



LACKAWANNA COUNTY
HUMAN SERVICES BLOCK GRANT PLAN
FISCAL YEAR 2016 - 2017

LACKAWANNA COUNTY COMMISSIONERS

PATRICK M. O'MALLEY

JERRY NOTARIANNI

LAUREN A. CUMMINGS

Appendix A
Fiscal Year 2016-2017

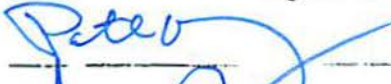
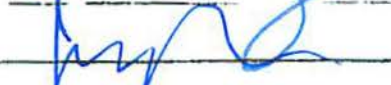

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Lockawanna

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Patrick O'Malley	Date: 7/27/16
	Jerry Notarianni	Date: 7/27/16
	Lauren Cummings	Date:

**FY 2016-2017
LACKAWANNA COUNTY
HUMAN SERVICES BLOCK GRANT (HSBG) PLAN**

COUNTY PLANNING PROCESS

- The planning and leadership team for Lackawanna County is comprised of the Executive and Assistant Director, Lackawanna County Department of Human Services, Chief Administrative Officer, Lackawanna County Department of Human Services, Administrator, Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program and the Administrator, Lackawanna-Susquehanna Office of Drug & Alcohol Programs and the seven member Human Services Advisory Board. While the categorical program leadership serves as the core planning team, many other stakeholders are involved and have input into the process. In Lackawanna County, the planning process continuously evolves throughout the year as opposed to being limited to a once a year planning cycle.

Individuals, family members, consumer groups and community partners have an opportunity through various committees, focus groups and categorical advisory boards to have input into planning and service coordination for the human service system. Each categorical department participates in or conducts ongoing activities throughout the year that provides valuable input into the county planning process.

The Lackawanna-Susquehanna Behavioral Health/ Intellectual Disabilities/ Early Intervention Program has built a framework for the County Planning process which utilizes the expertise of various stakeholders, providers, family members, consumers, consumer groups and partners from other systems to guide the delivery of services for the Joinder.

The LSBHIDEI Program Advisory Board brings together various stakeholders with a unique understanding of the needs of individuals and families served within our Program area. Among the members of this board are County Commissioners from both Lackawanna and Susquehanna Counties, a physician, a certified peer specialist, a licensed clinical social worker, Office of Youth and Family Services Director, special education director, community representative, mental health advocate and a representative from a local university.

The Program facilitates three (3) committees of the Advisory Board: Behavioral Health Committee, Intellectual Disabilities Committee and a Quality Council. Committees meet five (5) times per year and are comprised of consumers and family members, persons in recovery from mental illness, program staff, community partners, advocates and service providers. All committees provide opportunities for participation from a diverse cross section of stakeholders and activities are reported at Advisory Board meetings; creating the framework and content of program development and management.

The Program Office continually works on needs assessments to assist in areas where gaps in service exist. For example, the Program initiated a comprehensive employment study aimed at gaining better insight into the current service delivery system and ultimately improving employment opportunities to eligible individuals. The study surveyed 300 participants, family members, school administrators, employment providers and employers in an effort to increase opportunities for individuals with disabilities for employment within the community. The Program is developing recommendations and will be soliciting additional feedback from various stakeholders to assist in the planning process.

The Program's Quality Council is comprised of a diverse group of community stakeholders, service providers and county personnel. The Quality Council determines the strategic direction and vision for QM activities, oversees and monitors all QM activities, establishes organizational performance indicators, reviews trends and recommends actions as necessary, recommends Program performance improvement activities and evaluates the effectiveness of Program-wide quality improvement initiatives. During the 2015-2017 QM Planning Cycle, the Program partnered with the Office of Youth and Family and Drug and Alcohol Program to develop shared human service objectives.

In addition to a Quality Council, the Program developed a Provider Quality Council which is made up of representatives of our service providers as well as LSBHIDEI Program staff members. This committee offers Providers the opportunity to discuss current trends, issues and topics in an effort to communicate and collaborate on issues effecting individuals served and their family members. This group is dedicated to devise and implement quality standards that address local needs through implementation of heightened standards of quality in service delivery.

As part of a continuous quality improvement initiative of service satisfaction, the Program conducts annual focus groups along with its HealthChoices Partners. Focus groups solicit vital information from the public about access, service satisfaction and quality.

The Program's Local Interagency Coordinating Council (LICC) has active participation from a variety of community stakeholders including families, county personnel,

intermediate units, school districts, Early Intervention providers, the local Head Start Program, service coordinators and health care agencies.

The Lackawanna/Susquehanna Office of Drug and Alcohol Programs (the Program) conducts, and participates in, year round meetings, committees, work groups, and initiatives that attempt to problem solve gaps in services and funding constraints while effectively managing and coordinating a comprehensive substance use system of care. Program efforts are inclusive of individuals with lived experiences, family members, providers, system partners, and vested stakeholders within the community. Program representation on advisory boards, provider meetings, and various County wide committees is meant to offer and solicit feedback pursuant to the local system of care and, ultimately, enhance and transform the system so that more lives can be restored through the change process of recovery.

The Program holds a monthly meeting for the provider network in Lackawanna and Susquehanna County. These meetings are an opportunity to communicate and coordinate current trends and topics that effect the substance use system of care. Regular updates about State initiatives, budgetary issues, and legislation are provided to the group in an effort to maintain a well-informed network of substance use treatment providers. Also, Program and provider updates are communicated in an effort to engage and collaborate around local issues. Similarly, the Program conducts six (6) Advisory Board meetings throughout the year that provides related information. The Program's Advisory Board is comprised of individuals in recovery, family members, professionals in the field of substance use, and interested community members.

The Lackawanna County Criminal Justice Advisory Board and the Lackawanna County Reentry Committee are two County-based groups that meet monthly in an effort to better serve individuals in the criminal justice system. The Program is an active participant at both of these meetings and provides routine updates pursuant to the substance use system of care. The information shared at these meetings has enabled the Program to collaborate with other agencies on initiatives that strengthen both the criminal justice system and substance use system.

Lackawanna County's Pretrial Initiative is a new court venture that has taken shape this year. In September of 2015 the Lackawanna County Judiciary and the Lackawanna County Department of Human Services forged a work committee tasked with the creation of a pretrial services program. Members of the committee include: the Lackawanna County Judiciary, Lackawanna County Department of Human Services, Lackawanna County Office of Youth and Family Services, Lackawanna/Susquehanna Office of Behavioral Health / Intellectual Disabilities / Early Intervention Programs, Lackawanna/Susquehanna Office of Drug and Alcohol Programs, Lackawanna County Adult Probation and Parole, Lackawanna County District Attorney's Office, Lackawanna County Public Defender's Office, and Lackawanna County Court Administration. Pretrial

services intend to reduce inmate population, provide bail supervision, and offer community based services, to individuals, at earlier stages in the criminal justice process.

Through local implementation efforts of a Recovery Oriented System of Care (ROSC), multiple focus groups, survey initiatives, and town hall meetings were provided throughout the course of the year to solicit feedback from the general community, persons with lived experience, and family members about the substance use system and service delivery, specifically. In addition to conducting formalized focus groups and administering comprehensive surveys, the Program promotes guided conversations regarding topics such as, recovery management; multiple pathways; chronic care system of services; medically assisted treatment; peer based recovery support services; funding opportunities; provider development; and family engagement. The information discussed and the feedback received is incorporated into the ROSC strategic plan that is currently in development.

In addition to focusing on service needs and funding issues, the Lackawanna County Office of Youth and Family Services also focuses on receiving input on the quality and effectiveness of their programs. Representatives of this agency meet monthly with foster parents to discuss ongoing issues with stability and well-being. As part of the Child Welfare Demonstration Project, agency data is being analyzed by the University of Pittsburgh and Chapin Hall to provide the agency with outcomes on the effectiveness of their programs. For the past several years, the Lackawanna County Office of Youth and Family Services has participated in the Quality Service Review (QSR) which includes the general public in various focus groups to discuss the effectiveness of agency programs. In addition to onsite licensing and inspection the agency will continue to participate biennially in the QSR process.

Representatives from the various human service categorical programs are also members of the Center for Family Engagement, Interagency Council, Continuum of Care and the Housing Coalition which meet at varying intervals throughout the year. In addition, the Executive Director of the Lackawanna County Department of Human Services is the Chair of the Northeast Behavioral Health Care Consortium (NBHCC), the Health Choices Managed Care Program for Lackawanna, Luzerne, Wyoming and Susquehanna Counties. Additionally, the Lackawanna County Department of Human Services and its categorical agencies maintain close working relationships with the PA Department of Human Services, the Scranton-Lackawanna Human Development Agency and the United Way of Lackawanna/Wayne Counties.

These various boards, focus groups and committees have diverse membership in addition to county representation. All input received through these forums is brought to the attention of the appropriate categorical department head and ultimately to the human services executive director for further research, evaluation, discussion and consideration in the planning for services.

The Human Services Block Grant Plan is developed by the Executive Director, Human Services and the core leadership team based upon a comprehensive system review in addition to the input received throughout the year from the above referenced sources, input received at the two public hearings, review of county and program data, expenditure and service levels from the previous fiscal year as well as identified emerging trends and increased need among programs.

- In addition to the above ongoing opportunities for participation in the planning process, the stakeholders along with the general public were given the opportunity to provide input into the planning process at two public hearings. An announcement of the hearings was published twice in the legal section of the Scranton Times and the Susquehanna Independent, local general circulation newspapers in Lackawanna and Susquehanna Counties and was posted on the Lackawanna County website.

For providers, consumers, family members, etc. who were unable to attend either of the hearings, the option was available to submit written comments via mail or email to the Lackawanna County Department of Human Services.

- Across various categorical program areas every effort is made to provide services in the least restrictive setting appropriate to an individual's needs. In the Behavioral Health/Intellectual Disabilities Program numerous strategies are implemented to support service recipients in gaining access to the most integrated setting including the choice of willing and qualified providers and developing capacity across systems to address complex support needs (ex. dual diagnosis). Procedures are also implemented to divert services and supports to lower levels of care when indicated; including the incorporation of natural supports in the planning process. Funds will be allocated in Behavioral Health to provide outpatient and partial hospitalization services in place of inpatient services where appropriate. Targeted case management, community residential, housing and family support services will be utilized to assist individuals in accessing services that enable them to reside within the community. Also, Community Hospital Integration Project Program (CHIPP) funding will assist with the discharge of individuals from the Clarks Summit State Hospital to community settings. The Intellectual Disabilities Program will allocate funding for Case Management, Community Residential and Community Based Services to offer services in the least restrictive setting.

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs offers a full continuum of care to individuals of all ages who are in need of substance use treatment services including: outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non-hospital inpatient rehabilitation (short term / long term), hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

The method by which the Program determines clinically appropriate levels of care for individuals is the central organizing component, which legitimizes its coordinated approach. Specifically, the Program's Case Management Unit administers comprehensive screenings and standardized level of care assessments. Individuals who seek Program funding must demonstrate that they are uninsured and income insufficient while meeting the clinical guidelines for a particular level of care, as specified by the Pennsylvania Client Placement Criteria (PCPC III) for adults and the American Society of Addiction Medicine (ASAM) Criteria for adolescents. A liability determination is administered by the Program's Case Management Unit in order to effectuate access to treatment services. Once eligibility is determined and authorization granted, the Program works closely with its contracted provider network for referral and placement into substance use treatment services.

The Office of Youth and Family Services will allocate Human Services Block Grant funds for truancy, housing and visitation which will reduce the number of children in out of home placements in Lackawanna County. Additionally, funds will be allocated for Family Group Decision Making and Family Team Conferencing which includes input from family members and provides for a more familiar placement setting.

- Within all program areas, with the exception of Drug & Alcohol, the programs in developing their FY 2016-17 Human Service Plans are continuing spending levels based on existing allocations from the commonwealth. The availability of funding will be closely monitored during the year and adjustments will be made to provider allocations based on spending patterns and changing needs.

Throughout the course of the year, the Lackawanna-Susquehanna Office of Drug and Alcohol Programs observed multiple funding opportunities that offered extended lengths of stay in residential and halfway house services as well as medically assisted treatment for individuals. The Program continues to make every effort to partner or otherwise pursue these funding opportunities as the identified gaps in services are realized at a local level. For the upcoming year, the Program intends to redirect a considerable amount of its allocation to treatment based programming as a direct result of the heroin and opioid epidemic affecting the area.

Lastly, Medicaid Expansion and the Affordable Care Act have had a significant impact on individuals who are now "newly eligible" for health care coverage. At a regional level, the Northeast Behavioral Health Care Consortium observes 27,000 new members in the HealthChoices program. Accompanying this rise in membership is a stark demand for inpatient residential substance use treatment services. Concurrently, Medicaid Expansion has had significant cost savings for the Program and has enabled the Program to manage its allocation with greater flexibility while fulfilling the local needs of the community. Cost savings are being redirected and utilized to promote Medically Assisted Treatment, extended stays in appropriate care settings, and halfway house services.

- In Lackawanna County, the BH/ID and D&A Programs are part of a Local Collaborative Arrangement (LCA) with Susquehanna County. Through the Susquehanna County Systems of Care Initiative, the Programs receive planning input and system performance indicators from community stakeholders and build on the efforts of the Susquehanna Human Services planning group. The purpose of this planning group is to provide an ongoing forum to discuss human service needs within Susquehanna County and support County Government in the preparation of the Human Service Plan moving forward. In the development of this fiscal year 2016-2017 plan; service allocations and spending in Susquehanna County will remain at previous levels based on existing allocations from the commonwealth.

PUBLIC HEARING NOTICE

As required for counties participating in the Human Services Block Grant, Lackawanna County held two public hearings. The first hearing was held on Thursday, June 9, 2016 and the second hearing was held on Friday, June 17, 2016.

The public hearing notice was published in the Scranton Times for Lackawanna County residents and in the Susquehanna Independent for Susquehanna County residents.

- The actual newspaper ad of the public hearing notice is included as an attachment in the Plan.
- The public hearing notice was published in the Scranton Times on Sunday, June 5, 2016 and on Wednesday, June 8, 2016 and in the Susquehanna Independent on Wednesday, June 8, 2016 and on Wednesday, June 15, 2016.
- The sign-in sheet from each public hearing is included as an attachment in the Plan.

MINIMUM EXPENDITURE LEVEL

In the FY 2016-17 HSBG Plan there are no minimum expenditure level requirements and no categorical area has been completely eliminated.

HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Program Highlights

The goal of The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program is to apply the Program's mission and vision for the development of services that are planned and delivered in a manner that promotes recovery, facilitates the individuals' recovery process, is least restrictive/most appropriate and transforms the existing system of care. The Program has increasingly emphasized natural and community-based services, the improvement of consumer and advocacy initiatives, peer specialist initiatives, recovery education for providers of services and increased opportunities for engagement and decision making by those persons receiving services.

The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program has been successful in engaging persons with serious mental illness, persons in recovery, family members, advocacy organizations, providers of behavioral health care services and other community stakeholders in successfully moving our Program forward and embracing the concept of "Recovery" for persons active within our system of care. To accomplish this, the Program has actively sought participation from individuals in recovery on both its Advisory Board and three (3) active committees. The program has expanded access to peer support services in the community and is continually developing forensic peer support services in both the Lackawanna and Susquehanna Correctional Facilities.

