placements. Since some of the funding is for specific populations, such as pregnant women and Latinos, some Lancaster SCA funding was used for residential placements. And at the end of the fiscal year, some additional funding can be found to allow limited SCA residential treatment. In fiscal year 2013-14, the Lancaster SCA received an additional \$300,000 of block grant dollars, and therefore rehab placements were reopened in May.

Support services are included in the per diem rates of the residential facilities and are not funded separately since the money is not available. Some of the support services are funded through Medicaid, and the Lancaster SCA utilizes the MA services whenever possible.

Clients or potential clients in Lancaster do not need to call or meet with any Lancaster SCA Commission staff. Direct access into treatment occurs through the nine outpatient clinics or the local detox unit. This system has been in operation for the past 20 years, and is documented in many brochures and available on websites, such as www.compassmark.org. When the SCA office is closed for any reason, the telephone caller is given a description of this access and therefore has access into treatment on a

24/7 basis. If there is an urgency to the person's request for treatment, callers are advised to present themselves to an emergency room, and a placement into detox will occur from there. The clients' access to screening and assessment services uses the same protocol during regular business hours as it would for after hours, weekends, and holidays.

The after hour telephone message is monitored periodically by the SCA Executive Director when he calls the office after hours and listens to the message. The treatment providers also contact the Lancaster SCA if they hear of any access issues, which rarely if ever occur in the outpatient or detox units. The clients have direct and immediate access to the treatment providers and do not need SCA staff involvement or permission for this access. The Lancaster SCA monitors the services and pays for eligible clients.

As a result of past funding cuts, the Lancaster SCA developed a maximum client benefits package. When a client is admitted into any modality of treatment, the client signs off on this maximum client benefits package, attesting to the fact that the client knows of this policy and will ask any questions if it is not clear. With the elimination of the Inter-Governmental Transfer (IGT) dollars and the recent DDAP cuts, the Lancaster SCA has recently decided to maintain the maximum benefits package.

The goal of this package is to be fair to those people who do not have a way to pay for treatment and therefore rely on the County SCA for assistance. This prevents a small percentage of the clients from utilizing a vast majority of the limited allocation. This benefits package has been used by the Lancaster SCA for many years, so the providers and most of the clients are very familiar with the restrictions.

All low income clients will be eligible, as identified in the DDAP financial liability process. MA/HealthChoices is the preferred funding stream for all low income clients, since the resources are available to meet the client treatment demand and needs. The demand for residential services in Lancaster County would support the increase in Act 152 funding by \$300,000, in order to keep the residential placements open for Lancaster County for another two months. Typically, residential D&A placements are closed in Lancaster for four to six months each year.

The purpose and use of the BHSI funding will be the same as Act 152 in this plan, and all treatment modalities will be used. Also, some case management services and recovery support services, such as buprenorphine (Bup) Coordinators for recovering heroin addicts, will be funded with BHSI funding.

A client enters the Lancaster SCA treatment system by connecting with the detox call center, or by scheduling an appointment with a contracted licensed outpatient counselor. The detox or outpatient staff conducts a D&A assessment and level of care, to determine

whether the person needs a substance abuse program, and if so, where the client should be placed (detox, rehab, halfway house, partial, outpatient, methadone, etc.) If the client is low income, uninsured, and ineligible for Medical Assistance, then they are a candidate for D&A BHSI funding for the treatment episode. This includes all of the clients connected to the SCA in the above description of the Act 152 plan. A vast majority of the clients served are involved with the county court system, so addressing the addiction with treatment will decrease the logjam in the courts and county prison, and also address homelessness, unemployment, family dysfunction, and other Lancaster community social needs.

Case managers and Bup coordinators assist both the clients and referral agencies in placing the clients into treatment, and addressing other needs, such as housing, medical, employment, court obligations, mental health needs, etc. A portion of the BHSI funding will be used for these services, along with purchasing Suboxone and methadone medication for recovering heroin addicts.

2. Waiting List

Lancaster does not keep a formal “waiting list”, since addicts do not wait around for weeks or months for placements into rehab to open. The clients are given outpatient treatment if funding for rehab is exhausted, and the client can be reached through the clinics.

