LANCASTER COUNTY
HUMAN SERVICES
BLOCK GRANT PLAN
FY 2016-17

"Appendix A"

RESOLUTION NO. 51 OF 2016

On motion of Commissioner Parsons, seconded by Commissioner Lehman;

WHEREAS, The County of Lancaster has been selected by the Pennsylvania Department of Public Welfare as one of twenty pilot counties for the new Human Services Block Grant under Act 80 of 2012; and

WHEREAS, The Human Services Block Grant encompasses mental health and intellectual disabilities base funds, Act 152 drug and alcohol funds, behavioral health services initiative (BHSI) funds, the Human Services Development Fund, child welfare special grants and homeless assistance funding; and

WHEREAS, The pilot counties will continue to receive funding for the seven line items based upon categorical allocations, but will be permitted flexibility in their expenditure across program lines, with limitations; and

WHEREAS, In year four, pilot counties will be required to utilize 25 percent of the Human Services Block Grant funds within the categorical areas for which those dollars are provided. This standard assures that pilot counties will have substantial guidance and oversight during the transition; and

WHEREAS, At full implementation, the pilot counties will still be required to fund each of the seven program areas and cannot defund any of the included line items completely; and

WHEREAS, Pilot counties were required to inform citizens and clients of changes that may be included in the proposed content of the Human Services Block Grant; and

WHEREAS, The County of Lancaster has opted to hold three public hearings held on June 8, 2016 at 6:00 p.m., June 13, 2016 at 3:00 p.m. and June 29, 2016 at 9:15 a.m. to discuss the proposed Human Services Block Grant categorical funding allocations for Fiscal Year 2016-2017 and provide opportunity for public comment; and

WHEREAS, The County of Lancaster will abide by the terms outlined in the County Human Services Plan Assurance of Compliance.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF LANCASTER COUNTY, PENNSYLVANIA That the Lancaster County Human Services Block Grant Plan for Fiscal Year 2016-2017 be approved as presented.

Motion passed unanimously.

ADOPTED this 29th day of June 2016, by the Board of Commissioners of the County of Lancaster, Pennsylvania in lawful session duly assembled.

ATTEST:

Robert T. Still, Chief Clerk
County of Lancaster, PA
Date: June 29, 2016

Dennis P. Stuckey, Chairman

Joshua G. Parsons, Vice Chairman

Craig E. Lehman

Board of Commissioners of
Lancaster County, Pennsylvania

6/29/16

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Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Lancaster

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

Signatures	*Please Print*	
DS		Date: 7/13/14
JP		Date: 7/13/14
CL		Date: 7/13/14

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"Appendix B"

PART I: COUNTY PLANNING PROCESS

1. During the planning process of the FY 13-14, FY 14-15, and FY 15-16 HSBG plans, the County of Lancaster formed a Human Services Management Team, who were asked to offer suggestions and feedback. The same was done for the planning and development of the FY 16-17 plan, with the name changed to the Human Services Advisory Committee (HSAC). Members of the FY 16-17 Human Services Advisory Committee include:

    - A parent of a child with intellectual disabilities and a private provider representing individuals with intellectual disabilities
    - A board member of Lancaster County BH/DS
    - A private provider representing individuals with mental health and intellectual disabilities
    - A board member of the Lancaster County SCA
    - Chief Clerk, Lancaster County Board of Commissioner
    - The Executive Director of the Lancaster County Office of Aging
    - The Executive Director of the Lancaster County Single Authority/Drug & Alcohol Commission
    - The Executive Director of the Lancaster Country Youth Intervention Center
    - The Deputy Director of Lancaster County Behavioral Health Services
    - The Deputy Director of Lancaster County Intellectual Disability
    - The Director of Children's Support Coordination
    - The Executive Director of the Lancaster County Coalition to End Homelessness
    - The Executive Director of Lancaster County Veteran Affairs
    - The Executive Director of Lancaster County Children and Youth Social Services
    - The Executive Director of Lancaster County Behavioral Health & Developmental Services

2. The HSAC also made a concerted effort to attend the public hearings. The HSAC was present to listen and participate in public comment and was available after the public hearings to get additional feedback. For the third year in a row, public comment supported the position and recommendation of the Lancaster County Human Services Management Team.

3. The County of Lancaster believes in the concept of least restrictive setting in Human Services. To guarantee that services are delivered at the least restrictive level, Lancaster County uses various tools to aid in decision making. Depending on the circumstances, the tools may include but are not limited to:

    - Mental Health Utilization Review
    - Child welfare Placement Review Committee
    - Drug and Alcohol screening
    - Coordinated Assessment for Homelessness
    - Supports Intensity Scoring in Intellectual Disabilities.

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Additionally, communications between departments help to aid in decision making. An internal team consisting of department leads from the seven categories along with staff from the Lancaster County Controllers' Office met on a monthly basis.

4. The County of Lancaster will not be making any substantial changes to funding allocation form FY 15-16 to FY 16-17. There will be some change in vendors but the services will be generally identical.

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PART II: PUBLIC HEARING NOTICE

1.