Susquehanna County stakeholders including; the Board of County Commissioners, county human service departments, provider agencies, consumers and families provide ongoing input regarding the needs outlined within this plan. The primary exchange for assessing needs within Susquehanna County is the Systems of Care Committee which meets on a monthly basis in Montrose, PA.

Information is collected and evaluated through a **Consumer and Family Satisfaction Team** process conducted annually through the Northeast Behavioral Health Care Consortium (NBHCC), the County's oversight organization for managed behavioral health care services. Individual reports are generated in five (5) focus areas (levels of care) including, partial hospitalization, inpatient services, crisis, mobile crisis and telephone

crisis. A complete copy of this report for Lackawanna and Susquehanna Counties is available upon request.

The Northeast Behavioral Health Care Consortium (NBHCC) annually conducts **focus groups within both Lackawanna and Susquehanna Counties** soliciting input from persons with mental illness and those in recovery. A complete copy of this report is available upon request. In addition, the Lackawanna-Susquehanna BH / ID / EI Program participates in public hearings in Lackawanna County conducted by the Lackawanna County Department of Human Services for the purpose of soliciting input on service delivery efforts in Lackawanna County. The Lackawanna-Susquehanna BH / ID / EI Program conducts a **public hearing** annually soliciting input from the public at large related to the delivery of services within Susquehanna County.

The Program continues to promote the recruitment, training and ultimate hiring of **Certified Peer Specialists** throughout our Joinder Program. In collaboration with various stakeholders including the provider network, advocacy organizations and HealthChoices; the Lackawanna-Susquehanna BH / ID / EI Program was able to support an increase in the reimbursement rate for agencies that employ Certified Peer Specialists, which has allowed more agencies to participate in the Peer Specialist initiative and may increase the employment of Peer Specialists. In addition to increasing the reimbursement rates, the Joinder has worked with the Northeast Behavioral Health Care Consortium (NBHCC) to expand local training opportunities for individuals who wish to become Peer Specialists. Currently, the Scranton Counseling Center (SCC) employees seven (7) certified peer specialists; four (4) certified peer specialists assigned to staff the Decision Support Center and three (3) certified peer specialists are working with individuals in recovery in community based settings. NHS of NEPA currently has two (2) CPSs working in the community. Peerstar has specifically been addressing the needs of the local forensic population by participating with coordinating care via the **Re-entry Program** that has been implemented at the Lackawanna County Correctional Facility.

The Program has expanded community services to include **forensic case management**. In this role, the forensic case manager will support the efforts of the Lackawanna County Re-Entry Program by assisting reentering citizens to connect with needed treatment services including: housing, employment, outpatient therapy, medication management, psychiatric rehabilitation, primary care and peer support services.

The Lackawanna County **Criminal Justice Advisory Board** continues to be an active community planning forum for the assessment and future development of services, supports and policies that enhance the quality of lives for individuals living with mental illness and substance use disorders. For example, the Program has been working with community partners to develop a plan aimed at reducing incarceration rates and increasing mental health and drug and alcohol treatment. A **Pre-Trial Services Initiative**

has been implemented in Lackawanna County, which is a result of cross systems collaboration including other county departments: Judiciary, Probation, Youth and Families, Drug and Alcohol, District Attorney's Office, Public Defenders and Court Administration. This Initiative will help reduce costs at the jail and provide opportunities for treatment and increased focus on support services such as housing and employment.

As part of the Pre-Trial Services Initiative, NBHCC has developed a program entitled, **Intercept Model: Early Diversion (IMED)**. This program will target Medical Assistance eligible adults 18 years of age and older residing in Lackawanna County. Building on the Sequential Intercept Model that currently exists within the adult county judicial systems, a goal of this team-delivered service will be to build upon the existing resources (for example, Crisis Intervention Teams, specialty treatment courts, etc.), cultivating a criminal justice system that is more responsive to the needs of individuals with mental health and substance use disorders. Utilizing the **evidence-based practice of Critical Time Intervention (CTI)**, team members will increase their involvement during critical time intervals such as the transition of care between the discharge from inpatient/non-hospital rehabilitation/jail/diversionary settings and return to the community and recommended aftercare treatment services such as D&A case management, outpatient, IOP or PHP services. NBHCC will be tracking outcomes to include the following areas:

- outreach and engagement for individuals at the magisterial level;
- increase in individuals in the target population being diverted from jail and treatment courts, and entering appropriate treatment;
- increase in follow-up with treatment and support services.

The Program is highly engaged in planning for children at risk of an out-of-home placement or in need of a higher level of care. Through cross-systems planning with families, HealthChoices, Youth and Family Services, case management, school districts and other stakeholders. By embracing and applying **Child and Adolescent Service System Program (CASSP)** principles, the program has seen progress in reducing the number of out-of-home placements while linking children and families with community supports. Additionally, the Program has been participating in Family Team Conferences with the Lackawanna County Office of Youth and Families; which organize team members to concentrate efforts in developing support plans for children and families.

As the Program continues to grow into a **recovery oriented system of care**, we will continue to see growth in peer supported initiatives throughout both Lackawanna and Susquehanna Counties. Additionally, our service providers will be given the tools and support necessary to transform their services to more recovery oriented services. As leaders in the recovery transformation in Lackawanna-Susquehanna Counties, the Lackawanna-Susquehanna BH / ID / EI Program will continue to constantly reinforce the recovery vision and recovery system standards.

The Program continues to support a mental health **WARMLINE** as a frontline, low cost support to individuals in need of someone to talk to about their concerns. In 2014-2015, nine-hundred and seventy-five (975) individuals used the WARMLINE during the reporting period. The majority of the individuals were female (698) and most were from Lackawanna County (965). A majority of the callers (658) indicated the WARMLINE kept them from having a crisis. Additional efforts will be made to increase awareness of the WARMLINE in Susquehanna County.

The Program has seen positive outcomes related to the **integrated health and wellness teams** implemented to improve health outcomes for adults with serious mental illness (SMI) and a co-existing chronic physical health disorder by combining the technological infrastructure, data management, and clinical expertise of a behavioral health managed care organization and a behavioral health provider-based care coordination model. Behavioral health providers serve as the health home for individuals with SMI and coordinate physical health needs to improve overall health.

In accord with community partners including Scranton Counseling Center, the Wright Center and the University of Scranton, a study was conducted to determine the “Process and Outcome Evaluation of the **Integrated Primary Care Clinic into a Behavioral Care Setting**.” A cost analysis was conducted for three-hundred and sixty-two (362) members for a six month period and projected an average cost savings of approximately \$816,662. Savings were attributed to lower emergency care costs and coordinated care (eg. diabetes management).

The Program continues its collaboration with the Office of Mental Health and Substance Abuse Services (OMSHAS) with the implementation of mental health screening for children in the school setting. The **Garrett Lee Smith Grant** will focus on screening for suicide and depression with the aim of early recognition and treatment. The Program is implementing a three (3) tiered strategic training initiative that (1) promotes wide public awareness, (2) increases consistency within crisis response efforts and (3) increases clinical competency of Joinder clinicians. Training efforts focus on Suicide Risk Assessment and Collecting Valid Data, Safety Planning and Family Engagement.

The Program is working with various stakeholders including the Lackawanna County Criminal Justice Advisory Board to develop a position in the community to support the **Crisis Intervention Training (CIT)** initiative. The CIT program helps train law enforcement and first responders on productive ways to approach citizens experiencing a mental health emergency. The CIT coordinator position is critical to sustaining this important training program.

The Program has been working with various school districts, along with our HealthChoices partners to develop services and supports within school settings. More specifically, working to implement highly qualified clinical staff as part of a **Community**

and School Based Behavioral Health (CSBBH) Team within a school district. CSBBH services have been widely supported by school administration and families alike and provide ongoing clinical support both at school and the child's home.

The Program is working with community partners to implement a **Family Intersystems Team (FIT)** using a conceptual model based on a specialized Family-Based Mental Health (FBMH) team within Lackawanna County. The Program is targeted to serve youth ages 14 to 21 whose families are currently active with the Office of Youth and Family Services and/or the Juvenile Probation Office. The youth will meet the diagnostic criteria of seriously mentally ill or emotionally disturbed, at high risk for out of home placement, in addition to being involved with multiple systems impacting their permanency and safety needs. The Team will incorporate the following areas of practice: Trauma informed care, Engagement skills, Co-occurring competency and cultural competency.

Program Highlights – Quality Management

The Program has a well-established Quality Management process which includes many community stakeholders. The Program's Quality Council has been in operation for approximately twelve (12) years and focuses the work in the following areas:

- Determine the strategic direction and vision for Quality Management.
- Oversee and monitor all activities related to Quality Management within the Program.
- Establish organizational performance indicators, review trends and recommend actions as necessary.
- Evaluate the effectiveness of Program-wide quality improvement initiatives at least annually and review Program-wide trends and actions related to the evaluation of the quality of services.
- Recommend Program performance improvement activities.

The following table is a summary of the focus areas, goals, objectives, performance baseline and current performance. In addition to this information, the Program develops and manages specific action steps for each goal.

BH Table #1 – Mental Health Quality Management Goals and Objectives for 2015-2017

	Goals	Objectives	Beginning	Target objective/
BH 1. Service Planning and Delivery: Employment	Persons have opportunities to explore their Employment Potential and experience job satisfaction and respect.	Training Needs/ Curriculum is identified	No Baseline/ Curriculum	- Training Needs/ Curriculum is identified
BH 2. Participant Access: Diversion	Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options	Increase by 5%, the number of persons who are diverted from a State Hospital admission	During January 2006 – December 2014= 38.7%	44% of persons referred for State Hospital admission will be diverted - reached 44.4% (Jan-Mar 2016)
BH 3. Participant Access: State Hospital - Lengths of Stay	Persons who receive Behavioral Health services will have access to community supports that focus on reintegrating people who are being discharged from a state hospital and are at risk for relapse	The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 5%	July 1, 2013 -June 30, 2014 - 64%	The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 59%. - 65.3% for FY 2014-15
BH 4. Participant-Centered Service and Delivery: Behavioral Health/ Substance Abuse- Community Re-entry	Persons who receive Behavioral Health services and Substance Abuse Services and who are charged with crimes will have access to services and supports that facilitate the recovery process	The number of individuals who are linked to Behavioral Health and Drug and Alcohol Services prior to prison discharge will increase by 15%.	No baseline	Target Objective to be achieved by June 30, 2016 =Establish a baseline; By June 30 2017= 15% increase in community service linkage.
BH 5. Participant Access BH 5. Garrett Lee Smith Initiative	Persons between the age of 12-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare	Increase of the # of screenings to 22 per week. Increase the number of sites to 3.	1002 screens in 52 weeks (January – December 2014) = 19.3 per week. Two sites	Target Objective to be achieved by June 30, 2017=22/week.

BH 6. Crisis Intervention Training	The CIT (Crisis Intervention Team) model is fully functional and incorporated into the community to safely assist individuals through a crisis.	The number of persons trained will increase by 20%.	Baseline: There have been 93 individuals trained to date.	Target Objective to be achieved by June 30, 2017= 112 individuals will be trained in CIT (46 trained YTD)
BH 7. System Performance: Customer Support	Individuals and Family Members are satisfied with their services	A structured process for the review of customer support calls is developed.	Process is currently not tracked	Fully functioning customer support process is in operation

Strengths and Needs:

Target population groups to be served within fiscal year 2016-2017 by the Lackawanna - Susquehanna BH / ID / EI Program are as follows:

Older Adults (ages 60 and above):

The Lackawanna-Susquehanna BH / ID / EI Program has a close working relationship with both the Lackawanna and the Bradford, Susquehanna, Sullivan and Tioga (BSST) County Area Agency on Aging program offices. The Lackawanna-Susquehanna BH / ID / EI Program maintains a written agreement which includes services provided by both the mental health program as well as the aging program. In addition, the agreement identifies agency liaison staff and protocols for conflict resolution.

In addition to maintaining a working agreement between the parties, cross systems meetings (ie. Aging, Mental Health, Drug and Alcohol) are convened six (6) times a year to discuss opportunities for policy development and case coordination. The Program continues to work collaboratively with the local Area Agenc(ies) on Aging to coordinate the **Mental Health Procedures Act** and **Adult Protective Services Act**.

Mental Health services for adults within the Joinder Program include, but are not limited to the following: Case Management, Inpatient, Outpatient including evaluation and medication management, Partial Hospitalization, Psychiatric Rehabilitation, Crisis including telephone, walk-in, mobile and residential, housing support, community residential and Peer Support.

Needs in services for older adults have been identified to include mobile outpatient services, housing support services, specialized long-term housing services and social rehabilitation / recreation services.

Adults (ages 18 and above):

The Lackawanna / Susquehanna BH / ID / EI Program provides a wide range of services to adults with mental illness and those in recovery throughout the Joinder Program. Specifically, services include, but are not limited to the following: Case Management, Inpatient, Outpatient including evaluation and medication management, Partial Hospitalization Services, Psychiatric Rehabilitation, Crisis including, telephone, walk-in, mobile and residential, housing support, community residential and Peer Support.

The Program continues to expand Peer Support Services, has focused on engagement strategies for citizens re-entering the community from incarceration to gain access to mental health and substance use services.

Needs in services identified for adults have been identified to include mobile outpatient services, housing support services, social rehabilitation / recreation services and employment.

Transition-Age Youth (ages 18 through 26):

Targeted case management services are used to connect transition aged youth with adult services including but not limited to: housing supports, treatment services, employment services and social and recreational services. Housing and employment services for this population continue to be an area of need for this population group. Typically, housing services for this population are provided through supported housing initiatives which provide assistance in seeking and securing safe and affordable housing options as well as financial assistance in the form of furniture acquisition, rental and utility cost assistance. Employment services are limited for transition aged youth. Typically, supported employment providers serve an older population but do provide employment services for transitional aged youth once a referral for service is initiated. The Lackawanna-Susquehanna BH/ID/EI Program will be working closely with contracted employment providers to identify specific training needs for staff who will be identified to work with transition aged youth referred for employment services.

A *need* exists within the Joinder Program related to the availability of non-treatment options including but not limited to psychiatric rehabilitation services for transition aged youth. The program will work closely with contracted providers within the joinder Program to develop non-treatment alternatives for this population in fiscal year 2016-2017. Finally, social and recreational services for transitional aged youth are very limited and will need to be developed in fiscal year 2016-2017. The Program will work closely with the targeted case management service provider within Lackawanna County to specifically identify the transition age youth in the County and develop an individualized service plan to meet their needs.

Transition age youth aging out of Behavioral Health Rehabilitation Services or Residential Treatment Facilities:

Services for this population group are a high priority for the Program. Specifically, targeted case management services are used to connect transition aged youth with adult services including but not limited to: housing supports, treatment services, employment services and social and recreational services. The Program will work closely with the targeted case management service provider within Lackawanna County to specifically identify the transition age youth in the County and develop an individualized service plan to meet their needs.

The Program's CASSP coordinator and Intellectual Disabilities Director (for children with an ID diagnosis) facilitate treatment and transition planning for all children aging out of a RTF setting. This is accomplished by collaborating with families and other natural supports, HealthChoices partners and local service providers to create a coordinated service transition plan.

Children (under 18): Targeted case management services are used to connect children and youth to a wide range of services offered this population within the Joinder Program area. The Joinder Program will continue to work closely with crisis service providers to develop mobile crisis services specifically targeted at children and youth. Mobile crisis services have consistently been identified as a gap in service delivery within the Joinder Program. Treatment foster options have been identified as a gap in services within the Joinder Program. The Lackawanna / Susquehanna BH/ID/EI Program will be working closely with the Northeast Behavioral Health Care Consortium (NBHCC) and Community Care Behavioral Health Organization (CCBHO) to develop treatment foster care options for children and youth as a step down from inpatient and residential services.