The Lancaster SCA’s priority is to fully fund detox placements and outpatient services. Whatever treatment funding remains is then earmarked for residential rehab, halfway house, and partial treatment. Detox placements remain open due to possible medical complications from physical withdrawal. Outpatient treatment is fully funded since it is relatively inexpensive to provide on a per client basis. The SCA had to shut down rehab and halfway house placements in January, 2014 five months before the end of the fiscal year. Additional block grant dollars allowed the SCA to reopen rehab placements in May.

3. Coordination

The Lancaster SCA Executive Director is a member of 35 local and statewide committees and boards, during which he gathers input and shares information regarding the needs of Lancaster County. This includes being an active member of the State Health Improvement Project (SHIP) committee (locally called LHIP), Integrated Children’s Model committee, Court Judicial Advisory Board (CJAB), Student Assistance Program (SAP) management committee, HealthChoices Board of Directors, Youth Intervention

Center Board of Managers, Harm Reduction Committee, CASSP Management, Human Service Directors committee, and many others. The Director is also very active in statewide committees, such as the County Commissioners Association and the PA Association of County Drug and Alcohol Administrators (PACDAA). D&A Commission staff also participate on many local committees, in order to coordinate and cooperate with other human service systems.

The Lancaster County Drug and Alcohol Commission has been very successful in utilizing its limited budget over the years. Successful efforts and assets include:

1. The establishment of a drug court in January, 2005 and a mental health court in 2010.
2. The creation of a specialized Latino outpatient clinic, followed by the establishment of a Latino drug and alcohol rehab program several years later.
3. The establishment of Vantage House, a residential treatment provider for pregnant addicts and women with children. The Lancaster SCA also supported the creation of a Vantage outpatient clinic and the establishment of a prevention unit.
4. The management and oversight of the HealthChoices project, providing substance abuse and mental health treatment services for Medicaid clients in a managed care system. More than six million dollars of D&A treatment is provided in the Lancaster HealthChoices system each year.
5. Utilizing reinvestment dollars from HealthChoices to establish a methadone maintenance clinic in Lebanon County. A methadone maintenance clinic was also established in Lancaster County.
6. The establishment of a drug and alcohol “pod” in the Lancaster County prison. Education and recovery groups are provided in this specialized unit.
7. One year before the state became involved, Lancaster County established a Student Assistance Program in several local school districts. The project

has been expanded to all 16 Lancaster school districts and has been operating for more than 28 years.

8. The planning stages and start- up funding for creating a Latino recovery house.
9. The licensing and contracting with several faith-based drug and alcohol outpatient clinics in Lancaster County. These include Mission New Life and Naaman Center.
10. The establishment of three-quarter way transitional apartment units at Vantage. This provides clean and sober living for women in early recovery.
11. A men's and women's halfway house which is considered a model program in the Commonwealth. The Gate House Program for Men was established in the 1970s, followed by the women's house, which was developed in the 1980s.
12. The Lancaster SCA pays the outpatient counselors \$30 per hour to attend training and workshops, in order to remain current in the skills and knowledge needed for a certified addictions counselor. This addresses some of the workforce development issues that are occurring across the Commonwealth.
13. The Lancaster SCA has reimbursed sign language interpreters for the past 18 years for hearing impaired clients in treatment.
14. During the past ten years, the Lancaster Drug and Alcohol Commission has provided cross systems training with the Children and Youth system.
15. Several years ago, in collaboration with Compass Mark, a drug and alcohol information site was established at www.compassmark.org. This is a resource that is utilized by over 165,000 information seekers each year.
16. The establishment of a buprenorphine coordinator project using HealthChoices funding.
17. Funding of Suboxone medication for heroin addicts using SCA base dollars.

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18. HealthChoices funding for recovery homes and the establishment of several Lancaster based recovery houses.

Although the Lancaster County SCA is not taking credit for the establishment of all of the worthy programs listed above, it was instrumental in the creation of many of them, both financially and in the area of concept development.

This Lancaster SCA funding crisis is being addressed using its only viable option. The SCA was very successful in working with the local County Assistance Office (CAO) in placing clients onto MA/HealthChoices within a week or two of the application, as compared to the previous wait of one to two months. HealthChoices is paying for the treatment instead of the Lancaster SCA. This allows the SCA to pay for treatment for clients who are not eligible for Medical Assistance. The Lancaster HealthChoices program pays for more than six million dollars of D&A treatment in Lancaster County each year. This number grows each year.