Invoice No. 3597544

PROOF OF PUBLICATION NOTICE IN

State of Pennsylvania}
} ss:
County of Lancaster}

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

1ST DAY OF JUNE 2016

Affiant further deposes that she is the Clerk duly authorized by the LNP Media Group, Inc., a corporation, *publisher of said* LNP, a newspaper of general circulation, to verify the foregoing statement under oath, and also declares that affiant is not interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLIC NOTICE

Public notice is hereby given that the County of Lancaster will conduct public hearings to discuss the County's proposed Human Services Block Grant categorical funding allocations for Fiscal Year 2016-17 on the following dates:

- Wednesday, June 8, 2016 at 6:00 p.m., Public Safety Training Center, 101 Champ Boulevard, Manheim;
- Monday, June 13, 2016 at 3:00 p.m., Room 701, 150 North Queen Street, Lancaster;
- Wednesday, June 29, 2016 at 9:15 a.m. during the County Commissioners' Meeting, Room 701, 150 North Queen Street, Lancaster, at which time the Board of Commissioners will consider the adoption of the *Human Services* Block Grant categorical funding allocations for Fiscal Year 2016-2017.

The block grant encompasses mental health and intellectual disabilities base funds, Act 152 drug and alcohol funds, behavioral health services initiative funds, Human Services Development Fund, child welfare special grants and homeless assistance funding.

Public participation is invited.

NOTE: Individuals having disabilities requiring special services or auxiliary aids attending the meeting should submit a written request for such assistance to the County Commissioners' Office, 150 North Queen Street, Suite 715, Lancaster, PA 17603.

ROBERT T. STILL
CHIEF CLERK
COUNTY OF LANCASTER

(Signature)

COPY OF NOTICE OF PUBLICATION

Sworn and subscribed to before me this
1ST DAY OF JUNE 2016

Notary Public

My commission expires

Commonwealth of Pennsylvania
NOTARIAL SEAL
CAROLE A. GOOD, Notary Public
Lancaster City, Lancaster County, PA
My Commission Expires Feb. 25, 2018

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2.

- Wednesday, June 8, 2016 at 6:00 p.m., Room 101, Public Safety Training Center, 101 Champ Boulevard, Manheim;

- Monday, June 13, 2016 at 3:00 p.m., Room 701, 150 North Queen Street, Lancaster;

- Wednesday, June 29, 2016 at 9:15 a.m. during the County Commissioners' Meeting, Room 701, 150 North Queen Street, Lancaster, at which time the Board of Commissioners will consider the adoption of the Human Services Block Grant categorical funding allocations for Fiscal Year 2016-2017.

3.

- The first public hearing was scheduled to allow people to attend after traditional working hours and allowed the hearing to be held outside the county seat for those who have a challenge attending meetings in the City of Lancaster. The meeting was attended by community stakeholders and county department heads. Each categorical lead provided a presentation on their portion of the Lancaster County Human Services Block Grant program reviewing FY 15/16 and providing an overview of Fiscal Year 2016-2017. Community stakeholders expressed appreciation for their partnership with the County, and provided commentary and testimonials, which are incorporated into final plan for Commissioner's approval. (Please see Attachment 1-A)

- The second meeting was selected for citizens who could attend an afternoon meeting in the city. It was attended by county department heads and community stakeholders. Each categorical lead provided a presentation on their portion of the Lancaster County Human Services Block Grant program reviewing FY 15/16 and providing an overview of fiscal year 2016-2017. Community stakeholders provided commentary and testimonials, which are incorporated into final plan for Commissioner's approval. (Please see Attachment 1-B)

- The third public meeting was held at a Commissioner's Meeting allowing citizens the opportunity to attend a morning meeting and to share their thoughts with the Board of Commissioners. It was attended by County Department Heads and community stakeholders. Each categorical lead provided a presentation on their portion of the Lancaster County Human Services Block Grant program reviewing FY 15/16 and providing an overview of fiscal year 2016-2017.

PART III: WAIVER REQUEST

Lancaster County has budgeted 100% of the allocations to each of the seven (7) funding areas for the fifth year of the Block Grant. Lancaster County will use the Human Services Management Team to review spending in each area on a minimum of a quarterly basis. The team will provide

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feedback to the spending and make suggestions. Ultimately, any major adjustment to the funding plan will be made by the County Commissioners after they have been apprised of any significant need to readjust allocations. If the Commissioners approve a significant funding reallocation (above 25%) of the original categorical allocation, the County will prepare the required documentation at that time to request a waiver.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) **Program Highlights**

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

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

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

The Lancaster County Mental Health Program also partners with many other agencies and organizations within the County in an effort to develop and enhance available resources. We have

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

The Lancaster County Mental Health Program also partners with the Lancaster County Coalition to End Homelessness, which encompasses multiple housing, community agencies, religious organizations and businesses that work together to expand availability of safe and affordable housing in Lancaster County. This Coalition is leading the County's "Heading Home – The Ten Year Plan to End Homelessness in Lancaster County". Through a partnership with the Coalition we were successful in securing three Housing and Urban Development (HUD) grants to specifically secure permanent housing for individuals with a mental illness. There are currently 47 subsidized housing opportunities for adults, older adults and transitional age youth to reside in an apartment of their choice with a HUD defined subsidy to make it affordable. Over the last 5 years 46 individuals have successfully graduated from the program as they have been able to secure an income to support themselves in their own apartment. This allows for additional individuals to enter the programs and to work toward self-sufficiency. In addition, we will continue to use PATH funds to house individuals who have a mental illness and are in need of permanent housing. We have utilized our PATH funds and housing support funds to assist individuals to successfully transition from our Community Residential Rehabilitation Programs (CRR) to independent living.

b) **Strengths and Needs**:

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

Strengths: Our ongoing collaborative relationship with our local Office of Aging has significantly enhanced our ability to improve the services for older adults that are served jointly by our agencies. This relationship extends beyond the normal workday with both the on call Office of Aging worker and our crisis intervention program workers cooperatively addresses the needs of our older adults. With innovative relationships developed with our intake/case management staff and local physicians' offices, we are better able to identify and support the needs of older adults. One of our local hospitals has an inpatient mental health unit that specializes in treating older adults.