The Joinder Program recognizes the need to further develop mental health evidence-based practices including but not limited to Multi-Systematic Therapy (MST) and Parent Child Interactive Therapy (PCIT). Efforts are underway through the Northeast HealthChoices Program to expand PCIT services during fiscal year 2016-2017.

The Program continues to work closely with NBHCC, school districts and providers as we work to expand **Community and School Based Behavioral Health (CSBBH)** Teams.

For children and adolescents under the age of eighteen (18), access to ***Student Assistance Programs*** is available through the various school district buildings within Lackawanna County and Susquehanna County. Student Assistance Program referrals are reviewed by the SAP Team and should a need be identified to warrant an evaluation for mental health services an appointment is scheduled with a mental health professional.

Special / Underserved Populations:

Individuals transitioning out of Clarks Summit State Hospital: The Program has an active CHIPP planning process which focuses on the discharge planning process for individuals targeted for discharge from Clarks Summit State Hospital (CSSH). This process has been successful in providing services and supports to individuals who are discharged from CSSH that have been identified on the individual's Consumer Support Plan (CSP). Patient population numbers are consistently monitored at CSSH.

The Lackawanna / Susquehanna BH / ID / EI Program employs CSSH liaison staff through the Scranton Counseling Center and NHS of Northeastern Pennsylvania who work closely with CSSH staff to ensure a successful transition of patients from the Hospital to community-based settings. The County Office also staffs a CHIPP Committee which meets quarterly and involves county office staff, provider agencies, advocacy organizations, including the Advocacy Alliance and NAMI Scranton Office and CSSH staff. The purpose of this meeting is to identify any barriers that would prohibit the movement of individuals from CSSH to community based alternatives as well as service options to divert individuals from admission to CSSH.

The Joinder Program implemented a highly successful CHIPP Initiative for fiscal year 2013-2014, which annualized in fiscal year 2014-2015. The Program initially supported eight (8) patients at Clarks Summit State Hospital to maintain stability community based options and continue on their path of recovery. The cornerstone of this plan was the expansion of housing options in both Lackawanna and Susquehanna Counties; safe affordable housing has consistently been identified as need within the local mental health system. Since the implementation, the program was able to expand intensive housing and supported housing options which have assisted fifteen (15) individuals from CSSH to return to the community with supports and services.

Co-Occurring Populations: A strength within Lackawanna and Susquehanna County for persons with a co-occurring (MH / DA) disorder who are involved within the criminal justice system in Lackawanna County may have access to a Co-Occurring Problem Solving Court. This Problem Solving Court provides support, guidance and assistance to individuals seeking treatment, housing and employment opportunities. A participant in this program receives MH case management services to assist them in participating in the program and supporting them in their recovery.

In addition, the Program collaborates with The Lackawanna-Susquehanna Office of Drug and Alcohol Programs to identify systems improvement opportunities to enhance service coordination for individuals coping with co-occurring issues. Planning efforts have included cross systems training, provider engagement, resource analysis and systems mapping.

The two primary needs for the co-occurring population is housing support services and the coordination of treatment between mental health and drug and alcohol services. The community continues to work towards increased coordination of services using a Recovery Oriented Systems of Care model; which has been successful in bringing various stakeholder to the planning table to explore solutions to identified needs for this population.

Justice Involved Individuals: Individuals with mental illness who are involved with the criminal justice system in Lackawanna County have access to one of the best problem solving court systems in the Commonwealth of Pennsylvania. The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program, in cooperation with the Lackawanna County Judicial System developed a Mental Health Problem Solving Court and a Co-Occurring (MH / DA) Problem Solving Court. Annually, more than forty (40) unduplicated individuals participate in each Problem Solving Court Program. Mental Health supports for both Problem Solving Courts are provided through case management staff who are members of the Court Team. In addition to the case management staff, clinical staff participates in Court Team meetings which are used to staff each individual involved within the Program.

Individuals with mental illness who are in the County jail system have access to mental health staff within the prison. In addition to access to mental health support services, psychiatric services are provided in both county prisons. Mental Health staff located within the County prison system support the connection of inmates released from the County prison who need mental health services to the appropriate community based service.

(Needs) Individuals involved with the justice system continue to have ongoing needs in the areas of housing and employment. Despite efforts to bring stakeholders together, planning and progress remain slow. Through the Lackawanna County Prison Re-Entry Task Force, sanctioned by the Criminal Justice Advisory Board, housing and employment are addressed through a multidisciplinary team approach. Several housing and employment initiatives are in progress.

Veterans: Veterans with mental illness in both Lackawanna and Susquehanna Counties have access to a full range of services and supports offered through the Joinder Program. In addition, in Lackawanna County, veterans with mental illness have access to a Veterans Problem Solving Court which provides the individual participant with structure and assistance in accessing services.

Efforts need to continue within the Joinder to reach out to Veterans Groups to ensure that they are aware of the various mental health services and supports and also know how to access them.

Lesbian / Gay / Bisexual /Transgender / Questioning / Intersex (LGBTQI) Consumers: The LGBTQI population brings many strengths to the community and has organized at the grassroots level. Through these grassroots efforts, community members have organized support groups; a local “It Gets Better” campaign targeting youth and young adults that may be struggling with bullying, family relations or their identity; organized a local event “Pridefest” to raise awareness for the community and have partnered with an organization to make HIV/STI testing available. Additionally, local colleges and universities provide seminars and other educational opportunities for the community.

The Joinder Program continues to work with its HealthChoices partners including the Northeast Behavioral Health Care Consortium (NBHCC) and Community Care Behavioral Health (CCBH) to expand the local outpatient clinical capacity of mental health clinicians skilled at engaging and supporting treatment needs of the LGBTQI community.

There is an ongoing need for additional opportunities for education for the general public on matters related to the LGBTQI community. The Program remains engaged with community partners and providers to promote education, support and treatment.

Racial / Ethnic / Linguistic minorities: The Joinder Program continues to promote access to mental health services and supports to diverse populations.

Strengths exist within various local ethnic and cultural groups including Nepalese, Bhutanese and Spanish speaking community members. Efforts continue to link local mental health advocacy organizations to develop outreach strategies. The Program has had preliminary discussions with community stakeholders about expanding access to Spanish speaking clinicians, including network management via HealthChoices.

The Program has participated in two (2) community events hosted by Senator John Blake’s Office, including a Cultural and Ethnic Diversity Roundtable discussion and an Inclusion Initiative Summit. Both events addressed the need for additional engagement

of community members in which language and cultural barriers may exist. The Program will continue efforts to develop resources and evaluate service needs.

A primary barrier that is linked to an identified need within racial, ethnic and linguistic minorities is the availability of clinicians and other mental health professionals that speak the language fluently as well as understand the nuance of a given culture.

RECOVERY-ORIENTED SYSTEMS TRANSFORMATION

The Lackawanna-Susquehanna County BH / ID / EI Program is proposing the following Recovery-Oriented Systems Transformation Initiatives:

a) Autism Residential Support Services – The Program is working to develop a service to support adults with a diagnosis of Autism Spectrum Disorder and other mental health conditions; which can create barriers to community access, independence and employment opportunities. The service will utilize the specialized supported housing model, with plans to expand to a traditional supported housing model, in which individuals reside in their own house or apartment with recovery housing coaches.

- **Timeline** – The timeline for the completion of this recovery initiative is twelve (12) months.
- **Fiscal Resources** – The total anticipated costs to complete this recovery-oriented systems transformation initiative is \$150,000.
- **Initiative Tracking** – The Program will work closely with the provider agency to develop quality/performance outcomes to include: independence, increased skills to promote recovery, employment and housing stability.

b) Expanding Psychiatric Rehabilitation Services – The Joinder Program will seek to expand Psychiatric Rehabilitation services to assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible. Interventions may occur within a program facility or in community settings.

- **Timeline** – The timeline for the completion of this recovery initiative is twelve (12) months.
 - **Fiscal Resources** – the Program will be budgeting an additional \$45,000 to support the expansion of this service and will be discussing this service with various stakeholders as a means to promote recovery.
 - **Initiative Tracking** - Psychiatric Rehabilitation services will be reimbursed through a fee-for-service arrangement; the Joinder will be tracking this initiative through claims reported on a monthly basis to the Administrator’s Office.
- c) **Sustaining Crisis Intervention Training (CIT)** – The Joinder Program is working to establish a CIT Coordinator that will be responsible for developing and implementing training opportunities for law enforcement and first responders in Lackawanna and Susquehanna Counties. Additionally, this position will assist police departments by providing technical assistance on mental health and recovery.
- **Timeline** – The timeline for completion of this initiative is twelve (12) months.
 - **Fiscal Resources** – The Joinder Program will budget approximately \$25,000 dollars to fund a part time CIT Coordinator.
 - **Initiative Tracking** – The Program will be working closely with local law enforcement departments, mental health crisis services and the Board of Scranton CIT.
- d) **Intercept Model: Early Diversion Program** – To implement services designed to engage and treat individuals with serious mental illness and substance use disorder that have been identified by the criminal justice system, the Program is working within a cross systems team including: HealthChoices partners, the Judiciary, Probation, Youth and Families, Drug and Alcohol, District Attorney’s Office, Public Defenders and Court Administration. This Initiative will help provide additional opportunities for treatment and increased focus on support services such as housing and employment.
- **Timeline** – The timeline for the completion of this recovery initiative is twelve (12) months.
 - **Fiscal Resources** – HealthChoices Reinvestment, County Probation. Lackawanna County Human Services is part of the program sustainability plan.

- **Initiative Tracking** – The IMED Program will be tracked by the Program via the HealthChoices Reinvestment reporting process along with additional quality metrics to be determined.
- e) **Family Intersystems Team** – The Program is working with its human services partners via HealthChoices and the Lackawanna Office of Youth and Families to develop a specialized Family-Based Mental Health (FBMH) team within Lackawanna County. The Program is targeted to serve youth ages 14 to 21 whose families are currently active with the Office of Youth and Family Services and/or the Juvenile Probation Office. The youth will meet the diagnostic criteria of seriously mentally ill or emotionally disturbed, at high risk for out of home placement, in addition to being involved with multiple systems impacting their permanency and safety needs. The Team will incorporate the following areas of practice: Trauma informed care, Engagement skills, Co-occurring competency and cultural competency.
- **Timeline** – The timeline for the completion of this recovery initiative is twelve (12) months.
 - **Fiscal Resources** – This program will be funded by HealthChoices and the Office of Youth and Families.
 - **Initiative Tracking** – Services will be reimbursed through a fee-for-service arrangement; the Joinder will be tracking this initiative through claims reported available via HealthChoices.

d) Evidence Based Practices Survey Evidence Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)
Assertive Community Treatment	Yes	35	The ACT Fidelity Scale	Agency, MCO	Annual	Yes	Yes
Supportive Housing	Yes	245	None	Agency	Ongoing, annually	No	No
Supported Employment	Yes	50	Provider Monitoring	Agency, County	Ongoing, annually	No	No
Integrated Treatment for Co-occurring Disorders (MH/SA)	No	N/A	N/A	N/A	N/A	N/A	N/A
Illness Management/ Recovery	No	N/A	N/A	N/A	N/A	N/A	N/A
Medication Management (MedTEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A
Therapeutic Foster Care	Yes	5	unknown	Agency	Ongoing, annually	No	No
Multisystemic Therapy	Yes	22	unknown	Agency	Ongoing, annually	No	No
Functional Family Therapy	No	N/A	N/A	N/A	N/A	N/A	N/A
Family Psycho-Education	No	N/A	N/A	N/A	N/A	N/A	N/A

*Please include both county and Medicaid/HealthChoices funded services.

To access SAMHSA's EBP toolkits:

<http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs>

e) <u>Recovery Oriented and Promising Practices Survey</u>	Service Provided (Yes/No)	Number Served (Approximate)	Comments
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Recovery Oriented and Promising Practices			
Consumer Satisfaction Team	Yes	300	The Joinder works with community partners including HealthChoices to evaluate satisfaction and make programmatic decisions regarding quality.
Family Satisfaction Team	Yes	300	The Joinder works with community partners including HealthChoices to evaluate satisfaction and make programmatic decisions regarding quality.
Compeer	No	N/A	N/A
Fairweather Lodge	No	N/A	N/A
MA Funded Certified Peer Specialist	Yes	300	The Joinder has partnered with three (3) agencies to provide CPS services
Other Funded Certified Peer Specialist	Yes	20	The Joinder has partnered with three (3) agencies to provide CPS services
Dialectical Behavioral Therapy	No	N/A	The Program is evaluating opportunities to develop local capacity for DBT.
Mobile Services/In Home Meds	No	N/A	N/A
Wellness Recovery Action Plan (WRAP)	Yes		Decision Support Center,
Shared Decision Making	No	N/A	N/A
Psychiatric Rehabilitation Services (including clubhouse)	Yes		The Joinder has three (3) Psychiatric Rehabilitation Service locations
Self-Directed Care	No	N/A	N/A
Supported Education	No	N/A	N/A
Treatment of Depression in Older Adults	No	N/A	The Program will evaluate treatment needs and opportunities to partner with community providers and the local Area Agency on Aging.
Consumer Operated Services	No	N/A	N/A
Parent Child Interaction Therapy	Yes	50	The Joinder has partnered with three (3) agencies to provide
Sanctuary	Yes	300	One (1) contracted provider has been certified in the Sanctuary Model
Trauma Focused Cognitive Behavioral Therapy	Yes	20	Several outpatient providers have clinicians on staff that are credentialed for TFCBT
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	20	Several outpatient providers

			have clinicians on staff that are credentialed for EMDR
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*Please include both County and Medicaid/HealthChoices funded services.

Reference: Please see SAMHSA’s National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

<http://www.nrepp.samhsa.gov/AllPrograms.aspx>

INTELLECTUAL DISABILITY SERVICES

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program served approximately one thousand one hundred forty-five (1145) children and adults

with an intellectual disability in fiscal year 2015-2016. The Program implemented a breadth of base and waiver-funded services to eligible participants including: residential services, lifesharing, adult day services, vocational services, transitional employment services, supported employment, respite care, home and community habilitation, companion services, nursing services, transportation, behavioral support, home and vehicle accessibility adaptations, Family Support Services (FSS) and supports coordination.

Individuals with an intellectual disability and their families receive information about available services and providers within Lackawanna and Susquehanna Counties; giving them the resources to make an informed decision about the type of supports that are needed for each individual. Support needs are determined by the treatment team through formal and informal assessment.

	Estimated Individuals served in FY 15-16	Percent of Total Individuals Served	Estimated Individuals served in FY 16- 17	Percent of Total Individuals Served
Supported Employment	7	1.6	15	3.3
Pre-Vocational	13	2.9	13	2.9
Adult Training Facility	28	6.2	28	6.2
Base Funded Supports Coordination	153	34.2	153	34.2
Residential (6400) / unlicensed	13	2.9	12	2.7
Life sharing (6500) / unlicensed	4	0.9	6	1.3
PDS/AWC	9	2	12	2.7
PDS/VF	Waiver Service Only		Waiver Service Only	
Family Driven/Family Support Services	107	23.9	107	23.9

Supported Employment

The Program 's Employment Workgroup meets routinely to share information and updates related to ODP's *Employment First* initiative and provide a forum for providers to share information on their employment initiatives. Currently three (3) Lackawanna-Susquehanna providers are engaged with the Office of Vocational Rehabilitation's Pre Employment Transition Services (PETS) and are working with OVR to support to transition age youth. The Program works in conjunction with the supported employment providers to ensure that youth successfully transition from PETS to supported employment service funded through ODP when there is an assessed need for continued support.