This expedited processing of D&A client applications for Medicaid, in order to have the HealthChoices project pay for the treatment, varies from time to time. When the County Assistance Office has staff vacancies or are overwhelmed with MA applications, the D&A applications are not processed as quickly, and therefore the client cannot use the MA card for placement into rehab or halfway house. These occasional delays hinder client admissions. And since MA fee for service pays for just a few D&A treatment modalities, this delay prevents a client from receiving D&A treatment. Recently, the CAO staff trained more than 25 local D&A staff in the MA application process, in order to help prevent errors or unnecessary delays.

The Lancaster SCA is analyzing the new federal health care program to determine if this new national insurance coverage will serve any of the existing SCA population. The County Commissioners Association of PA is assisting in this review. It probably will not address the demand for treatment, since it does not provide services for the unemployed or very low income client.

It was discovered that drug and alcohol clients were applying for Medical Assistance (MA), and since the Lancaster County Assistance Office (CAO) was placing an "end date" on the application, the client was only receiving MA fee-for-service, and not flipping over to MA HealthChoices. MA fee-for-service does not pay for non-hospital detox, rehab or halfway house treatment, and therefore the Lancaster SCA was unexpectedly paying for all of these MA clients. The Lancaster SCA staff have been meeting with the CAO and a solution was found.

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It now takes a week or two to process the MA applications as compared to a month or two. This allows HealthChoices to pay for the treatment. Only MA HealthChoices can take the financial pressure off of the SCA budget. Lancaster is also supporting OMHSAS in the effort to place non hospital residential D&A treatment services in the state DPW plan, thus making these services reimbursable using the Medicaid card in the fee for service system. The Lancaster CAO provided training to the D&A field, in order to decrease the number of errors on the MA applications, and to speed up the MA application process.

The Lancaster Drug and Alcohol Commission assisted in the development of several HealthChoices reinvestment projects to meet the unmet/unfunded needs of clients in this region. They include:

1. Start-up of three drug and alcohol recovery houses. One Latino house is located in Lancaster, operated by SACA.
2. Buprenorphine coordinators who assist Suboxone clients, the physicians, and the drug and alcohol treatment programs treating these opioid addicted clients. This program is already at maximum capacity. In order to keep the project funded, it became an MA reimbursed service.
3. Funding for the first two months of a client being admitted to a recovery house.
4. Funding for “out of zone” residential placements for adolescents who lose their MA HealthChoices eligibility.
5. The development of an adolescent outpatient clinic.
6. The development of a D&A Recovery Support Specialist program.

Demand and the need for additional funding continue to grow. Since the DDAP and OMHSAS funding will not change, the Lancaster SCA is aggressively seeking and acquiring MA HealthChoices reinvestment funding. The Lancaster SCA is also assisting its primary prevention program, Compass Mark to apply for grants and foundation support. Demand overwhelmed the supply of funding.

The Lancaster SCA also works with the Re-entry Management Organization (RMO), the Student Assistance Program (SAP), the CASSP Clinic, the Drug Court Team, Mental

Health Court Team, the Community Homeless Outreach Center, the Youth Intervention Center, the county prison, the Pre-Parole Unit, and several other organizations, to assist clients in accessing D&A treatment. The results of having clients enter treatment will be fewer people being homeless, a decrease in domestic neglect or abuse cases, including child abuse, and fewer citizens in the County prison.

In the block grant system, Act 152 can be utilized for MA eligible clients, or non-MA eligible clients. The need for this funding fluctuates with how quickly the clients can “flip” onto Medicaid and HealthChoices funding. If the lag time is great, then the need for additional Act 152 funding increases.

If the lag period or gap is short, then the demand for Act 152 is decreased. The Act 152 MA requirement ended in the block grant system, and the funding is simply used for low income, uninsured clients. Although the Lancaster D&A Commission will continue to aggressively seek the Medicaid card for eligible clients, it no longer makes a requirement for the use of Act 152 funding in the Block Grant for only MA clients. This is an obstacle for many clients, who may not have all of the required paperwork to complete the MA application. Since the purpose of the Block Grant is increased flexibility and greater client access, this MA string requirement was cut in the 2013-14 fiscal year.