Needs: Outreach to our older adult population through education so that they understand services that are available to them and to reduce the misconceptions that this population has regarding mental health services. Working with our provider network to ensure that adequate staff exist that are credentialed and able to bill Medicare for service delivery.

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- **Adults (ages 18 and above)**

Strengths: In an effort to reduce the number of individuals who become incarcerated or admitted to inpatient units as a result of interactions with police we continue to utilize our Acute Crisis Diversion Program. This program was developed in cooperation with our managed care organization, using reinvestment dollars. It was originally designed to support ten individuals for a period of three to five days who may be having a mental health crisis/issue that warrants some additional treatment but does not require inpatient care. This is a program where police can voluntarily take individuals who may be having a negative interaction with other community members or the police and rather than charging them legally, they could get the needed treatment within this program. This will also serve to support individuals who report that they need additional supports and will assist them to improve their symptoms and therefore prevent a more intensive level of treatment such as inpatient. We have expanded this program to also support individuals who are being discharged from an inpatient setting but feel that they need some additional supports/interventions within a safe environment prior to their transition back to their living situation. The treatment within the program can be up to fifteen days and will include psychiatry, nursing and therapy. Additionally, as one of our reinvestment projects, we will continue working jointly with one of our local inpatient units to offer bridge services. This service provides a crisis staff member to work with individuals upon discharge from an inpatient setting. The goal is to connect with the individual while they are still inpatient to help him/her to understand their discharge instructions; facilitate participation with their next appointments, understanding medications; arrange for transportation and other services as necessary. These connections will either be in person or via the telephone and the designated staff person will remain in contact with the individual from inpatient discharge through their first outpatient appointment.

Needs: Lancaster County is a large county both geographically and in population size and for that reason accessibility to treatment sites can be difficult. Expansion of treatment providers to varied sites throughout the county would increase both the availability and accessibility to needed mental health treatment. These would include both outpatient therapy and psychiatry. For this coming year, we will be working with our managed care organization to open an outpatient MH and D&A clinic in one of the aforementioned areas.

- **Transition-age Youth (ages 18-26)**

Strengths: The Lancaster County Mental Health Program provides specialized transition age intensive case management to our youth as well as a specialized support/educational group. We have five dedicated case managers to provide supports to this age group. In addition there is a transitional age coordinator who works closely with the transitional age population to assist them in preparing for adulthood. The funding for this coordinator position is a result of reinvestment funds through our Health Choices program. Utilizing a specialized Community Residential Rehabilitation Program we are able to provide five (5) transitional age youth the opportunity to develop life skills and practice those skills in a safe environment. This program assists them in locating employment, completing their education, developing budgeting skills, and prepares them

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to live independently within the community.
Needs: Expansion of our transitional age/specialized support group to reach additional youth and assist them with needed supports and skills.

- **Children (under 18)**

Strengths: Lancaster County currently has 61 youth receiving treatment within a Residential Treatment Facility. Many of these youth are also involved in services with either Intellectual Disabilities, Children and Youth or Juvenile Probation. Lancaster County has a strong and influential CASSP system that is supported by the executive directors of all the County child serving agencies. Our CASSP Coordinator reaches out to all agencies to ensure that Bridge and youth get the services and supports that they need. Evidenced based interventions such as Parent Child Interaction Therapy, Multisystemic Therapy and Family Group Decision Making are just a few avenues utilized to meet the challenging needs of our children and youth. There are many school districts within the County that have school based behavioral health services that can be easily accessed by children/youth experiencing mental health or drug and alcohol issues. This year we have been able to offer a new therapeutic intervention, flexible outpatient that is being funded by our managed care organization. This enhances the outpatient therapist's ability to provide treatment both within the outpatient setting and within the home when needed. This year we have begun working with our local Children and Youth agency to participate in their Placement Review Committee. This is an endeavor to provide them with information and guidance to ensure that youth they serving are getting the mental health treatment that they need. This year 32 youth will be able to attend summer camps that are inclusive within the community so that they are able to fully experience this activity. Our local MHA has staff and consumers providing education and awareness about mental health issues within the varied school districts. Needs: Continued coordination with our Children and Youth agency as well as our Juvenile Probation department to ensure that we are meeting the needs of youth with multiple system involvement.