The Program continues to explore methods to increase employment opportunities through our Employment Workgroup. We have developed a process for tracking employment data and currently 18% of consumers ages 21 to 59 are employed; 45% of the consumers employed are working competitively without funded support.

In 2014-2015, the Program conducted an Employment Study which identified that a current barrier to a successful transition from school to competitive employment is a concern regarding loss of benefits (i.e., Medical Assistance and Social Security Benefits). We have developed a *Benefits Counseling* initiative to provide information and support to consumers and families to eliminate this barrier and promote *Employment First*.

Proposed activities for FY 2016-2017 include:

- additional outreach to employers via the current Employment Workgroup and Chambers of Commerce
- full implementation of *Benefits Counseling*
- partnerships with school districts and the Northeastern Educational Intermediate Unit (NEIU 19) to review and replicate models of practice that have been implemented in other areas of the state

Supports Coordination

The Program recognizes that supports coordinators are a vital resource in our efforts to link consumers and families to natural supports and critical to our goal of community inclusion. The Lackawanna-Susquehanna BH/ID/EI Program works closely with SCOs to plan for individuals on the waiting list and to identify community resources to support families. Supports Coordination Organization meetings will routinely include topics on inclusion and planning.

The Program's Waiver Coordinator reviews annual ISPs. With the implementation of *Employment First* we have a well-developed process to review ISPs for information on interest

and access to employment. We track data on the number of consumers who are working part-time and full-time with and without funded support.

As we move forward with educating SCOs, providers, families and community stakeholders on the Community of Practice we will begin focusing on community integration as part of the ISP review process. We will use the ISP review process to provide feedback on content related to community integration.

Lifesharing

Our Lifesharing Workgroup meets quarterly and is comprised of AE staff, Supports Coordination Organization representatives and Lifesharing Coordinators from six (6) lifesharing provider agencies. In FY 15-16 the workgroup developed and implemented a lifesharing referral profile, which has successfully increased the number of referrals, and the ability of providers to issue a timely response related to their capacity to support the unique needs of the individual consumer. The number of individuals participating in lifesharing increased by 5% during FY 15-16. The Program has a current goal to increase the number of individuals participating in lifesharing by 10% in FY 16-17.

A current barrier to increasing lifesharing opportunities within the joinder is the recruitment of host families interested in lifesharing. The Program sponsored a Lifesharing Fair in Fall 2015 to increase community awareness and recruit potential lifesharing host families. Our current lifesharing provider agencies are very involved with the PA Lifesharing Coalition and do many community outreach activities aimed at host family recruitment and retention.

Planning for FY 16-17 includes the development of “talking points” for supports coordinators to provide them with an additional tool that can be used to guide their discussions with consumers and families on this option. ODP can support current efforts through approval of the Lifesharing Curriculum developed by the PA Lifesharing Coalition. This training was developed for supports coordinators in an effort to provide them with the information they need to have meaningful discussions with consumers and families.

Cross Systems Communication and Training

The Program currently has several committees that include representatives from multiple systems. These committees collaborate on methods to support individuals with multiple needs.

- Employment Workgroup
- Provider Quality Council
- Behavioral Health/Intellectual Disabilities/Aging Committee
- Risk Management Committee

- Mental Health/Intellectual Disability Workgroup (in conjunction with Northeast Behavioral Health Care Consortium)

The MH/ID Workgroup has been very successful in identifying consumers who have a dual diagnosis (MH/ID) receiving case management and other services through multiple systems and currently in out-of-home placements (local and statewide). The workgroup functions as a forum to: encourage cross system collaboration, enhance staff training, ensure quality care for dually diagnosed youth and adults, reduce overutilization of more restrictive settings and facilitate access to housing, employment, and other community based services.

The Program has a newly formed Cross System Transition Conference (CSTC) which is comprised of representatives from Intellectual Disabilities, Behavioral Health, Drug and Alcohol, Juvenile Justice, Youth and Families, Advocacy, School District and Intermediate Unit staff and the Behavioral Health MCO. The committee serves dual functions of information sharing and collaboration, while also reviewing complex cases and team planning to address the needs of at-risk youth and ensure a seamless transition to adult services.

The Program also meets quarterly with Area Agency on Aging and Behavioral Health partners to collaborate on enhancing the quality of supports to meet the needs of older adults within the joinder.

Program staff have developed relationships with school districts in both counties, and both intermediate unit and education staff participate in advisory and cross system committees. Education staff routinely contact the Program to participate in transition fairs and open house forums. The Director of Intellectual Disability Services has participated on the Scranton School District Special Education Task Force and has done presentations and outreach to Directors of Special Education Services in Susquehanna County. Planning is currently underway for similar outreach activities in Lackawanna County for Autumn 2016.

Emergency Supports

The Program does not reserve funding to provide emergency support however funding is tracked and managed effectively and emergency needs have been managed consistently. In FY 15-16 approximately \$72,000 in base funds was utilized for individuals who experienced unanticipated emergencies.

The Program responds to emergencies during business and non-business hours. Emergencies during business hours are directed to Supports Coordination Organizations (SCOs). SCOs alert the Program to emergencies that require additional funding, waiver capacity, or authorization of services. Calls are directed to the Director of Intellectual Disability Services and/or the Waiver Coordinator; the Quality Management Coordinator is available during business and non-business hours for emergencies that are discovered through HCSIS Incident Management and/or Adult Protective Services (APS). In the event an emergency occurs after-hours,

individuals and families contacting a SCO are directed to the on call SCO Director. SCO Directors have access to Program staff 24 hours/day. The Director of Intellectual Disability Services is available to provide technical assistance and emergency service authorization or funding authorization. Emergencies that require unanticipated waiver or base funding are assessed by the Director of Intellectual Disability Services for approval and authorization. Base funding is not reserved for emergencies however funding is tracked and managed effectively and emergency needs have been managed consistently.

Each intellectual disability provider agency has an emergency response plan that is verified during the Provider Monitoring process. In the event that an individual requires services, residential or other, outside working hours Supports Coordination Organizations contact the Director of Intellectual Disability Services who works in conjunction with the SCO and provider emergency point persons to coordinate a response.

Administrative Funding

Community of Practice

The Program has initiated efforts to implement the Office of Developmental Programs' Community of Practice. We have met with AE staff and started Intellectual Disability Community Mapping with a focus on the three buckets of Discovery and Navigation, Connecting and Networking and Goods and Services. Our community mapping has helped us identify current resources, as well as identify areas where we need to develop additional support. We are planning "Town Hall" forums for Summer 2016 to hear the voice of consumers, families, and other community members and to gain a greater understanding of the natural and community supports that have been helpful as they have navigated their personal journeys. The Program will utilize the expertise of the PA Family Network to continue this work by engaging community groups, parent support groups, provider agency and AE staff, and other community stakeholders to understand and promote self-determination through the Life course Model. In addition to the PA Family Network the Program will utilize our current community recreation and advocacy organizations to provide opportunities for families to access peer support.

Training

We continually evaluate the training needs of our current provider network. Recently we have identified the need to enhance the clinical competency of our current providers relative to supporting youth with dual diagnoses that are transitioning from out of home placements (i.e. Residential Treatment Facilities). We are planning to conduct a brief survey to assess other training needs and will proceed with training accordingly. The Program is also in the process of planning a motivational training curriculum for Autumn 2016 targeting Direct Support Professionals which will focus on Holistic Practices designed to revitalize our workforce.

HCQU

The HCQU currently works in collaboration with the program on several initiatives directed at monitoring and enhancing the overall health of individuals receiving intellectual disability services. These initiatives revolve around individualized health assessments that are connected with training for support staff and families that can mobilize a focused approach towards health.

For Fiscal year 2016-2017, the HCQU will be engaged in initiatives that include:

- The completion of communication profiles for individuals who are identified as candidates for communication supports.
- Provide education for Provider staff and family members regarding availability of communication supports.
- Provide ongoing technical assistance with communication supports and systems.
- Assist the Risk Management Committee in the identification of potential medical and/or physical causes of symptoms in individuals identified as exhibiting at risk behaviors/symptoms.
- Provide ongoing stakeholder training related to the identification of medical /physical causes of behavioral symptoms.

Data that is gathered by the HCQU, regarding these initiatives is shared with the Risk Management Committee, the Quality Council, and the Advisory Board on a regular basis. The county will use the information to adjust current goals, objectives, and action steps. In addition, it will serve to inform the county of additional areas for quality improvement.

IM4Q

The Program works closely with the local IM4Q vendor to identify individual and systemic considerations for improvement that are reported through the IM4Q surveys. Any major concerns that are shared during the monitoring process will continue to be immediately reported to the Program for follow-up. Also, individual considerations will continue to be data entered into HCSIS for follow-up by the supports coordination entity and monitoring by the AE. Systemic areas that are identified as in need of improvement will be incorporated into the quality management planning process. Our Program's data will be compared with statewide data, as well as, data from our own Program's previous survey cycles, to determine areas for quality improvement.

The Program has worked to engage our provider network into the process of reviewing and using IM4Q data to develop their own quality management plans and to collaborate on the work of the program's quality management plans. ODP can support the efforts to engage Providers in the IM4Q process by encouraging/incentivizing provider participation in the annual statewide trainings and by ensuring that providers receive provider specific IM4Q data on a regular basis. As key agents of impact in individual's lives, direct service provider staff can be empowered to use the available IM4Q data and considerations to create improvement in the daily lives of individuals.

Risk Management

The Program currently analyzes individual risk on a daily basis through the review of incident management data, supports coordination monitoring and communication, as well as, individual and family contacts. We take a proactive approach towards the management of risk by ensuring that stakeholders have access to training opportunities that educate on how to recognize and prevent risk to individuals. During the last Fiscal Year, an APS training focused on providing stakeholders with information necessary for the appropriate reporting of abuse, neglect and exploitation of adults with disabilities. In addition, provider training was held that addressed the recognition and prevention of risk.

The Program's Risk Management Committee holds monthly meetings to review data related to individual to individual abuse incidents, restraint incidents, and multiple incidents by consumer. In addition, data that reviews the target of investigations is reviewed for patterns and trends. The Risk Management Committee is currently developing a process to review all recommendations of certified investigations to ensure that follow-up is addressed and completed. In addition, the Risk Management Committee is using incident management data to identify individuals at risk and who can benefit from a team meeting. In doing so, a collaborative approach, that recognizes and affirms each person's rights and individuality, is used to develop the individualized risk reduction plan. ODP can support Risk Management efforts by sharing statewide best practices of risk reduction efforts.

Participant Directed Services

The Lackawanna-Susquehanna BH/ID/EI Program has a limited number of consumers who self-direct their services. During FY 15-16, 4.8% of consumers receiving funded services chose to participate in self-directing services. The Program recognizes the value of self-direction and will evaluate additional mechanisms to promote participant directed services. Current barriers to Agency With Choice (AWC) and Vendor Fiscal/Employer Agent (VF/EA) utilization are related to caregivers' abilities to understand and take on the challenges associated with self-direction. The Program has established a goal to increase the number of consumers who choose participant directed services by 25% in FY 16-17. ODP can support the Program's efforts to increase participant directed services by offering additional training opportunities for Supports Coordination Organizations, consumers and families.

Community for All

The Lackawanna-Susquehanna BH/ID/EI Program currently has eighty-four (84) consumers residing in private ICFs/ID and nine (9) consumers residing in State Centers.

The Program will transition one (1) individual from a private ICF/ID to the community on/before June 30, 2016. We are evaluating the potential to transition one additional consumer from a private ICF/ID to the community in FY 16-17. We consistently evaluate service preference and utilize PUNS and standard planning processes to plan for consumers living in congregate settings who have a desire to return to the community.

HOMELESS ASSISTANCE SERVICES

An individual or family that becomes homeless in Lackawanna County has multiple services at their disposal to assist them with rapid rehousing. The Lackawanna County Continuum of Care (COC) works closely with the Lackawanna County Department of Human Services and the Lackawanna County Office of Youth and Family Services to constantly improve and refine practice in order to provide efficient services and interagency communication allowing the county to better assist the homeless and chronically homeless.

Through effective case management, clients complete a comprehensive intake screening and are directed to the service that best fulfills their need. At this level the need for rental assistance, mental health services, drug and alcohol services and child protective services, etc. are considered in an effort to build on the client's strengths and give the additional support and guidance they need to maintain permanent housing.

Clients completing the intake phase at any of the human service agencies working with our homeless may be directed to Bridge Housing, a shelter for women and small children, a shelter for single individuals, family shelter units, and a shelter for individuals experiencing domestic violence. In some instances brief hotel stay vouchers are issued to help keep families intact.

In addition to the emergency services listed above the homeless and chronically homeless in Lackawanna County also are referred to Permanent Supportive Housing and Transitional Housing in some cases. Through collaborative case management, families and individuals receiving these services quickly stabilize and are the most successful. In most cases the clients are closed out of services after one year. The majority of successful discharges do not reopen for services at a later date.

Lackawanna County Department of Human Services continues to maintain a positive relationship with service providers in the community. Last year, six interagency work groups were held in order to improve case management services for clients experiencing homelessness. In addition to establishing consistent guidelines for all case managers to follow, the county clearly defines its expectations for the providers and works to guarantee consistent service delivery regardless of which agency provides the service.

In an effort to provide a single point of communication and to support the improvement initiative the Lackawanna County Department of Human Services created a Housing Coordinator position. In September 2015, the county hired an individual to coordinate services for homeless families and individuals working with the following county departments; Office of Youth and Family Services, Area Agency on Aging, Office of Drug and Alcohol Programs and the Behavioral Health/Intellectual Disabilities/Early Intervention Program. This individual refers clients directly to shelters, case management and rapid rehousing programs while monitoring the progress the client is making with multiple providers.

Lackawanna County currently has a shortage of over 3,000 affordable housing units. This compounded with the current economic climate has spurred a greater number of homeless families than was predicted by the COC. Homeless families continue to contact the agency daily to seek assistance. Lackawanna County has taken a proactive approach in its attempt to coordinate the necessary services for these families and individuals. In addition to the monthly meetings held by the COC and Housing Coalition, the county sponsors an emergency call line that follows the practice of both the M.D.T. and the C.A.S.S.P. models. This call helps community providers coordinate efforts and maximize resources. The county also holds monthly meetings with the local housing authorities and providers to help bridge the service gaps and encourages collaboration before emergency situations develop. The county housing coordinator meets monthly with every housing agency's administration in order to reinforce effective case management practices and to keep communication flowing.

Young adults between the ages of 18 and 21 still attending high school and facing homelessness still remain a major challenge to the community. To date no program has come forward to service this population. The county housing coordinator works closely with the Lackawanna County Independent Living Collaborative to find creative solutions that school districts, consumers and providers can utilize in these circumstances. The county continues to model collaborative projects, solutions and approaches to problem solving for the community and providers. The efforts that have been made are shown in the improving outcomes and the changes in the human service community.