4. Trends

Heroin addiction continues to be a major drug of choice in Lancaster County. Thirty percent of the clients served are addicted to heroin. The SCA assisted in the establishment of a methadone program, a buprenorphine coordinator program, and the SCA pays for some methadone and Suboxone. There is also a needle exchange program in Lancaster that is privately funded. The Lancaster SCA Director is a member of a Lancaster General Health Harm Reduction Committee.

Heroin addiction needs to be addressed with more resources. Therefore, the Lancaster SCA is paying for Suboxone medication using DDAP dollars and the SCA uses HealthChoices reinvestment dollars to support the specialized bupe coordinators. No other SCA in the state seems to be more involved with Suboxone than the Lancaster SCA, and the results and outcomes are very positive.

The relatively new Lancaster methadone maintenance clinic grew from 100 slots to 175 slots to 250 slots and recently to 400 slots. More than 88% of these clients are funded by MA HealthChoices. The Lancaster SCA also has a contract with the local methadone clinic to fund some SCA clients who are not eligible for MA funding. And the methadone clinic started providing Suboxone treatment and drug free outpatient services.

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Methamphetamine use in the County has not increased, at least in regards to the historical trend of admission data into treatment. Alcoholism is by far the primary drug of choice, and heroin addiction continues to be rampant in the County.

The Lancaster United Way announced cuts in its allocation to member agencies. This will impact the Lancaster drug and alcohol prevention and education programs. Private and federal grants will be sought. The Lancaster SCA applied for a federal Communities That Care grant for prevention services in the Elizabethtown community.

The Lancaster SCA tobacco grant is no longer managed by the Drug and Alcohol Commission. The Department of Health decided to distribute and manage this grant at a regional level, not county level. At one time this grant exceeded \$1.3 million in Lancaster County. The Commission's Tobacco Specialist transferred to another county department and this position was eliminated. The Lancaster Drug and Alcohol Commission now employs 8 staff, not 15. This change by the Department of Health was made with very little, if any, stakeholder input. It came as a complete surprise to the Lancaster SCA and the drug and alcohol field. The loss of this grant will also increase the percent of SCA administrative costs. Feedback from local tobacco prevention providers indicate that the services have suffered since the project is no longer managed at the local level.

Another local trend is the overcrowding of the county prison. Lancaster is near or exceeds its capacity at the county prison. More than 70% of these clients are addicts and alcoholics. The Lancaster D&A Commission is a member of the Re-entry Management Organization, or RMO. This group is a consortium of social service providers who are all working to assist prisoners in their many needs, such as housing, employment, mental health services, substance abuse treatment, physical health, etc. Since the Lancaster D&A treatment system is an open system for all to access, the prisoners can receive treatment on the first day of discharge from the prison. They can also apply for drug court services or the probation and parole re-entry project.

The unemployment rate in Lancaster is always one of the lowest in the state. The economy is usually strong in agriculture, tourism, and various industries. Recently, the unemployment rate has been higher than the historic norm, and this trend is increasing the requests for SCA services. The rate is currently 4.3%, but the MA population is growing at a rate of more than 4% per year.

Affordable housing is always an issue for the low income and unemployed in Lancaster. There are very few recovery homes in Lancaster County. Although the County has two

of the strongest halfway house projects in the state, with the two Gatehouse programs, there are very few recovery homes for clients after they graduate from a halfway house. Once again using HealthChoices reinvestment dollars, there are now two incentive programs to create recovery homes in this region. One project will pay for some startup costs for new recovery houses, and the second project will pay for the client's first two months of rent in a recovery house. One recovery house start up grant was awarded to a Lancaster Latino organization, and three other startup grants were awarded to Lancaster non-profit programs.

The amount of treatment provided by private health insurance is unknown. Several thousand clients are served through the public funding streams of the SCA and HealthChoices. Additional drug and alcohol treatment is provided through the Children and Youth Agency, Juvenile Probation and Parole, Adult Probation and Parole, and Christian faith-based programs.