- **Individuals Transitioning out of State Hospitals**

Strengths: There are currently sixty one (61) individuals from Lancaster County receiving treatment at Wernersville State Hospital. We work jointly with the hospital through the Community Support Plan (CSP) process to identify individual strengths/needs and community resources to ensure that any resident from Lancaster County is discharged with the available treatment and resources that they need to be successful. Through the (CSP) process many of our residents have been identified as needing Community Residential Rehabilitation Supports (CRR) and the lack of this resource has delayed their discharge. In addition, the medical frailty of many of our aging residents has warranted the need to explore and to look to develop programs that would offer the increased nursing supports that they need. Needs: We are working with our managed care organization and a local community hospital to utilize reinvestment funds to expand the availability of additional Extended Acute Care beds. These beds will be designated for Lancaster County so that individuals will not need to go to the state hospital for intermediate inpatient needs.

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- **Co-occurring Mental Health/Substance Abuse**

Strengths: The Lancaster County Mental Health Program is a participant and active member on both the Lancaster County Court of Common Pleas Adult Drug Court and the Lancaster County Court of Common Pleas Mental Health Court. Attendance at weekly team meetings promotes coordination of appropriate and varying levels of treatment in addition to providing intensive supervision and judicial monitoring. Both of the treatment courts are a valuable resource and opportunity for individuals, some who are incarcerated, to participate in a process to promote their recovery at the same time that they are taking responsibility for their crimes. The purpose of these courts is to divert individuals from incarceration and if incarcerated to provide services and supports upon release. Due to the expanding participation of individuals within Mental Health Court we have added a second resource coordinator position to provide services to this growing number of participants.

Needs: Accessibility for D&A treatment in surrounding communities within Lancaster County. Working with our managed care provider we are looking to develop a dual program D&A/MH in the borough of Columbia this coming year.

- **Justice-involved Individuals**

Strengths: Through our reinvestment dollars we were able to develop and accept individuals into a Master Leasing program. This program is designed to be short term housing (up to three months) for adults, older adults or transitional age youth who are being released from prison or a local hospital and need housing. This short term housing opportunity for five individuals allows time to have benefits started or reinstated, for services to be started and for permanent housing searches. There are also separate funds available for security deposits, first months' rent, supported housing services and housing searches. In an effort to reduce evictions and utility shut offs for individuals, funds are available to pay for these hardships that individuals face so that they will not lose their housing. Participation in the Forensic Interagency Task Force has afforded the County the opportunity to develop new relationships with the staff from the DOC and to learn about many new processes that other counties have developed in an effort to better serve our justice involved individuals. Through a collaborative effort with our local County Prison, we receive a daily listing of persons who were incarcerated the day prior. We are able to compare this list with individuals who may be open with case management services. This alerts case managers that someone with whom they are working has been incarcerated so that they can work with the prison, attorneys, and the individual to ensure that mental health services are provided to them within the jail and that services can be set up upon their release. If the County Prison identifies someone with a serious mental illness who is not open with case management, then a referral is made to our office and we complete an intake while the individual is still incarcerated. Services/supports can then be arranged prior to their release. Our local MHA provides education and support within the prison utilizing both their staff and a certified peer support specialist.

Needs: More intensive supports within the prison for individuals who need additional group and individual therapy. Ability to connect individuals with medical assistance/insurance so that coverage is available upon release. Availability of at least a 30 day supply of medication upon

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release and the ability to have that medication refilled. We are looking to develop a new forensic case manager position that will have primary responsibilities for working closely with individuals who are incarcerated, prison staff, assistant district attorneys, public defenders and community providers in order to collectively assist individuals to get out of the prison sooner and into treatment and supports that they need. We are looking to utilize state funds to develop a new program that would offer inmates in the County Jail and at the State Correctional Institutions a resource upon release that would assist in their successful reunification to the community. The program would provide services/supports for up to three months for the newly released inmate to include therapy, residential programming, psychiatry and nursing. We are also working with one of our local hospitals to provide the needed treatment to inmates who require inpatient mental health care during their incarceration.

- **Veterans**

Strengths: CompeerCORPS, a Veteran-to-Veteran peer monitoring program is available to veterans in Lancaster County. This program is designed to create a supportive network for veterans who could benefit from a veteran peer mentor. With funding from the Office of Mental Health and Substance Abuse Services, this new program matches a veteran resident of Lancaster County who has a diagnosed mental illness with a veteran Volunteer to enjoy friendship activities in the community. Lancaster County also has a specialized Veterans Court designed to assist Veteran offenders to take responsibility for their crimes and to get connected with needed services and supports.
Needs: Treatment providers with a military background that Veterans feel comfortable receiving supports from.

- **Lesbian/gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

Strengths: Growing awareness within the County of the specialized needs of this population and some therapists with specialized training to support individuals.
Needs: A growing need within the County are providers with expertise to provide services to individuals who are LGBTQI. The pressures that our youth struggle with regarding the stigma related to identification of being LGBTQI and additionally having a mental illness puts them at great risk for self-defeating behaviors and suicide. We will be working with both our outpatient providers and the inpatient units to expand their expertise and abilities to appropriately treat individuals who identify as LGBTQI. Our local inpatient units are ill equipped to serve LGBTQI individuals especially individuals who are Transgender and decisions about which sex individual they may need to share a room with.

- **Racial/Ethnic/Linguistic Minorities**

Strengths: Lancaster County has a large population of Hispanic individuals and within the past year the services provided by one of our identified Bi-Lingual, Bi-Cultural providers has grown tremendously. This growth has shown not only the need for outpatient services but that individuals are accessing this valuable service. Last year we were able to enhance services for Hispanic individuals by having another Bi-Lingual, Bi-Cultural provider of outpatient services expand their

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service provision.
Needs: Even with the expansion of services within the community there is a need for additional psychiatric services, partial hospitalization services and outpatient services for individuals who are non-English speaking.