Bridge Housing:

The Bridge Housing Program provides transitional help for women and children who are homeless and in need of assistance to reach their goal of self-sufficiency. Before acceptance into the program, each client is interviewed by two staff members. Upon acceptance, each family is set up in an apartment with furniture and other needed household items. The Bridge Housing program offers stable, affordable housing with the advantage to the women that they can remain in their apartments when the program is over. In the course of the year long program, the women receive intensive case management, linkage to necessary referrals and weekly educational sessions promoting real time life skills such as parenting, communication and conflict resolution skills, budgeting and planning and preparation of nutritious meals. The

program also provides support and assistance in finding employment, as well as encouragement to begin saving money. Recreational activities are scheduled for each holiday with the goal of increased socialization and family bonding. The program is monitored by a caseworker who tracks the client's participation in the above activities aimed at improving their self-confidence and self-esteem as they move toward self-reliance and independence.

The success of the program is evaluated by the following goals:

- The number who are stably housed at the end of the program
- The number working or increasing their income by program end

Follow up with the client is done 60 days after leaving the program while many clients remain in contact with the agency beyond that time frame. Additional follow ups at 6, 9 and 12 month intervals will be performed by the agency in FY 2016-17 to assess the client's status and housing stability.

Case Management:

The Case Management Program works with homeless families and/or individuals who lack a fixed, regular and adequate residence and/or are coming from a shelter which provides temporary living accommodations and families and/or individuals who are being threatened homeless and are looking to stay stably housed. The case manager meets with the client to assess their needs and works with them to secure affordable, safe housing along with other resources. Short and long term goals are set in the following areas: basic life skills, health needs, financial management, parenting skills, home maintenance, job preparation skills, employment training and helping the client to access the agencies and programs that can help them achieve their goals. Since each case varies depending on the needs of the individual/family, all goal plans are individualized. After closure of the case, clients receive a 90 day follow up to determine their status. Current service providers' maintain statistics consistent with 75% of the clients still stably housed after 90 days.

We are working together with the Continuum of Care, Housing Coalition and Independent Living Committee members to collaboratively work on the cross systems training that educates direct service professionals and line staff to best provide Case Management services. In FY 2015-16, we required that providers do more in depth and intensive case management by immediately developing goal plans with the clients and requiring follow up appointments on a weekly and/or bi-weekly basis depending on the client's needs. By implementing this requirement, we are working toward the goal of keeping more of the population from being repeat clients and raising the number of clients stably housed.

Rental Assistance:

The Rental Assistance Program provides the client, who is homeless or threatened homeless, with both monetary and supportive help including advocacy, referral and guidance to ensure this is a onetime barrier to keeping their housing. Individuals needing this service will meet with staff to discuss the reason they are in this situation, what prevented them from having funds to pay the rent, guarantee of affordability in the future and offer case management and referral services. Staff collect photo ID, Social Security card, proof of income, eviction notice or letter from referring program showing homelessness, any bills they have and leases (if applicable). All clients complete a budget to not only show the guarantee they can afford the rent in the future but also their other living expenses. Clients are also screened to see if they are eligible for the Emergency Shelter Allowance (ESA) from the Pennsylvania Department of Human Services. If eligible, they are referred to that program first to see how much assistance can be provided. After Rental Assistance is provided, clients receive a 90 day follow up to determine their status. Current service providers' maintain statistics consistent with 75% of the clients still stably housed after 90 days.

Rental Assistance is an ongoing need in our county. In FY 2015-16, we required service providers to increase their focus on engaging clients, who seek rental assistance, in case management and supportive services to provide them with help to maintain their self-sufficiency. We believe that increasing this focus will keep more of the population from being repeat clients and raising the number of clients stably housed.

Emergency Shelter:

Emergency Shelter provides for persons who are homeless with no alternative means of housing and in immediate need of shelter. Due to the increasing number of homeless families contacting our agencies, funding will be allocated to provide emergency shelter in FY 2016-17. HAP funding will be allocated to provide hotel stays of a maximum of 45 days for families in need of emergency shelter. These families will be actively involved with the Lackawanna County Office of Youth and Family Services and/or the Lackawanna County Department of Human Services. Upon placement in the hotel, case management services will begin immediately to help the family identify the reasons for their homelessness and to develop a plan to address these issues and to obtain the services needed to enable the family to become stably housed.

Desired outcomes of funding this service will be that families remain intact, obtain permanent housing and remain stably housed.

Coordination will be maintained between the HAP Emergency Shelter component and the Local Emergency Food and Shelter Assistance Board that administers FEMA funds as the Lackawanna County Department of Human Services and the Lackawanna County Office of Youth and Family Services are members of the Local Board of the EFSP.

In addition to the HAP funding for hotel stays, funding from the Lackawanna County Office of Youth and Family Services will be utilized to assist homeless families with placement at the

Nativity Place Family Shelter administered by Catholic Social Services of the Diocese of Scranton.

Other Housing Supports:

Due to limited HAP funding, the identified priority service areas were funded. No funding was available to provide Other Housing Supports.

HMIS:

Lackawanna County works with the HAP provider, United Neighborhood Centers, who maintains the HMIS. We certify the information is generated by a HMIS database.

Administration:

Administration in the amount of \$8,621.00 has been allocated for the Homeless Assistance Program.

CHILDREN and YOUTH SERVICES

The agency has made significant progress in moving towards a strengths-based child welfare delivery system. With its inclusion in the CWDP, this progress will be accelerated given the resources made available to our staff and consumers. As we use industry standard assessments such as the Ages and Stages Questionnaire (ASQ), Family Advocacy Support Tool (FAST) and the Child Adolescent Needs and Strength (CANS) as the basis for our plan development and as a method of common communication with our provider network, we will ensure the needs of our consumers are met. We have seen a rapid decline in past non-productive practices such as office based visitation, irrelevant referrals to behavioral health services, and reacting to school referrals rather than adopting a proactive stance. School personnel account for the second largest referral source to the agency, closely following relatives. The environment which allows Family Group Decision Making (FGDM) to occur further strengthens the practice of the agency. With the continuation of Family Team Conferencing (FTC), we continue to expand engagement with families and indoctrinate staff (and providers) with this method of service delivery. This shift has allowed staff to develop skills necessary to administer and participate in the Special Grants Initiative (SGI) services. Many of the evidence based programs provide tangible skills to our families that build protective capacities such as Parent Child Interaction Therapy (PCIT) and Trauma Focused-Cognitive Behavior Therapy (TF-CBT). Other practices strengthen familial bonds and relationships to build, repair and maintain family connections such as Supportive Visitation, Family Team Conferences (FTC) and Family

Group Decision Making (FGDM). Finally, the remaining programs build protective capacity and increase well-being by meeting two foundational needs of the families and youth; education and housing.

Fiscally, the agency will benefit from reduced duration and number of placements along with reduced caseloads as some potential school based referrals are successfully diverted and service plans are time limited with actual services that will move the case forward. This will allow the agency to become more efficient and as evidenced in past fiscal years through the improvement of outcomes while reducing overall cost of operation. We have also experienced a decrease in the rate of placement since implementation/expansion of the above services.

		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 are 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	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome	
Decreasing length of out of home placement.	Monthly QA reports	PCIT, TF-CBT, FTC, FGDM, IY, Promising Practice, Housing, Alternatives to Truancy	
Decreased re-entry into placement.	Monthly QA reports	PCIT, TF-CBT, FTC, FGDM, IY, Promising Practice, Housing, Alternatives to Truancy	
Increased placement stability.	Monthly QA reports	PCIT, TF-CBT, FTC, FGDM, IY, Promising Practice, Housing,	

		Alternatives to Truancy
Decreased number of out-of-home placements.	Monthly QA reports	PCIT, TF-CBT, FTC, FGDM, IY, Promising Practice, Housing, Alternatives to Truancy

Program Name:	Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
			x	

- TF-CBT is a structured psychosocial therapy for children and adolescents with emotional and behavioral difficulties associated with trauma. The program focuses on providing a safe, trusting environment where parents and children can build skills in coping, stress reduction, and managing overwhelming emotions of traumatic stress and/or grief. The core components of TF-CBT include psycho-education about childhood traumas, PTSD, depression, anxiety, externalizing behaviors, sexualized behaviors as well as feelings of shame and mistrust. A key element is the development of cognitive coping skills like connecting thoughts, feelings, and behaviors related to the trauma. This is critical to positive program outcomes. TF-CBT is typically delivered in 12-18 sessions, weekly 60-90 minute sessions.

During administrative reviews of placement cases as well as Family Team Conferences (FTC) it was noted unaddressed trauma issues were identified for the youth in placement. This trauma has led to failed reunification and frequent disruptions in placement settings. Results from the FAST and CANS, both which have trauma indicators, determined the scope of trauma on all cases opened within the agency. Based upon data submissions from the FAST and CANS it was determined TF-CBT was a service needed to address trauma in OYFS families. The

FAST and CANS will trigger referrals for children, youth and families in need of TF-CBT.

- No additional funding allocated for this service.
- The National Traumatic Stress Network (www.NCTSN.org).

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	3-18 years	3-18 years
# of Referrals	17	25
# Successfully completing program	15	20
Cost per year	\$10,000	\$5,000
Per Diem Cost/Program funded amount	\$90 per session (FSAW)	\$90 per session (FSAW)
Name of provider	Friendship House (FH) Family Service Association of Wyoming Valley (FSA) Vision Quest	Friendship House (FH) Family Service Association of Wyoming Valley (FSA) Vision Quest, Scranton Counseling

Were there instances of under spending or under-utilization of prior years' funds?
 Yes No

In FY 15-16 all of the referrals for TF-CBT were billed and covered by Medical Assistance. The county is expecting the program to expand slightly and for most of the referrals to be covered by Medical Assistance during FY 16-17.

Program Name:	Parent-Child Interaction Therapy (PCIT)
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
			x	

- PCIT is a behavioral family intervention for children 2-7 years of age with disruptive behavior concerns. PCIT gives equal attention to the development of the parent-child relationship and the development of parents' behavior management skills. The goal of PCIT is to increase positive, nurturing interactions between parent and child. Parents learn new skills weekly through live interactions with their children. This facilitates skill development and allows the therapists to conduct ongoing assessments of the parent's progress. During the interactions immediate feedback is given through the live-coaching from the therapist. The therapist observes from an observation room, while the parent wears a radio frequency earphone. Therapists use behavioral principles such as modeling, reinforcement, and selective attending in their coaching to shape the parent's behaviors.

It is believed based upon administrative case reviews annulized FAST and CANS results as well as Family Team Conferences that PCIT will be a useful intervention to successfully reunite children safely with parents who have used physical discipline. PCIT is a strong evidenced-based parent instruction program.

- No additional funding allocated for this service.
- The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org>)

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	2-7 years	2-7 years
# of Referrals	35	20
# Successfully completing program	26	10
Cost per year	\$10,000	\$5,000
Per Diem Cost/Program funded amount	\$155 per session (FH)	\$155 per session (FH)
Name of provider	Friendship House (FH) Scranton Counseling Center (SCC) NHS Pennsylvania	Friendship House (FH) Scranton Counseling Center (SCC) NHS Pennsylvania

Were there instances of under spending or under-utilization of prior years' funds?
 X Yes No

In FY 15-16 all of the referrals for PCIT were billed and covered by Medical Assistance. The county is expecting the program to expand slightly and for most of the referrals to be covered by Medical Assistance during FY 16-17.

Program Name:	FTC- Family Team Conference
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
			X	

- FTC is a critical component of family engagement for the Child Welfare Demonstration Project (CWDP) for all participating counties. Family Team Conferencing (FTC) is a solution-focused method that draws on the family's strengths in solving problems, determines circumstances when the family is currently able to solve the problem and helps develop the family's vision for a preferred future. FTC can work to strengthen families to find immediate solutions to needs and provide long-term solutions for issues related to safety, permanence and well-being. FTC will occur within 30 days of every new placement. OYFS will continue to use and will likely increase the use of the voluntary Family Group Decision Making (FGDM). Mandatory FTC's will become the first point of team engagement. The FGDM coordinator is present at all FTC's and will be educating and recruiting families for FGDM. The expenditure is related to the facilitator contracted through OYFS.
- No additional funding allocated for this service.
- https://www.childwelfare.gov/famcentered/overview/approaches/family_group.cfm

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target	0-21 years for children	0-21 years for children

Population	in placement	in placement
# of Referrals	89	91
# Successfully completing program	85	87
Cost per year	\$40,000	\$40,000
Per Diem Cost/Program funded amount	\$40,000	\$40,000
Name of provider	Lackawanna County OYFS/Gold	Lackawanna County OYFS/Gold

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

Program Name:	Family Group Decision Making
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
		x		

- FGDM is a family-centered practice that maximizes family input and decision making with professional agency support. The family defines its membership, which often extends beyond blood or legal ties. This practice is inclusive because the family is viewed both vertically (including multiple generations) and horizontally (both mother's and father's side even if one parent is not available). FGDM conferences are culturally relevant, responsive and include an opening ritual selected by the family to emphasize their cultural link and to help participants to focus on the meeting's purpose. The community, as evidenced by agency and other professionals, is also supportive. Safety is the paramount concern. It is important for the family conference to take place in a manner that is conducive to family interactions, safety and privacy. Preparation is critical to address issues that may compromise the creation and support for a family's plan and family alone time

is provided when all agency representatives and other professionals leave the room and allow the family to make decisions and craft their plan. The FGDM coordinator attends all FTC's and is able to recruit families to participate in FGDM conferences.

- No additional funding allocated for this service.
- NA – website registry or program website not required for FGDM.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	0-21 years for children in placement	0-21 years for children in placement
# of Referrals	98	108
# Successfully completing program	73	85
Cost per year	\$77,000	\$80,000
Per Diem Cost/Program funded amount	\$70,835	\$80,000
Name of provider	Lackawanna County OYFS	Lackawanna County OYFS

Were there instances of under spending or under-utilization of prior years' funds?
 Yes No

Program Name:	Incredible Years
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
		x		

- The Incredible years (IY) is an evidence-based parenting program utilizing competencies (monitoring, positive discipline and confidence) and encourages parent's involvement in their children's school experience. It is an approximate 14 week program whose foundation focuses on building warm and nurturing parent-child relationships through child directed play, social and emotional coaching, praise and incentives.

The program's target populations and goals are to help children from high risk socioeconomically disadvantaged families, those referred from child welfare and children with social/emotional behavior problems. The programs long term goals are the prevention of conduct disorders, academic underachievement, delinquency, violence and drug abuse.

- No additional funding allocated for this service.
- The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org>).

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	2-12 years	2-12 years
# of Referrals	40	40
# Successfully completing program	32	32
Cost per year	\$50,000	\$50,000
Per Diem Cost/Program funded amount	\$50,000	\$50,000
Name of provider	EOTC	EOTC

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

Program Name:	Safecare
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	x			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding

- SafeCare is an evidence-based, parent-training curriculum for parents of children ages 0-5 who are at-risk or have been reported for child maltreatment. It is a structured behavioral skills program that focuses on concrete caregiving, household management and parenting skills.

SafeCare providers work with at-risk families in their homes to improve parents' skills in three primary domains. Parents are taught 1) how to interact in a positive manner with their children, to plan activities, and respond appropriately to child behaviors, 2) to improve home safety, and 3) to recognize and respond to symptoms of illness and injury.

All modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. Parents are trained so that skills are generalized across time, behaviors, and settings. SafeCare providers conduct observations of parent skills for each module with structured assessments. The SafeCare training format is based on well-established social learning theory and evidence from previous research.