B. Target Population

1. Older Adults

With the number of senior citizens in the county increasing, it is expected that substance abuse among this population will grow. The Lancaster SCA is working with the Lancaster County Office of Aging to provide training and will continue to monitor this emerging trend. Medicare funding can then pay for the treatment. The Lancaster SCA Director meets with the AAA Director at least five times each year to discuss the demands and needs of the senior population.

2. Adults

The primary populations to be served are adult men and women on Medical Assistance or low income, between the ages of 18 and 75, in all stages of the recovery process. Special emphasis is placed on addressing the needs of individuals who have experienced relapse and have struggled to achieve lasting recovery.

3. Transition Age

All services are available to this population. There are no special programs developed for clients age 18 to 26.

4. Adolescents

Many adolescents receive a mental health and substance abuse assessment through the Student Assistance Program. School-based treatment and support groups are provided within the school districts. Very few adolescent clients are funded by the Lancaster SCA.

Most of these clients are served through the Children and Youth budget, HealthChoices funding, or the parents' private health insurance. The Lancaster SCA established school based D&A treatment, but limited use of this program prevented it from continuing. The SCA is in the process of creating an adolescent outpatient clinic, using HealthChoices reinvestment dollars. It is scheduled to open in July, 2014.

5. Co-Occurring

Seriously mentally ill substance abusers are acquiring the Medicaid card and therefore are treated utilizing HealthChoices funding. Methamphetamine use, although expected, has not materialized as a major issue in this county. It is being closely monitored by the provider network.

The hospital-based dually diagnosed detox unit at a local hospital was eliminated, due to low demand and difficulty with reimbursements. Many of these clients are served in non- hospital detox units, hospital detox units, or medical surgical hospital beds. And York County now has a detox unit, which decreased the demand for Lancaster beds.

The seriously mentally ill substance abuser is still a challenge to serve, since the person has two serious illnesses and needs specialized care. Since the HealthChoices project integrates the mental health and drug and alcohol funding, many of the mentally ill substance abusers receive treatment through the HealthChoices project.

6. Criminal Justice

The largest emerging treatment needs are coming from the Lancaster County Drug Court and the County prison. A Lancaster SCA Case Manager is a member of the Drug Court team and mental health court team, and is directly placing clients into drug and alcohol treatment. The Drug Court served over 250 clients since its inception. Outcomes are positive. Drug Court is placing an additional demand on our treatment resources and will continue to do so in the future. The Lancaster SCA is also an active member of the Reentry Management Organization (RMO) and the SCA Executive Director is on the RMO Executive Team. This organization provides services to non- violent prisoners, in an attempt to decrease the county prison population and increase the outcome results for these clients.

A majority of the clients served by the Lancaster SCA are currently involved with the courts, either through Probation and Parole, Drug Court, or waiting for a court appearance. The court involvement provides an added leverage which helps maintain a person in treatment. This ultimately is to the benefit of the client and the community. It is not unusual in the drug and alcohol field for clients to be in treatment for reasons other

than self- motivation or the intrinsic desire to be clean and sober. Accountability, either through family members, the courts, Children and Youth oversight, or school district involvement, assists the client in maintaining a recovering program.

Just over five years ago, the Lancaster County SCA assisted in the establishment of a Lancaster Drug Court. This project is increasing the requests for assessments and treatment. The Lancaster SCA is attempting to address this increased demand in treatment by utilizing portions of the courts fines and fees for drug and alcohol treatment, along with an increased use of HealthChoices funding. The SCA has also placed a case manager on the drug court team. The SCA was also involved with the creation of a mental health court.

7. Veterans

Veterans access D&A treatment through the VA system, typically at Lebanon or Coatesville. If this treatment cannot be provided in a timely manner, then the vet can access Lancaster SCA funding.

8. Ethnic

The relatively large Latino community is fortunate to have available the Spanish American Civic Association, which provides mental health services, HIV outreach, drug and alcohol outpatient services, and a drug and alcohol residential treatment. The programs are available, but limited funding will limit the volume and length of stay in these programs. The HIV Outreach program is no longer funded by the Department of Health.

The large Latino population in Lancaster increases the demand for culturally sensitive treatment. The local Latino outpatient clinic, residential rehab, and recovery house can serve many of these clients, if the funding is available through the SCA or Medicaid.