- **Other (Medically involved individuals)**

Strengths: Meeting the physical health needs of many of our community members with no insurance is challenging and resources are very limited. In a partnership with South East Health Services, a patient certified medical home and community health center, one of our behavioral health providers is embedded within the daily schedule to provide assessment/treatment. If a physician identifies that one of the patients that he/she is seeing could benefit from behavioral health intervention then the patient is seen immediately by the clinician. Utilizing an integrated behavioral health model the individual can receive treatment for both medical and behavioral health issues/concerns at the same site.
Needs: Outreach to our community physicians so that they are better able to understand mental illness and ways to connect their patients with our agency for services as well as treatment providers within the community.

- **Other (Co-occurring Mental Health/Intellectual Disabilities)**

Strengths: We are seeing a growing number of individuals who are in need of both mental health and intellectual disabilities services. This population requires skilled professionals who have the knowledge and experience in working with this specialized population. We currently have two identified supports coordinators who work specifically with both adults and youth who are dually diagnosed as having a mental illness and an intellectual disability. This coming year we will be offering a specialized MH/ID mobile treatment program to adult individuals being served by the County's Intellectual Disabilities program and who are experiencing significant MH issues. This is a joint project with our managed care organization and will offer therapeutic interventions to a population of individuals who would not otherwise been able to get such an intensive service.
Needs: We continue to have a need for therapy, partial hospitalization services, employment, and housing needs. We are seeing a growing number of refugees who need services from multiple programs/providers and language as well as cultural awareness and understanding is creating a barrier for service delivery. Expanding our provider service capacity to meet the needs of our refugees will be explored this year.

C.) Recovery-Oriented Systems Transformation:

Recovery Promotion/Stigma Reduction

- Stigma and misconceptions continue to inhibit individual's ability to seek treatment/supports within the community. Our local Mental Health America (MHA), our Community Support Program (CSP) as well as other key stakeholders continue to educate the community about Recovery and to address Stigma. With the addition of a designated director, additional efforts/events will be occurring to provide education about recovery as

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well as identification of need areas within the county. One such event is our annual recovery picnic which is a time for individuals with a mental illness, family members, professionals and community leaders to come together to celebrate wellness, recovery and to join in friendship and support of one another. This event occurs in June of every year and over 570 people participated in the event in 2015.

- Planning for this event as well as other events that are identified will occur within this coming year through regularly scheduled stakeholder meetings.
- Funds for these events and educational efforts occur from both donations and block grant funds.

  The county funds the MHA CSP Director position using block grant dollars Both MHA and the National Alliance for the Mentally Ill (NAMI) have various programs/events to educate our community about recovery and ways to support people as they recover.
- Both NAMI and MHA will monitor the progress and implementation of programs/events provided. The CSP director will monitor the implementation and completion of the events. Strategic planning meetings with the County occur on a quarterly basis.

Certified Peer Support

- Within the County, we have two providers of Certified Peer Support, with one of our providers being a consumer run program. The growing demand for this service and the benefits shown for individuals who receive this service is invaluable. Not only do individuals receive a service that assists them in their recovery, the hiring of certified peer specialists to provide this service offers employment opportunities to many.
- Transforming a community and individual perceptions is an ongoing process and will expand beyond the current planning process. The peer will be hired within the next several months and the hospital, County and MCO will track the implementation. The MHA staff are currently going into the County Jail to provide education through group processes and to reach out to individuals who are experiencing difficulties during, and perhaps because of, their incarceration.
- In order to enhance the services provided to individuals while on the inpatient mental health unit, Health Choices reinvestment dollars will be utilized to allow the largest local hospital to hire a peer support specialist who will be embedded within the unit and provide peer support services to individuals on the mental health unit. MHA is receiving funds from the Block Grant to provide wellness education within our County jail. The County also contracts with Recovery Insight, utilizing Block Grant funds, to provide peer support services to residents who do not have other funding options. Funding for peer support is also provided by the MCO with a vision to expand this service within the County.
- This program is tracked by MHA and the County to determine the number of inmates who are receiving the service.

Suicide Prevention

- There are currently two separate but equally important Suicide Prevention Coalition committees meeting to address and talk about suicide as well as prevention. The

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Stakeholder based Coalition, led by MHA, has been providing events and fundraising activities to educate the community and get people talking about suicide. We are partnering with our managed care organization to expand the education and awareness of suicide strategies through a multimedia campaign. The second committee is addressing ongoing needs within the Lancaster County Prison for inmates with a mental illness and suicide prevention. This is a County lead initiative that will be meeting over the coming year with a vision to reduce/eliminate suicide within our County Jail.

- Within the coming year, it is anticipated that the Suicide Prevention Coalition will partner with the County's 16 local school districts and Student Assistance Programs in coordinated awareness and prevention presentations for students. In September, 2016, the Coalition will co-sponsor the annual "Walk for DES," an event created by the father of a young man who took his life several years ago. Last year the event raised more than $15,000 for suicide prevention and awareness. The County facilitated Prison Suicide Prevention Committee meets on a monthly basis and is credited with identifying various environmental and assessment strategies that have improved conditions in the Lancaster County Prison, among them being the creation of a Suicide Hotline that friends or family of inmates can call to report concerns for incarcerated loved ones. These initiatives are regarded as being of an ongoing nature.
- Funding for these groups and their resultant outreach efforts comes solely from fund-raising events and charitable donations, in addition to costs incurred by the County's General Fund. No Block Grant funding is utilized.
- Both committees convene on a monthly or bi-monthly basis for strategic planning purposes.