SafeCare is generally conducted in weekly home visits lasting from 60-90 minutes. The program typically lasts 18-20 weeks for each family.

- The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org>).
- Funding for this program was moved to the CYS Special Grants by the Regional Office of Children, Youth and Families.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population		
# of Referrals		

# Successfully completing program		
Cost per year	\$22,073	
Per Diem Cost/Program funded amount		
Name of provider	Lackawanna County OYFS	

Were there instances of under spending or under-utilization of prior years' funds?
 Yes No

Program Name:	Pennsylvania Promising Practices- Dependent-Clinical
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
			x	

- The agency has a Visitation and Parenting Center which encompasses facilitated and supportive visitation, parenting and visitation assessments, mothers' and fathers' psycho-educational support groups as well as parenting education. Since the Visitation and Parenting Center is being staffed to increase visitation as well as provide evidence-based interventions and groups, the duration of placement has been tracked. The agency believes that this clinical approach to visitation is largely responsible for the reduction in the average length of placement for cases referred in the past year.
- No additional funding allocated for this service.
- The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org>), www.ocfcpacourts.us, www.nurturingparenting.com.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
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Description of Target Population	0-18 years	0-18 years
# of Referrals	250	265
# Successfully completing program	225	237
Cost per year	\$107,932	\$133,005
Per Diem Cost/Program funded amount	\$107,932	\$133,005
Name of provider	Lackawanna County OYFS	Lackawanna County OYFS

Were there instances of under spending or under-utilization of prior years' funds?
 Yes No

Program Name:	Alternatives to Truancy
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
			x	

- Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy. Complaints from school officials will decrease, contempt filings will decrease, and recidivism is tracked by the Court Unit.

Truancy filings will be maintained or reduced from the current rate since the introduction of the 4 truancy workers (renamed School Liaisons for 2012-13). Throughout the SFY on a monthly basis, the number and type of referrals from the school will be monitored by the QA department to determine if there is a statistically significant change from the previous year.

- No additional funding allocated for this service.
- N/A – not an evidence based program.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	7-17 years old	7-17 years old
# of Referrals	1100	1400
# Successfully completing program	956	1250
Cost per year	\$200,000	\$204,000
Per Diem Cost/Program funded amount	\$185,903	\$204,000
Name of provider	Lackawanna County OYFS	Lackawanna County OYFS

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

Program Name:	Housing
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	New	Continuing	Expanding
			x	

- The following activities or programs are designed to prevent children and youth from entering out of home placement, they facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out and those who have aged out of placement to living on their own. Forty older youths have been served through the housing initiative.

First, through IRTH (Intensive Reunification Transitional Housing) the agency intends to prevent out of home placements for families participating in the program and to move them into permanent stable housing in under six months. This is accomplished through the families working intensely with the court, OYFS staff, service providers, and United Neighborhood Centers. The agency and

participating providers will review the cases weekly in court, staff the current waiting list and new referrals monthly, and review statistical data quarterly.

Secondly, Post Foster Care will provide a transitional living environment to youth exiting foster care with no other family or housing resources. The program will focus on life skills, employment, money management, and positive community connections. Case management will be provided directly by UNC and each individual will be assessed for After Care Services through county Independent Living Services. The agency and UNC will review cases monthly and discuss all pending referrals. UNC will submit quarterly reports to ensure progress is being made.

Lastly, Permanent Supportive Housing Program for Families targets families that meet the HUD definition of chronically homeless. The goal of the program is to help families obtain self-sufficiency, self-determination, economic independence and residential stability. The critical work is in identifying families most in need of the program and to ensure that participants are continuing to receive services.

Each of these programs provides positive alternatives and lessens the time individuals spend in care. By utilizing supportive housing alternatives the agency is able to track re-entry into the system. It is the intent that individuals participating in both programs will secure employment and permanent housing. They will be less likely to come back into service once their case is closed. The agency will continue to track the statistics through the agency data base.

- No additional funding allocated for this service.
- N/A – not an evidence based program.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	0-21 years old	0-21 years old
# of Referrals	163	165
# Successfully completing program	145	147
Cost per year	\$220,000	\$220,000
Per Diem Cost/Program funded amount	\$201,085	\$220,000
Name of provider	UNC	UNC

Were there instances of under spending or under-utilization of prior years' funds?
 Yes X No

DRUG and ALCOHOL SERVICES

Program Highlights

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs (the Program) is a joiner program of the former Lackawanna and Susquehanna Single County Authorities. Formed in 2010/11, the mission of the Lackawanna-Susquehanna Office of Drug and Alcohol Programs is to prevent the onset of substance abuse and substance use disorder (SUD) and to mitigate its harmful effects on individuals, families, and the community. The Lackawanna-Susquehanna Office of Drug and Alcohol Programs provides comprehensive, qualitative, and cost effective approaches to prevention, intervention, and treatment services. The Program organizes and coordinates services for individuals with substance use disorders in a manner that promotes recovery while elevating and transforming the existing system of care. In order for this caliber of transformation to take place, the Program engages and empowers individuals to take an active role in the recovery process while educating providers and the community about current, effective, and evidence-based approaches to prevention, intervention, and treatment.

As a County Drug and Alcohol Program, we are charged with a commitment to our local community, and to individuals with substance use disorder, to streamline eligibility and access to services and to enhance the quality and coordination of those services. Funding limitations, capacity issues, and widespread stigma associated with substance use are persistent and considerable impediments that the Program faces, daily. Despite barriers, the Lackawanna/Susquehanna Office of Drug and Alcohol Programs works, arduously, to promote the highest degree of functioning and quality of life for all individuals in our system

The Program has management and direct service responsibilities in the following areas:

Administration—programmatic and fiscal oversight of the substance abuse system within its county jurisdictions. This includes, but is not limited to, planning, development, support, and maintenance of a comprehensive substance abuse system of care which is responsive to local community needs; contract negotiation; provider monitoring; and

ensuring compliance with state and federal regulations and guidelines. The Program places primary importance on maximizing the search and procurement of all available monies from diverse funding sources.

Prevention—primary source of most school-based and community-based programming in Lackawanna County and oversight responsibility in Susquehanna County. Activities include, but are not limited to, curricula training in substance abuse, violence prevention and tobacco cessation; Student Assistance Program trainers for the northeast school districts; support-group facilitation at elementary, middle and high school levels; in-service training for school faculties and social service agency staff; community organization and development initiatives; parenting programs; conference sponsorships, organization of multi-media campaigns, and presentation of diversified education and informational programs to the general public.

Intervention- the Program provides group intervention services within Student Assistance Programs (SAP) for all public school districts in Lackawanna County, and maintains oversight in Susquehanna County. The Program contracts with local providers for outreach and hotline services, targeted primarily towards individuals who suffer from opioid use disorder. The hotline service provides screening, referral, and emergency detox placement after regular Program work hours and weekends.

The Program supports a recovery resource center at the Community Intervention Center (CIC) that specifically targets persons who have substance use disorder and provides person centered, strength-based, and self-directed strategies for change.

Case Management—A point of entry into the substance abuse system of care for clients who are Medicaid eligible, under-insured, or uninsured in both Lackawanna and Susquehanna county. Program Case Management services include comprehensive screening, assessment, level of care determination (as established by the PCPC III), referral and placement in the provider network, care management, case coordination, and recovery support services.

Treatment — the Program is responsible for the oversight of substance use treatment services and systems of care in both Lackawanna and Susquehanna County. The Program monitors licensed and contracted treatment providers within its geographic jurisdiction, sets rates for local outpatient treatment providers and, as a member of the Northeast Regional SCA Consortium (Region D), sets rates for inpatient treatment providers throughout the region. The Program supports programs which can meet a documented need for service and which demonstrate both fiscal and programmatic responsibility.

Recovery Support Services – Recovery Support Services are non-clinical services (transportation, housing, child care, employment, recreational) provided by trained peers in the recovery community that assist individuals and family members overcome environmental and personal barriers to recovery. The Program contracts with the Community Intervention Center (CIC) in Lackawanna County and Trehab Services in Susquehanna County to provide recovery support services for persons with substance use disorder.

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs receives funding from a variety of sources to deliver services, including: state and federal block grants through the Commonwealth Department of Drug and Alcohol Programs (DDAP), local County matches, grants and awards targeted for various special initiatives, Act 152 and BHSI awards from the Department of Public Welfare (DPW). DPW funds are utilized exclusively to provide treatment, case management and recovery support.

A full continuum of care is offered to individuals, of all ages, who are in need of treatment services, including: outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non-hospital inpatient rehabilitation, hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

The method by which the Program determines clinically appropriate levels of care for individuals is the central organizing component, which legitimizes its coordinated approach. Specifically, the Program's Case Management Unit administers comprehensive screenings and standardized level of care assessments. Individuals who seek Program funding must demonstrate that they are uninsured and income insufficient while meeting the clinical guidelines for a particular level of care, as specified by the Pennsylvania Client Placement Criteria (PCPC III) for adults and the American Society of Addiction Medicine (ASAM) Criteria for adolescents. A liability determination is administered by the Program's Case Management Unit in order to effectuate access to treatment services. Once eligibility is determined and authorization granted, the Program works closely with its contracted provider network for referral and placement into substance use treatment services.

The Program consistently explores and exhausts all avenues which may result in the acquisition of appropriate health care coverage for individuals. This includes intensive coordination and communication with the local County Assistance Office (CAO) as well as the region's Certified HealthCare Navigator for the Affordable Care Act. The Program is a Community Partner on the COMPASS website and regularly administers the Expedited ++ feature.

Medicaid Expansion and the Affordable Care Act have had a significant impact on individuals who are now "newly eligible" for health care coverage. At a regional level, the

Northeast Behavioral Health Care Consortium observes 34,000 new members in the HealthChoices program. Accompanying this rise in membership is a stark demand for inpatient residential substance use treatment services. Concurrently, Medicaid Expansion has had significant cost savings for the Program and has enabled the Program to manage its allocation with greater flexibility while fulfilling the local needs of the community. Cost savings are being redirected and utilized to promote Medically Assisted Treatment, extended stays in appropriate care settings, and halfway house services.

Throughout the course of the year, the Program observed multiple funding opportunities that offered extended lengths of stay in residential and halfway house services as well as medically assisted treatment for individuals. The Program continues to make every effort to partner or otherwise pursue these funding opportunities as the identified gaps in services are realized at a local level. For the upcoming year, the Program intends to redirect a considerable amount of its allocation to treatment based programming as a direct result of the heroin and opioid epidemic affecting the area.

Still, treatment can often time be delayed for many individuals due to system/capacity challenges and a lack of treatment slot availabilities for the Medicaid eligible population that the Program, primarily, serves.

Act 152 funding routinely diminishes prior to the end of each fiscal year. The Lackawanna-Susquehanna Office of Drug and Alcohol Programs intentionally exhausts Act 152 dollars, first, for individuals who are eligible for Medical Assistance, but not yet enrolled in Health Choices. The Program utilizes alternative funding sources and accesses Health Choices for individuals so as to avoid placing individuals on waiting lists. When the Program is compelled to generate waiting lists, for individuals requiring services, the Case Management Unit, initially, determines if individuals meet criteria for emergent detoxification. If individuals do not meet criteria then the Case Management Unit provides interim services such as outpatient counseling, information regarding local recovering communities, 12-Step meeting lists, and recovery support services.

The Prevention efforts of the Lackawanna-Susquehanna Office of Drug and Alcohol Programs are the primary source of school-based and community-based programming in the Lackawanna and Susquehanna counties. Activities include, but are not limited to, curricula training in substance abuse, violence prevention and tobacco; PDE SAP trainers to school districts; support group facilitation at elementary, middle and high school levels; in-service training for school faculties and social service agency staff; community organization in the development of "Partners in Prevention" initiative; parenting programs; the sponsoring of various community conferences, the organization of semi-annual multi-media campaigns, and diversified education and informational programs to the general public.

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs contracts with the Department of Education as the approved and designated Pennsylvania Student Assistance Program (SAP) training provider. The Prevention Unit for the Program is responsible for training school personnel in identifying issues, including substance use and mental health, which pose a barrier to a student's learning and school success. SAP trained personnel ensure that students experiencing barriers to learning, related to substance use and mental health, are linked to appropriate supportive services in the school and community. Four annual SAP trainings are conducted each school year.

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs works closely with the entire human services system to coordinate efforts that maximizes and streamline services for individuals. The Program is an active participant in numerous cross systems initiatives, such as, the Family Engagement Team Meetings, IDTA Core Training Initiative, Systems of Care, the Independent Living Initiative, the Criminal Justice Advisory Board, the County Re-entry Initiative. The Program is committed to resource sharing amongst the integrated human services system. Opportunities for information dissemination, ad hoc work groups and committees, and specialized trainings, are continuously offered, by the Lackawanna-Susquehanna Office of Drug and Alcohol Programs, to the human services system and community agencies alike.

The opioid epidemic (i.e. prescription opioid medication and heroin abuse) prevails as the major challenge for the Lackawanna-Susquehanna Office of Drug and Alcohol Programs. The Program observes alarming trends pursuant to opioid use disorder such as an increased number of individuals in need of formalized substance use treatment services (for either heroin or opioid prescription medication); substantial opioid overdose deaths; an increase in the number of persons who transition from prescription opioid to heroin abuse. This trend is evidenced in Program's data systems as well as in anecdotal reports from treatment and case management providers and front line law enforcement officials.

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs is committed to enhancing efforts to implement a comprehensive and coordinated approach that addresses key risks involved in opioid use disorder. The major objectives of these efforts include: extending lengths of stay for long term residential and halfway house services; identifying appropriate individuals for medically assisted treatment, including those involved the criminal justice system. In order for these objectives to be achieved and sustained the Program will cultivate key relationships and establish formalized protocols with vested entities.

As a direct response to the heroin/opioid epidemic, the Lackawanna/Susquehanna Office of Drug and Alcohol Programs was quick to establish a Naloxone Distribution Program for first responders. This initiative was made possible through a collaborative partnership between the Lackawanna County District Attorney's Office, Marworth Treatment Center, and PA Ambulance Services. Operational since April of 2015, our local Naloxone

Program has saved the lives of 30 individuals in our community, and trained over 200 police officers, including Lackawanna County Detectives Unit and Adult Probation and Parole.

By way of diversion control, several drop boxes are located at police municipalities and Courthouses in both Lackawanna and Susquehanna County. Prescription “Take Back Events” and “Safe Medication Disposal Days” are conducted throughout the year at area personal care homes, hospice agencies, pharmacies, and police departments.

The Program’s Partnerships For Success initiative is building community coalitions and increasing education pursuant to opioid prescription pain medication. Specifically, the Program partners with several local colleges and universities to support their efforts to reach the young adult population in providing programming and information regarding the dangers of opioid use and addiction.

Target Populations

Target population groups to be served within fiscal year 2016-2017 by the Lackawanna - Susquehanna Drug and Alcohol Program are as follows:

Older Adults (ages 60 and above): The Lackawanna -Susquehanna Drug and Alcohol Program works closely with the Lackawanna and Susquehanna Counties Area Agencies on Aging and community organizations that serve the aging population. Identified staff from the Lackawanna-Susquehanna Drug and Alcohol Program are assigned to work with AAA’s as gaps in services arise. The Prevention Unit, routinely, conducts joint presentations at Personal Care Homes and Nursing Facilities on the risk factors associated with gambling and alcohol consumption, as these are the two most significant associated risk areas for the aging and elderly populations. The Program, also, conducts several presentations pursuant to prescription medication storage and disposal at senior living centers in both Lackawanna and Susquehanna County, as well as, medication take back initiatives. Quarterly meetings are conducted between the Program and the Lackawanna and Susquehanna Aging Program in an effort to discuss mutual cases, training needs and gaps in services.