With SCAs running out of residential placement funding early in this region, programs such as the Latino rehab are suffering from too many empty beds. Fixing the MA issue helped resolve this problem, since MA HealthChoices funding is not capped. The Latino rehab program operated by SACA is back on solid financial ground.

C. Recovery Support Services

The Lancaster Drug and Alcohol Commission also contracts with the RASE project to establish a satellite in Lancaster County. This contract is funded with HealthChoices dollars and some block grant dollars. The RASE project organizes a grass roots consortium of persons in recovery to create a voice for the recovering community in Lancaster County. RASE conducts target community education efforts, along with

bimonthly RASE committee meetings regarding education on addiction and recovery. This effort increased the Drug and Alcohol stakeholder input, since the organization participates in the development of the Annual Plan and needs assessment. RASE will also train and facilitate the development of a Lancaster Recovery Oriented System of Care, commonly known as the ROSC model.

For the past eight years, the Lancaster SCA has contracted with the consumer owned and operated RASE agency, which stands for Recovery, Advocacy, Service, and Empowerment. The purpose of this contract is to “reduce the stigma associated with the disease of addiction as well as offering support in the process of recovery.”

The Lancaster SCA Director has met with the RASE Director to discuss the ROSC model. SCA staff have limited knowledge and direct experience with the ROSC approach. With Lancaster’s long history of ATOD involvement and the strong provider network, most of the pieces are in place for the ROSC. The RASE Project’s grant with Lancaster will be expanded to include specific ROSC training of SCA staff, providers, and the Lancaster community; a written ROSC model that identifies all components and additional needs; and the development of any components that are missing, dependent upon the availability of funding. Most of the components will not require new dollars.

Lancaster has asked DDAP and PACDAA to provide training and greater direction in the ROSC model. The exact expectations are needed in order to fulfill this objective and the DDAP contract. It is also anticipated that the RASE staff will be involved with DDAP in the ROSC model. Lancaster has also met with Pro A in this effort, and both Pro A and RASE are willing and able to assist Lancaster.

Recovery support services are non-clinical services provided by trained and certified Recovery Specialists, who assist individuals and families in recovery from alcohol and other drug addictions. These services do not replace, but rather augment and compliment the focus of treatment, providing outreach, engagement, and other strategies and interventions. The result is to assist people in recovery, to gain the skills and resources needed to initiate, maintain, and sustain long-term recovery.

All services offered through recovery support services are directed at improving and increasing participants’ recovery capital, level of life functioning, and ability to sustain recovery. Recovery Specialists assist participants by demonstrating how best to accomplish their goals, through hands on instruction and guidance. Recovery Specialists divide their time between individual and group interactions with the participants. Each Recovery Specialist must be actively involved in recovery from addiction, with substantial experience in personally overcoming the barriers to recovery, and a minimum

of two years in personal recovery. They will complete the Pa Certification Board’s training, and become a Certified Recovery Specialist, within one year of being hired. Along with the above Recovery Specialist services, the recovery support services will also include specialized care management services from Bupe Coordinators, who work with consumers in recovery from opioid addiction, who are using the medication suboxone, as a medicated assisted treatment modality. These Coordinators assist the consumers in creating a recovery plan, refer the clients into additional D&A treatment, educate and work with the certified doctors who prescribe the medication, monitor the client’s progress, assist in job searches, and other support services.

6 Human Services Development Fund / Human Services and Supports

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	0	0
Aging Services	0	0
Generic Services	0	125
Specialized Services	0	112

Administration:

The County will use administrative costs from the HSBG to cover the costs of implementing and administrating the HSBG. Additionally, the County will you administrative funds to support and enhance existing software programs to better coordinate human services. Additionally, if funding is sufficient, funds will be allocated to the Youth Intervention Center of Lancaster County to implement Unified Case Management Software initiated by the County Commissioner’s Association of PA. Cumulatively, these initiatives are expected to account for \$120,000.

Adult Services: N/A

Aging Services: N/A

Generic Services:

The County of Lancaster is also proposing \$16,494 to help fund an outreach/social worker at Nuestra Clinica part of the Spanish American Civic Association. This worker would help up to 125 individuals with varied social and health needs to get referred and connected with appropriate services to meet their needs. Nuestra Clinica provides a vital connection with the Spanish speaking population in Lancaster County.