Mental Health First Aid & Crisis Intervention Training

- As a nationally recognized curriculum on education with regard to mental illness and improving communication with (and understanding of) those experiencing symptomatology, MHFA is being offered by several local providers to specialized professions such as educators and law enforcement. The much more comprehensive Crisis Intervention Training continues to be provided for our police departments, as well as correctional officers within the county jail. The training is a cooperative effort between the Probation/Parole Dept. and Behavioral Health.
- It is anticipated that by November, 2016, all Lancaster County Prison staff will have successfully completed the 8 hour MHFA training. Similarly, it is hoped that by June, 2017 all law enforcement officers in Lancaster County will have taken the training, The 40 hour time commitment of CIT presents logistical obstacles, but the Prison and many local police departments have demonstrated a resolve to identify select staff to participate.
- Staff time is dedicated to providing these trainings and funds come from both the judicial system and the block grant.
- The County works collaboratively with the provider network and other County agencies and facilities to monitor attendance at the MHFA and CIT trainings, both of which have pre and post-test data reportage.

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d) Evidence Based Practices Survey:

Evidenced 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)	Comments
Assertive Community Treatment	Yes	45	TMACT	MCO	Annually		Yes	
Supportive Housing	Yes	35	Aspects of critical time initiation	Agency	Annually			
Supported Emp.	No		ISP Supported Employ.					
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes			Agency	Annually		Yes	

***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

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e) Recovery Oriented and Promising Practices Survey:

Evidenced 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)	Comments
Assertive Community Treatment	Yes	45	TMACT	MCO	Annually		Yes	
Supportive Housing	Yes	35	Aspects of critical time initiation	Agency	Annually			
Supported Emp.	No		ISP Supported Employ.					
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic								

***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

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INTELLECTUAL DISABILITY SERVICES

The Lancaster County Intellectual Disability (ID) program at any given time supports an average of 1800 individuals diagnosed with an intellectual disability. Whether Block Grant/Base or Waiver funded, we believe that each of those approximately 1800 people has the inherent right to an Every Day life. In order to help ensure all individuals open in the Lancaster County ID program have the options and opportunities to reach their goals of achievement, we have partnered with an expansive network of both service providers and community resources. These partnerships allow for a continuum of services that is anchored by a dedicated and knowledgeable Supports Coordinators unit. Working as facilitators, assessors, educators the Supports Coordinators work diligently with individuals and their families/care-givers to identify needs, strengths, and goals which are then matched with appropriate services and supports. Among the continuum of services available to all individuals open with Lancaster County ID program are:

1.) Family Support Services, including respite care, family aide, nursing care and home and community habilitation.

2.) Vocational Training; including supported employment, transitional employment, volunteer work, job search and placement, and job loss prevention and workshop settings.

3.) Adult Day Services; including adult developmental training, community habilitation, and senior programs.

4.) Residential Services; including supervised apartments, semi-independent living, group homes and family living/life sharing.

This list is by no means exhaustive, and does not speak to the ongoing collaboration which occurs with school districts, advocacy agencies and 'sister' Lancaster County human service agencies such as Behavioral Health, Children & Youth and Office of Aging.
The Lancaster County Intellectual Disability (ID) program recognizes the importance of having a continuum of services available that can respond to the changing needs of individuals throughout their lifespan, regardless of funding sources. Several strategies aimed at strengthening and enhancing the continuum of services have been put into place and/or are under development. These strategies include;

1) Introduction of New providers - new service providers are invited to attend an informational exchange meeting with ID management staff, including Supports Coordination Supervisors and Administrative Program Specialists. The new provider information is then made available to all Supports Coordinators so they can share with individuals and families as another possible service option.
2) Family Support Specialist (FSS) Pilot – We know that not only do individuals in ID services struggle during times of change and transition, but so too do their families and caregivers. A Family Support Specialist Pilot is being developed in partnership with the Arc of Lancaster County. The goal of the FSS pilot is to better support families so that they are in turn better able to support their family member in services. Through the FSS pilot families will be provided resource information, both community and ID system related, support in navigating major change/transition related stressors and will be linked to applicable community agencies and services. The overall goal of the FSS pilot is to assist families/caregivers in successfully traversing some of life's most challenging transitions so that they are then able to assist in making the best choices regarding the many service and support options available to the person open with the Lancaster ID program.