Drug and Alcohol services for older adults within the Joinder Program include, but are not limited to, outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non- hospital inpatient rehabilitation, hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

Gaps in services for older adults have been identified to include housing support, social/recreational rehabilitation services, and employment opportunities.

Adults (ages 18 and above): The Lackawanna-Susquehanna Drug and Alcohol Program provides a wide range of services to adults with substance use disorders and those in recovery. Specifically, services include, but are not limited to the following: outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non-hospital inpatient rehabilitation, hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

Gaps in services identified for adults have been identified to include housing support services, social rehabilitation / recreation services, employment opportunities, and transportation.

Transition Age Youth (ages 18 to 26): The Lackawanna-Susquehanna Drug and Alcohol Program provides a wide range of services to transition age youth with substance use disorders and those in recovery throughout the Program. Specifically, services include, but are not limited to the following: outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non-hospital inpatient rehabilitation, hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

Gaps in services identified for adults have been identified to include housing support services, social rehabilitation / recreation services, employment opportunities, and transportation.

Adolescents (under 18): The Lackawanna-Susquehanna Drug and Alcohol Program provides a wide range of services to adolescent youth with substance use disorders and those in recovery. Specifically, services include, but are not limited to the following: outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non-hospital inpatient rehabilitation, hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

The Program considers adolescents (age 18 or under) as priority populations and also gives service preference to them. The Program contracts with three adolescent inpatient treatment programs and is recognizing a growing and alarming trend of adolescent facility closures due to lack of system referrals. The Program will continue to monitor this trend and ensure access to services for this population remains viable.

For children and adolescents under the age of eighteen (18) access to **student assistance programs (SAP)** are available through the various school district buildings within Lackawanna County.

Special Populations: Priority populations are pregnant injecting drug users, pregnant substance abusers, injecting drug users, overdose survivors, and individuals presenting themselves for services. These priority populations are given preferential treatment. The Program contracts with a number of inpatient facilities that specialize in treating expectant mothers and/or women with dependent children. The latter may be accompanied to the treatment program with up to two of their children ages 12 or under.

Individuals with Co-Occurring Disorders: Individuals with a co-occurring (MH / DA) disorder who are involved within the criminal justice system in Lackawanna County may have access to a Co-Occurring Problem Solving Court. This Problem Solving Court provides support, guidance and assistance to individuals seeking treatment, housing and employment opportunities. A participant in this program receives case management services to assist them in participating in the program and supporting them in their recovery.

Housing services are also an identified need for person with a co-occurring (MH / DA) disorder.

Criminal Justice Involved Individuals: Individuals with substance use disorders who are involved with the criminal justice system in Lackawanna County have access to the Problem Solving Court system. The Program, in cooperation with the Lackawanna County Judicial System, developed a Drug Treatment Court, a DUI Problem Solving Court and a Co-Occurring Problem Solving Court. Annually, more than forty (160) unduplicated individuals participate in each Problem Solving Court Program. Drug and Alcohol supports for the Problem Solving Courts are provided through case management staff who are members of the Court Team. In addition to the case management staff, clinical staff participates in Court Team meetings which are used to staff each individual involved within the Program. The Program works closely with Lackawanna County's network of Problem Solving Courts, especially the Adult Drug Treatment Court. LSODAP provides shortened time frames for assessment and placement of Drug Court clients and performs weekly level of care assessments at the Lackawanna County prison.

The Program is assisting the Lackawanna County Courts and County Prison in offering pretrial services to individuals in the criminal justice system. Through a coordinated effort, the Program seeks to achieve a streamlined process where individuals are assessed timely and appropriately and placed into treatment in a coordinated fashion. In addition, the Program is participating in the County Re-entry Initiative as an active attendee and member of the Substance Abuse/Behavioral Health sub-committee. The Lackawanna County Reentry Task Force has developed a coordinated system of service delivery for our returning citizens. Both of these initiatives are modeled from the Sequential Intercept Model and make up Intercept II and Intercept IV, respectively.

Veterans: Veterans with substance use disorders in both Lackawanna and Susquehanna Counties have access to a full range of services and supports offered through the Program. In addition, in Lackawanna County, veterans with mental illness have access to the Veterans Problem Solving Court which provides the individual participant with structure and assistance in accessing services.

Efforts need to continue within the Joinder to reach out to Veterans Groups to ensure that they are aware of the various substance use services and supports and how to access them.

Racial/Ethnic/Linguistic Minorities: The Program needs to continue its efforts in serving these populations. Currently, the Program contracts with a Spanish language inpatient treatment program and is promoting the opportunity to adopt such a service throughout the system of care. Efforts will be initiated with local advocacy groups to develop an outreach strategy to engage Racial/Ethnic/Linguistic Minorities.

Recovery-Oriented Services

The concept of recovery is fast becoming the prevailing paradigm in behavioral health policy arenas. Consequently, systems are trying to align their services with a recovery-oriented approach, one that supports long-term recovery for individuals and families and promotes community health. The central focus is to create an infrastructure with the resources to effectively address the full range of substance use problems within communities. In this system, individuals and families are presented with more options with which to make informed decisions regarding their care, services are better designed for accessibility and easier to navigate, and whole person/community health and wellness thrives at the forefront of care management.

A Recovery Oriented System of Care (ROSC) actively reaches out to engage persons and their families in a recovery process building upon a process of change through which people improve their health and wellness over time, and reach their full potential. Through a cross-system approach that shifts the question from “how do we get the person into treatment” to “how do we support the process of recovery within the person’s life and environment?” individuals are welcomed by a service or level of care that is based upon their needs.

Enhancing our peer recovery support services and treatment services, building upon the input of persons in recovery and the priority needs of our communities, a ROSC promotes system wide education using the science of addiction to screen, engage, treat, and provide ongoing support and community connections that promote long term recovery.

Recovery Oriented Systems of Care (ROSC) is a multi-faceted, systems change initiative that embraces a recovery management model and emphasizes principles such as, multiple pathways to recovery, overall wellness, individualized treatment, clinical integrity, Medically Assisted Treatment (MAT), Certified Recovery Specialists (CRS) and peer/volunteer driven recovery centers.

The Program and the Northeast Behavioral Healthcare Consortium (NBHCC) have committed to the local implementation of a Recovery Oriented Systems of Care (ROSC) initiative. The effort has successfully transitioned from a pre-planning/formalized planning stage and is now in an implementation phase. Identified individuals within the recovery community are part of the Regional Transformation Team for ROSC. The team is tasked with structuring some of the essential concepts of ROSC development (i.e. treatment, funding, recovery management).

Administration

\$60,029.00 has been allocated to the County Block Grant Administration for Lackawanna County.

HSDF Funding

\$19,567 has been allocated in HSDF funding for Other Interventions to serve 83 clients in the Drug and Alcohol system.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Allied Services, Inc.

Description of Services: Services are provided by trained, supervised direct care workers (homemakers) to physically disabled adults between the ages of 18-59 who reside in Lackawanna County. Homemaker services provided in the individual's home include basic care and management of the home to ensure safe and sanitary conditions and non-medical personal care services. To be eligible an individual must be unable to perform these activities on their own or have no other family member or responsible person available and willing to provide assistance. Following determination of financial eligibility and need, the training manager makes a home visit to identify the individual's specific needs. Once assigned, the direct care worker receives written instructions with a detailed service plan and schedule. Supervisory reviews are performed at a minimum annually or as needed based

upon a change in the client's condition and /or needs. Direct care worker evaluations are performed annually by supervisory staff and the client.

Orientation and training is provided to direct care workers in addition to ongoing in-service trainings throughout the year. Individual client records are maintained including information pertaining to eligibility, intake, assessment, evaluations, service plan, service delivery and service notes.

Service Category: Homemaker

Planned Expenditures: \$2,386.00

Program Name: Jewish Family Service of NE PA

Description of Services: – Following the eligibility determination, an initial assessment of the client's problem is made and the social worker and client agree to a counseling plan with goals for resolving the presenting problem. Depending on the needs of the client, the client and worker will determine the use of individual, couple or family counseling. Counseling is provided to assist in problem solving and coping skills, intra-or inter-personal relationships, development and functioning and adjustment difficulties. When indicated, the counselors work in conjunction with medical doctors, psychologists and psychiatrists to assure specialized and individualized treatment for each client. Individuals receiving this service will be adults who meet HSDF eligibility criteria and have no alternate source of funding for counseling service.

All clinical social workers and the agency Executive Director have Master of Social Work degrees and are licensed clinical social workers in the State of Pennsylvania. The agency is also accredited in its counseling service for families and children by the Council on Accreditation (COA).

Service Category: Counseling

Planned Expenditures: \$7,800.00

Program Name: Meals on Wheels of NE PA, Inc.

Description of Services: The case manager receives referrals for service from individuals, family members, physicians, social workers, etc. Upon referral, the case manager schedules an appointment and meets with the individual to determine their eligibility for service based upon financial, residency, age and need criteria. Eligible individuals receive one hot meal daily, Monday through Friday, delivered to their home.

Meals are prepared in a centralized kitchen that has the capacity to produce up to 1,500 meals each day. In addition to the standard menu, special diets are also available upon request of a physician.

The agency utilizes a combination of paid staff and volunteers to prepare and deliver the meals. **In addition to the adult population**, the agency also serves the in-home elderly and prepares congregate meals for senior centers in Lackawanna County. **This allocation is to provide service to the Adult Population, aged 18-59 years of age.**

Service Category: Home Delivered Meals

Planned Expenditures: \$28,600.00

Program Name: Telespond Senior Services, Inc.

Description of Services: Services are provided by trained, supervised direct care workers (homemakers) to physically disabled adults between the ages of 18-59 who reside in Lackawanna County. Homemaker services provided in the individual's home include basic care and management of the home to ensure safe and sanitary conditions and non-medical personal care services. To be eligible an individual must be unable to perform these activities on their own or have no other family member or responsible person available and willing to provide assistance. Following determination of financial eligibility and need, the program supervisor makes a home visit to identify the individual's specific needs. Once assigned, the direct care worker receives written instructions with a detailed service plan and schedule. Supervisory reviews are performed at a minimum annually or as needed based upon a change in the client's condition and /or needs.

Orientation and training is provided to direct care workers in addition to ongoing in-service trainings throughout the year. Individual client records are maintained including information pertaining to eligibility, intake, assessment, evaluations, service plan, service delivery and service notes.

Service Category: Homemaker

Planned Expenditures: \$1,974.00

Aging Services: No Aging Services funded in FY 2016-17.

Children and Youth Services: No Children and Youth Services funded in FY 2016-17.

Generic Services: No Generic Services funded in FY 2016-17.

Specialized Services: No Specialized Services funded in FY 2016-17.

Interagency Coordination:

This fiscal year, funding in the amount of \$26,000.00 has been allocated to Interagency Coordination.

Funding in the amount of \$26,000.00 will be used as partial reimbursement of the salary and benefits for the position of Assistant Director, Human Services. This position will work with all categorical programs, provider agencies, service recipients, public and private organizations in the planning and management of services to design a responsive, cost efficient and effective delivery system. The job description for the position of Assistant Director, Human Services is included as an attachment to the Plan.

Other Services

Mental Health Services

As in the previous fiscal year, funding has been allocated to Mental Health Services. Family Support Services will be provided to an estimated 130 clients with an allocation of \$60,000.00. Targeted Case Management (Intensive Case Management) will be provided to an estimated 10 clients with an allocation of \$5,152.00.

Drug & Alcohol Services

As in the previous fiscal year, funding has been allocated to Drug & Alcohol Services. Other Intervention will be provided to an estimated 83 clients with an allocation of \$19,567.00.

Homeless Assistance Services

In FY 2016-17, funding in the amount of \$21,000.00 has been allocated to the Homeless Assistance Program, to provide Emergency Shelter to an estimated 54 clients.

County Block Grant Administration

\$19,685.00 has been allocated to County Block Grant Administration from the Human Services Development Fund/Human Services and Supports. The Assistant Director, Human Services, administers the HSDF and provides assistance in the administration of the Block Grant through coordination and preparation of the HSBG Plan and fiscal reports.

Funding in the amount of \$3,000.00 has been allocated as membership dues for the Lackawanna County Department of Human Services in PACHSA. The membership in this professional organization will assist the county in the planning and management of human services.

Funding in the amount of \$1,692.00 has been allocated for the publishing of the legal ad in two local general circulation newspapers for the announcement of the HSBG plan hearings. This allocation was increased to cover the additional expense of placing the legal ad in the Susquehanna Independent in addition to the Scranton Times. Since Lackawanna County is part of a local collaborative arrangement (LCA) it is required that the public hearing notice be made known to residents of both counties.

The Scranton Times (Under act P.L. 877 No 160. July 9, 1976)
Commonwealth of Pennsylvania, County of Lackawanna

LACKAWANNA CO HUMAN SERVICES/GAYLE SENSI
200 ADAMS S AVE.
SCRANTON PA 18503

Account # 65045
Order # 81544665
Ad Price: 419.50
PO Number: 2016-00002281
ANNOUNCEMENT OF PUBLIC H

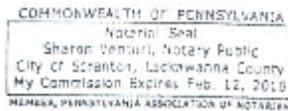
Gina Krushinski
Being duly sworn according to law deposes and says that (s)he is Billing clerk for The Scranton Times, owner and publisher of The Scranton Times, a newspaper of general circulation, established in 1870, published in the city of Scranton, county and state aforesaid, and that the printed notice or publication hereto attached is exactly as printed in the regular editions of the said newspaper on the following dates:

06/05/2016 06/08/2016

Affiant further deposes and says that neither the affiant nor The Scranton Times is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as time, place and character or publication are true Gina Krushinski

Sworn and subscribed to before me
this 8th day of June A.D., 2016

Sharon Ventura
(Notary Public)



ANNOUNCEMENT OF
PUBLIC HEARINGS

The Lackawanna County Department of Human Services on behalf of the Lackawanna County Board of Commissioners, in developing the HUMAN SERVICES BLOCK GRANT PLAN and budgets for the Fiscal Year 2016-2017, in order to assist the County in completing this task, the Lackawanna County Department of Human Services in cooperation with the Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program, Lackawanna-Susquehanna Office of Drug and Alcohol Programs, Lackawanna County Office of Youth & Family Services, and Special Services, i.e., Human Services Development Fund and Homeless Assistance Program, are requesting input from all interested residents and/or from agency representatives for this Plan.

Public hearings will be held as follows:
Thursday, June 9, 2016 at 11:00 A.M.
at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA 18503 and Friday,
June 11, 2016 at 1:00 P.M. at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA 18503.