Specialized Services:

Lancaster County will, for the second year, be funding a full time social worker to work with “super utilizer” of behavioral health services, physical health treatment and social services. (Salary and benefits package of \$51,000) The social worker is implanted into the Care Connections Program at Lancaster General Health. This position acts as a liaison between the healthcare system, Commonwealth Programs and the County Human Services Departments. This program has had 112 participants in a year’s time and has shown improved health outcomes as well driving down healthcare costs. It has also allowed for the effective, appropriate and efficient utilize social services

Interagency Coordination:

The County of Lancaster will be using \$130,000 HSDF/HSS again this year to support people exiting the County prison. The County will continue funding and supporting the Lancaster County Reentry Management Organization (RMO) but at a reduced rate of \$60,000. The RMO is a collaborative of social service organizations, government, academia and faith based organizations. The RMO has been a successful partner to traditional efforts to reduce recidivism.

The county will also devote \$70,000 to support a career development program titled, “New Choices.” New Choices will provide life skills and career enhancement services for a projected 40 incarcerated women to prepare them for their re-entry into society.

“Appendix C-1”

APPENDIX C-1
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0	0	0	0
Administrator's Office			919,712	14,280	0	25,622
Administrative Management	2,530		1,349,235	0	0	0
Adult Developmental Training	0		0	0	0	0
Children's Evidence Based Practices	0		0	0	0	0
Children's Psychosocial Rehab	0		0	0	0	0
Community Employment	81		37,013	0	0	0
Community Residential Services	134		3,602,069	0	351,415	0
Community Services	0		0	0	0	0
Consumer Driven Services	0		0	0	0	0
Crisis Intervention	3,144		969,721	0	0	0
Emergency Services	224		44,226	0	0	0
Facility Based Vocational Rehab	65		198,919	0	0	0
Family Based Services	0		0	0	0	0
Family Support Services	350		270,477	0	0	36,956
Housing Support	298		726,883	40,930	0	85,467
Other	0		0	0	0	0
Outpatient	620		514,911	0	0	0
Partial Hospitalization	35		58,006	0	0	0
Peer Support	20		40,496	0	0	0
Psychiatric Inpatient Hospitalization	0		0	0	0	0
Psychiatric Rehabilitation	205		610,444	0	0	0
Social Rehab Services	410		742,770	0	0	0
Targeted Case Management	1,035		1,186,915	27,720	0	0
Transitional and Community Integration	1		1,500	0	0	0
TOTAL MH SERVICES	9,152	11,273,297	11,273,297	82,930	351,415	148,045

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**APPENDIX C-1
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office	1788 (waiver and Base)		1,001,621			
Case Management	40		74,250			
Community Residential Services	25		805,455			
Community Based Services	892		1,512,437			
Other	143		78,121			
TOTAL ID SERVICES	2,888	0	3,471,884	0	100,048	691,953

HOMELESS ASSISTANCE SERVICES

Bridge Housing	0		0			
Case Management	3,527		210,000			
Rental Assistance	600		140,000			
Emergency Shelter	0		0			
Other Housing Supports	1,658		181,915			
TOTAL HAP SERVICES	5,785	0	531,915	0	0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	155		440,000		22,000	
Promising Practice	150		37,639		37,000	
Alternatives to Truancy	52		100,000		10,000	
Housing	20		15,000		2,250	
TOTAL C & Y SERVICES	377	0	592,639	0	71,250	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	715		1,178,134			
Inpatient Hospital	0		0			
Partial Hospitalization	21		10,582			
Outpatient/OP	124		74,434			
Medication Assisted Therapy	0		0			
Recovery Support Services	121		72,195			
Case/Care Management	0		0			
Other Intervention	0		0			
Prevention	559		92,850			
TOTAL DRUG AND ALCOHOL SERVICES	1,540	0	1,428,195		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	0		0			
Aging Services	0		0			
Generic Services	125		16,274			
Specialized Services	40		51,000			
Interagency Coordination	120		130,000			
Administrative Costs			130,000			
TOTAL HUMAN SERVICES AND SUPPORTS	285	0	327,274		0	0
COUNTY BLOCK GRANT ADMINISTRATION			206,555		0	
GRAND TOTAL	18,226	0	17,831,759	82,930	531,713	839,998