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Base/Block Grant Only:

	Estimated/Actual Individuals served in FY 15-16	Projected to be served in FY 16-17
Support. Employment	43 ($ 99,371.00)	50 ($ 111,796.00)
*Pre-vocational	13 ($ 93,119.44)	10 ($ 93,119.44)
*Adult Training Facility	7 ($ 91,774.50)	7 ($ 97,847.10)
Base Funded SC	106 ($ 70,295)	106 ($ 70,295)
Residential (6400)	28 ($ 1,123,291.52)	32 ($1,473,689.14)
Life sharing (6500)	4 ($75,527.80)	2 ($ 90,140.00)
PDS/AWC	0	0
PDS/VF	196 ($ 150,000.00)	200 ($ 200,000.00)
Family Support Services	381($ 206,757.08)	340 ($ 204,646.62)

*Of note is that transitional Work and transportation costs are not factored into categorical costs above. Block grant funds are necessarily allocated as follows:
Costs not included in the chart are as follows:

- Transitional Work (15/16) –we are covering costs for six (6) individuals to attend transitional work services for a total cost of $18,614.

- Transportation (15/16) – the cost of transportation continues to rise. During this fiscal year eleven (11) individuals received funding for day service related transportation at a cost of $53,620. Base/Block Grant funding also paid for three (3) individuals to receive transportation funding to attend competitive employment at a cost of $19,284. The total cost for all transportation funding for 15/16 fiscal year is $75,290.

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

The Base/Block Grant funding has allowed Lancaster County ID services to further our commitment to the Employment First initiative by offering limited grant funding to local Supported Employment providers. Through these funds the participating providers have been able to obtain professional consulting services and have begun working on developing strategies that will enable them to shift current segregated services to a more community integrated and inclusive model where competitive employment is the norm.

The Base/Block Grant funding has also enabled us to sponsor and coordinate an intensive five (5) day vocational staff training related to both Customized Employment and the Discovery process. In order to continue to increase Lancaster's capacity to grow and support integrated competitive employment opportunities we will continue to explore various training and development options for both vocational program staff as well as Supports Coordination staff. We will also work in partnership with the Lancaster County vocational provider network in the development of employer engagement strategies and tools.

The Lancaster County ID program will continue the efforts of the Competitive Employment Task Force collaborative. The collaborative main objective is to create a paradigm shift away from the traditional

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"workshop" model of post-graduation employment expectations to one that aligns with and supports the Employment First policy. The task force's focus for 2016/2017 is to engage pre-transition age students with ID (under age 14), their parents, and schools in discussions and activities designed to encourage exploration and planning for post-graduation integrated competitive employment. The task force collaborative continues to be made up of stakeholder agencies including Intermediate Unit-13, Goodwill Industries, the Office of Vocational Rehabilitation, The Arc of Lancaster County, local school districts and parents of students served by Lancaster County ID services.

Supports Coordination: Lancaster County ID utilizes Base funding to provide Supports Coordination (SC) services for between 90-115 Medical Assistance (MA) ineligible individuals at any given time. This group is composed primarily of individuals who, typically because of inviolable income sources, will not qualify for medical assistance, or have not pursued enrollment due to other insurance coverage. The benefits of MA coverage are discussed with those who may be eligible at time of intake and at annual Individual Support Plan meetings. Other individuals are not eligible for MA reimbursement for SC services because of their living situation. Regardless of the reason, we continue to provide Base-funded SC services which include the locating, coordinating and monitoring of supports to all those in need. Through the interactive development of an annual Individual Support Plan, we are able to anticipate and respond to an individuals' needs as they arise throughout the year.

Lancaster County ID continues to plan with individuals on the waiting list, exploring what natural and non-ID supports are available to meet needs of the individuals on the waiting list. This includes exploring family/friends/community partners and our local Center for Independent Living (CIL). Support Coordinators will also become familiar with the Community of Practice model of support to continue to involve all available supports, including family and natural supports to help the individual achieve their goals and meet support needs.

Lancaster County ID services Supports Coordination continues to promote Employment First with all individuals. Our program is proud to be recognized by ODP has having one of the highest rates of adults engaged in supported employment in the Commonwealth. We will continue to set this high standard as a goal by providing trainings and support to our Supports Coordinators throughout the fiscal year. Supports Coordination staff will be kept up-to-date on the progress of the roll out of Employment First initiatives and will receive available best practices training to assist in engaging individuals and families in discussions related to community integration and competitive employment. Special emphasis will continue to be placed on community employment options and opportunities, especially at the time of ISP meetings so that the annual plan is able to reflect and support the individual's desired employment goals.

Lifesharing Options: Lancaster County ID services recognizes the value of all residential service types and fully supports the opportunity to provide the individuals enrolled with us the ability to choose and participate in a non-traditional residential service model such as Lifesharing. The ID program is continuing to facilitate quarterly Lifesharing forums in an effort to support growth and increase the availability of, and interest in Lifesharing homes in Lancaster County. The forums are attended by residential provider agencies and locally based advocacy groups such the Arc of Lancaster County. The forum's ongoing goals are to identify and address obstacles and deterrents while also positively promoting the service and expanding Lifesharing options.
Over the course of the Lifesharing forums several barriers to growth have been identified:

- Difficulty in recruiting and retaining community families/individuals interested in becoming Lifesharing providers
- Natural families' resistance to Lifesharing as an option

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- Significantly higher needs (behaviorally and/or medically) of new individuals receiving residential services than Lifesharing families are willing/able to support
- Resistance to moving from a tradition residential setting to a Lifesharing setting from existing "group-home" residents and/or their families
- Existing individuals currently in Lifesharing are aging and it is becoming increasingly more difficult for their Lifesharing families to support the higher care needs
- Lifesharing rates are not always adequate to cover the Lifesharing families' costs
- Licensing processes often cause complications and delays that community families are unprepared for and/or are unwilling to incorporate into their family home
- Lack of a respite stipend to help alleviate Lifesharer care-giver fatigue

We have been fortunate to have select provider agencies who have truly embraced the concept of Lifesharing. It is these few agencies who continue to tackle the difficult job of recruiting and training community families so that Lifesharing can remain an option for those individuals and families who choose to use this service.