If we can help you with any special needs you may have, to enable you to attend, please contact:

William Browning, Executive Director
Lackawanna County Department
of Human Services
200 Adams Avenue, 4th Floor
Scranton, PA 18503
Phone: 570-963-9790

Susquehanna County
Commonwealth of
Pennsylvania

Heather M Frisbie, being duly sworn,
says she is the designated agent of the of
The Susquehanna County Independent,
of general circulation, published in
Susquehanna County, county aforesaid,
and that the notice hereto attached is
exactly as was printed in said paper once
a day on the following dates:

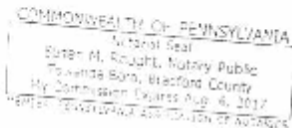
8th, 15th of June 2016

Heather M Frisbie, Accounting

Heather M Frisbie

Sworn and subscribed before me this day

16th day of June 2016
Susan Kasper
Notary Public



LEGAL NOTICE

ANNOUNCEMENT OF PUBLIC
HEARINGS

The Lackawanna County Department of Human Services on behalf of the Lackawanna County Board of Commissioners, is developing the HUMAN SERVICES BLOCK GRANT PLAN and budgets for the Fiscal Year 2016 - 2017. In order to assist the County in completing this task, the Lackawanna County Department of Human Services in cooperation with the Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Family Intervention Program, Lackawanna-Susquehanna Office of Drug and Alcohol Programs, Lackawanna County Office of Youth & Family Services, and Special Services, i.e., Human Service Development Fund and Homeless Assistance Program, are requesting input from all interested residents and/or from agency representatives for this Plan.

Public hearings will be held as follows:

Thursday, June 9, 2016 at 11:00 A.M. at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA 18503

and
Friday, June 17, 2016 at 1:00 P.M. at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA 18503

If we can help you with any special needs you may have, to enable you to attend, please contact:

William Browning,
Executive Director
Lackawanna County Department of Human Services
200 Adams Avenue, 4th Floor
Scranton, PA 18503
Phone: 570-963-6790

23,24



Department of Human Services
200 Adams Avenue – 4th Floor
Scranton, PA 18503
Office: 570-963-6790
Fax: 570-963-6658
humanservices@lackawannacounty.org

June 9, 2016

In compliance with the planning guidelines, the Lackawanna County Department of Human Services will be hosting two public hearings to solicit input on the plan for services. This represents the first of the two hearings. The second hearing will be held Friday, June 17, 2016, 1 PM at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA.

On May 18, 2016, the Commonwealth of Pennsylvania, Department of Human Services issued the FY 2016-17 County Human Services Plan Guidelines. These instructions and guidelines will assist the county in the completion of our consolidated County Human Services Plan. Service areas included in the plan are Mental Health Community Base Funded Services, Behavioral Health Services Initiative (both MH and D&A), Intellectual Disabilities Community Base Funded Services, Child Welfare Special Grants, Act 152 Funding (D&A), Homeless Assistance Services and Human Services and Supports/Human Services Development Fund.

As in the current fiscal year, Lackawanna County will continue to be a Block Grant county for FY 2016-17. The designation as a Block Grant county allows the county some flexibility in allocating service dollars based upon identified need as opposed to solely upon categorical funding levels. In a previous fiscal year, this flexibility enabled us to reallocate funds to the Drug and Alcohol System to increase treatment services. This fiscal year, the flexibility has enabled us to reallocate funds to the Homeless Assistance Program for rental assistance to prevent and/or end homelessness or near homelessness.

For purposes of completing the county plan and budget, we have been advised to use Lackawanna County's primary allocation for FY 2015-16 less the one-time Community Mental Health Services Block Grant funding for a Housing Initiative in the amount of \$86,657. Lackawanna County's proposed allocation is \$11,809,337 comprised of \$10,405,758 State funds and \$1,403,579 Federal funds. The county share for the State portion of this allocation is \$466,178.

Based upon the current flat level funding for FY 2016-17, it is not anticipated that there will be significant changes in the categorical allocations from the current fiscal year. For your reference, attached is a chart detailing the categorical allocations for FY 2016-17.

Department of Human Services
200 Adams Avenue – 4th Floor
Scranton, PA 18503
Office: 570-963-6790
Fax: 570-963-6658
humanservices@lackawannacounty.org

As in the previous years, any reallocation of service dollars would be made during the fiscal year based upon recognized administrative savings or an underutilization of services. However, this may change based upon the effect that the enacted FY 16-17 state budget may have upon human services, which at present is unknown.

Written comments will be received by the Lackawanna County Department of Human Services by email to humanservices@lackawannacounty.org or by mail to 200 Adams Avenue, 4th Floor, Scranton, PA 18503 no later than Tuesday, June 21, 2016.

On behalf of the Lackawanna County Department of Human Services and its categorical agencies, allow me to extend our appreciation for the services provided by our community partners and thank the consumers for allowing us to serve them.

Sincerely,



William J. Browning
Executive Director



Department of Human Services
200 Adams Avenue – 4th Floor
Scranton, PA 18503
Office: 570-963-6790
Fax: 570-963-6658
humanservices@lackawannacounty.org

June 17, 2016

In compliance with the planning guidelines, the Lackawanna County Department of Human Services is hosting two public hearings to solicit input on the plan for services. This represents the second of the two hearings. The first hearing was held Thursday, June 9, 2016, 11 AM at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA.

On May 18, 2016, the Commonwealth of Pennsylvania, Department of Human Services issued the FY 2016-17 County Human Services Plan Guidelines. These instructions and guidelines will assist the county in the completion of our consolidated County Human Services Plan. Service areas included in the plan are Mental Health Community Base Funded Services, Behavioral Health Services Initiative (both MH and D&A), Intellectual Disabilities Community Base Funded Services, Child Welfare Special Grants, Act 152 Funding (D&A), Homeless Assistance Services and Human Services and Supports/Human Services Development Fund.

As in the current fiscal year, Lackawanna County will continue to be a Block Grant county for FY 2016-17. The designation as a Block Grant county allows the county some flexibility in allocating service dollars based upon identified need as opposed to solely upon categorical funding levels. In a previous fiscal year, this flexibility enabled us to reallocate funds to the Drug and Alcohol System to increase treatment services. This fiscal year, the flexibility has enabled us to reallocate funds to the Homeless Assistance Program for rental assistance to prevent and/or end homelessness or near homelessness.

For purposes of completing the county plan and budget, we have been advised to use Lackawanna County's primary allocation for FY 2015-16 less the one-time Community Mental Health Services Block Grant funding for a Housing Initiative in the amount of \$86,657. Lackawanna County's proposed allocation is \$11,809,337 comprised of \$10,405,758 State funds and \$1,403,579 Federal funds. The county share for the State portion of this allocation is \$466,178.

Department of Human Services
200 Adams Avenue – 4th Floor
Scranton, PA 18503
Office: 570-963-6790
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As in the previous years, any reallocation of service dollars would be made during the fiscal year based upon recognized administrative savings or an underutilization of services. However, this may change based upon the effect that the enacted FY 16-17 state budget may have upon human services, which at present is unknown.

Written comments will be received by the Lackawanna County Department of Human Services by email to humanservices@lackawannacounty.org or by mail to 200 Adams Avenue, 4th Floor, Scranton, PA 18503 no later than Tuesday, June 21, 2016.

On behalf of the Lackawanna County Department of Human Services and its categorical agencies, allow me to extend our appreciation for the services provided by our community partners and thank the consumers for allowing us to serve them.

Sincerely,



William J. Browning
Executive Director

PUBLIC HEARINGS
FOR LACKAWANNA COUNTY DEPARTMENT OF HUMAN SERVICES
BLOCK GRANT PLAN- FISCAL YEAR 2016-2017
THURSDAY, JUNE 9, 2016 AT 11:00 A.M.
5TH FLOOR, 200 ADAMS AVENUE
SCRANTON, PA 18503

NAME	AGENCY	TELEPHONE #
<i>Juan P. Jale</i>	LSB/IDEI	570 346-5741
<i>Patricia Sack</i>	Lacka. Co. Human Svs.	570-963-6790
<i>To Hoban</i>	LSORAP	(570) 963-6820
<i>Adrian Maillet</i>	DHS	570-963-6780
<i>William Drawning</i>	DHS	570-963-6790
<i>Gayle Jousi</i>	DHS	570-963-6790

PUBLIC HEARINGS
FOR LACKAWANNA COUNTY DEPARTMENT OF HUMAN SERVICES
BLOCK GRANT PLAN- FISCAL YEAR 2016-2017
FRIDAY, JUNE 17, 2016 AT 1:00 P.M.
5TH FLOOR, 200 ADAMS AVENUE
SCRANTON, PA 18503

NAME	AGENCY	TELEPHONE #
MARYANN COLBERT	LACK-SUSQ. BH/ID/EE	570-346-5741
Liz Healey	LACK SUSQ. D&A	570 5750600
Kathleen Snyder	Lackawanna CYS	570 963-6781
Jeremy Yalk	LS BH/ID/EI	570 346-5741
Bo HOBAN	LSO/AAP	570 963-6820
Patricia Spack	Lack Co. Human Serv.	570-963-6790
Kerry Browning	Lackawanna DYFS	570-963-6781
William - Z...	Lack - DHS	570-962-6781
Gayle Sensi	Lack Co. DHS	570-963-6790

Assistant Director
Human Services

DEFINITION:

The Assistant Director is a professional administrative supervisory position under the direct supervision of the Executive Director of Human Services.

This position provides administrative support to the Executive Director in carrying out the management and administrative responsibilities of the department which include planning, organizing, directing and coordinating a comprehensive human services system comprised of the following categorical programs, Area Agency on Aging, Office of Youth and Family Services, Office of Drug & Alcohol Programs and Behavioral Health/Intellectual Disabilities/Early Intervention.

The Assistant Director is directly responsible for the administration of the Human Services Development Fund, Human Services Block Grant and the services of the former Office for the Physically Disabled.

This position assists the Executive Director in grant submission and administration.

The Assistant Director represents the Executive Director and the Department at various meetings, events, etc.

RESPONSIBILITIES:

In conjunction with the Executive Director:

Plan, organize, direct and coordinate a comprehensive human service system including categorical program offices and grant programs.

Establish a comprehensive system for coordinating, planning and service delivery that maximizes the use of existing funds while minimizing duplication of services.

Assist in the annual RFQ process for human service agencies.

Assist the Executive Director in the development and implementation of agency policy and procedures.

Administer the services of the former Office for the Physically Disabled including eligibility determination/redetermination, service coordination, fiscal oversight and information/referral services.

Administer the Human Services Development Fund and Human Services Block Grant including the RFQ process, plan submission, contract development, processing monthly invoices, submitting financial reports, fiscal reconciliation and subcontractor monitoring.

Assist in the preparation and administration of grant applications.

Assist in the daily functions of the department.

Attend meetings and be available to represent the department as needed.

Perform related work as required.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledge of the principles and practices of program planning, organization, direction and coordination of a comprehensive human service system.

Knowledge of the methods and procedures necessary to research, develop, and coordinate funding sources and resources.

Knowledge of fiscal and budgetary management practices and procedures and statistical reporting methods.

Knowledge of community organization and current social, economic and health issues and the resources available to meet these needs.

Ability to review, analyze, monitor, and evaluate a variety of human service programs and contracted services.

Ability to work effectively with people in establishing working relationships with other members of the staff, outside agencies and the general public.

Ability to plan and organize work, set priorities and meet deadlines.

Ability to adequately express ideas orally and in writing.

MINIMUM EXPERIENCE AND TRAINING:

A Bachelors Degree and/or Masters Degree and five years progressive responsible experience in such areas as social work, sociology, public health, public administration, or any equivalent combination of experience, training, and education.

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	Estimated Individuals: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services.
NOTE: Fields that are greyed out are to be left blank.	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
LACKAWANNA	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0	0	0	0
Administrative Management	3,169		382,620	75,202	12,563	10,900
Administrator's Office			72,992	13,354	4,754	15,400
Adult Developmental Training	0		0	0	0	0
Children's Evidence-Based Practices	22		16,024	3,258	718	0
Children's Psychosocial Rehabilitation	0		0	0	0	0
Community Employment	38		203,918	35,713	3,969	0
Community Residential Services	89		1,073,135	201,337	55,478	4,650
Community Services	559		270,519	50,758	16,023	0
Consumer-Driven Services	0		0	0	0	0
Emergency Services	2,894		169,054	30,935	11,011	0
Facility Based Vocational Rehabilitation	7		27,241	4,985	1,774	0
Facility Based Mental Health Services	13		12,018	2,444	538	9,600
Family Support Services	130		220,802	30,594	11,994	0
Housing Support Services	311		2,166,785	433,133	81,741	337,372
Mental Health Crisis Intervention	1,239		212,319	43,169	9,512	2,600
Other	0		0	0	0	0
Outpatient	1,276		492,982	95,580	26,738	5,400
Partial Hospitalization	26		64,096	13,032	2,872	0
Peer Support Services	11		10,015	2,036	449	0
Psychiatric Inpatient Hospitalization	0		0	0	0	0
Psychiatric Rehabilitation	41		149,025	30,299	6,676	400
Social Rehabilitation Services	1,417		214,403	42,341	10,856	136,000
Target Case Management	347		395,956	80,505	17,739	27,700
Transitional and Community Integration	2,979		211,679	38,734	13,787	0
TOTAL MENTAL HEALTH SERVICES	14,568	6,300,431	6,365,583	1,227,409	289,192	550,022

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
LACKAWANNA	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,541,216	325,096	53,446	18,842
Case Management	153		58,488	10,703	3,809	0
Community-Based Services	17		1,474,838	282,322	91,944	0
Community Residential Services	447		567,517	114,682	21,801	1,196
Other	83		14,902	2,727	971	0
TOTAL INTELLECTUAL DISABILITIES SERVICES	700	3,656,961	3,656,961	735,530	171,971	20,038
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	7		29,330			
Case Management	800		118,582			
Rental Assistance	230		86,724			
Emergency Shelter	54		21,000			
Other Housing Supports	0		0			
Administration			0			
TOTAL HOMELESS ASSISTANCE SERVICES	1,091	243,257	255,636		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	284		180,000		8,064	
Promising Practice	265		133,005		5,959	
Alternatives to Truancy	1,400		204,000		9,139	
Housing	165		220,000		9,856	
TOTAL CWSG SERVICES	2,114	737,005	737,005		33,018	0

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
LACKAWANNA	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	410		99,340	48,250	4,450	0
Inpatient Hospital	4		4,150	0	186	0
Inpatient Non-Hospital	165		274,783	75,519	12,310	0
Medication Assisted Therapy	35		70,000	0	3,136	1,715
Other Intervention	83		19,567	0	877	0
Outpatient/Intensive Outpatient	161		93,810	0	4,202	0
Partial Hospitalization	27		64,415	18,185	2,886	0
Prevention	0		0	0	0	0
Recovery Support Services	100		8,300	842	372	0
TOTAL DRUG AND ALCOHOL SERVICES	985	674,827	634,365	142,796	28,419	1,715
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	41		40,760		0	0
Aging Services	0		0		0	0
Children and Youth Services	0		0		0	0
Generic Services	0		0		0	0
Specialized Services	0		0		0	0
Interagency Coordination			26,000		0	0
TOTAL HUMAN SERVICES DEVELOPMENT FUND	41	196,856	66,760		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			93,027		18,612	
GRAND TOTAL	19,499	11809337	11,809,337	2,105,735	541,212	571,775

Behavioral Health - County Match

Intellectual Disabilities - County Match

D&A - County Match

Lackawanna County \$466,178

*Susquehann County - \$36,517

*Susquehanna County - \$38,517

*Susquehann County - 0

Susquehanna County - \$75,034

*Lackawanna County - \$252,675

*Lackawanna County - \$133,454

*Lackawanna County - \$31,108
\$28,419 - D&A Categorical Match
\$ 2,689 - Admin. Match
\$31,108 - Total