Given the numerous reasons listed above, expanding Lifesharing opportunities in Lancaster County is difficult. We will continue to look for solutions to the issues so that expansion can occur, but more importantly so that we are able to at the minimum maintain the current number of existing Lifesharing families providing services.

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

As noted last year, the diagnosis of Autism Spectrum Disorder (ASD) is on the rise and the Lancaster County ID program is seeing an increase in individuals with intensive supports/services needs entering the ID system with a dual diagnosis of ASD and ID. For many of these individuals finding residential providers who are willing and qualified to support their specialized needs within county has become difficult. Increasingly we are having to utilize state-wide searches in order to secure housing for these high-need individuals

In an effort to increase provider capacity within the county the Lancaster County ID program is in the process of partnering with a local residential provider to develop a Block Grant/Base funded two-person residential home. The home will be located within Lancaster County and the program will be specifically designed to support individuals with significant behavioral challenges, including those associated with ASD. One of the main support focuses of the home will be on comprehensive staff training in the identification and reduction of the problematic behaviors that impact the individual's abilities to experience and everyday life.

Given the caliber of needs for individuals with complex co-occurring disorders the Lancaster County ID

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program has developed positive partnerships with those agencies and organizations who also have a stake in supporting these high-need individuals. The partnerships with agencies like Behavioral Health, United Disability Services and the IU-13 have not only been of benefit to the individuals we service, but to each of us as we gain knowledge and awareness of the systems and resources existing outside of our own particular service areas.

The Lancaster County ID program recognizes the value of system partnerships and will continue to share ID service information to our provider network, our individuals and their families/caregivers, and advocacy organizations. Assisting us in this endeavor is a newly created SCO administrative staff position that functions in part as the ID program's trainer and liaison to community and human service agencies such as; CYA, OOA, BH, and especially local school districts and the Intermediate Unit (IU#13). The creation of this position has allowed us to work collaboratively with the schools by speaking at staff and parent-attended information events as well as attending job fairs and other resource sharing events.

Emergency Supports: Base/Block Grant funding has allowed the Lancaster County ID program to provide emergency services for many individuals within the community. The services have included out-of-home respite, various in-home supports, and residential services. Continuation of such emergency supports is of course contingent on funding availability as well as service/provider availability.

Though the Lancaster County ID program and its individuals have been very fortunate in the responsiveness and creativity of our provider network, the fact is that few providers have the 'in-house' ability to respond to true emergencies no matter the time of day they may arise.

- Among the available options for psychologically and behaviorally based situations emergencies that arise outside of normal working hours are Lancaster County Crisis Intervention and, for medical issues, the fortuitous proximity of four 'full-service' hospitals. Lancaster County ID's Administrative Entity monitors reported Incident Management activity over the weekend, and the Agency is currently studying how best to provide 24 hour on-call coverage in a manner that is practical and responsive.
- The Lancaster County ID Program has been able to manage its' Base/Block Grant funding in a manner that has allowed us to consistently meet the often short-term emergencies as they arise. We have also been able to consistently fund longer-term needs, such as residential services, until a Consolidated waiver slot could be secured.
- Whenever the Lancaster County ID Program is notified of an emergency the plan is take whatever measures are needed in order to reduce/eliminate the immediate risk to the individual's health and safety. This most often means working in partnership with whatever other community resources are needed to assist in resolving the emergent situation. Partners include but are not limited to: Crisis Intervention, 911 services, County Office of Aging, County Children & Youth Agency, Office of Developmental Programs, Adult Protective Services (APS), as well as the Lancaster County ID provider network and the Commonwealth-wide ID provider network.

Once the appropriate supports are put into place and the emergent situation has been stabilized the Lancaster County ID Program works with the individual and their team, both family and community, to develop and implement a long-term support plan that will reduce the likelihood of future emergencies.

In the coming year the Lancaster County ID program is looking to take a more pro-active approach to dealing with the unanticipated emergencies that can arise whenever parents/caregivers of individuals living at home become unexpectedly incapacitated long-term or deceased. In many of these cases prior to the parent/caregiver emergency the individual's service needs are typically lower cost and can be met with

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either Base/Block Grant funding or via the Person/Family/Directed/Services waiver. However the loss of a parent/caregiver often drastically changes the level of the individual's service needs to that of high-cost residential services and the need for an elusive consolidated waiver slot.

Due to the Commonwealth's 15/16 fiscal year budget impasse the Lancaster County ID program was forced to delay development and implementation of a habilitative apartment program which would assist us in avoiding some of the unanticipated emergency situations that arise due to caregiver loss or incapacitation. Development and implementation of the program is underway and with Base/Block Grant funding availability will be fully realized in the 16/17 fiscal year.

Two (2) individuals between the ages of 25 to 56 currently residing with parents/caregivers will live in a staffed apartment setting over the course of the 18 month habilitative program. During the program the "students" will participate in various independent living skills training and safe community access and integration training. Upon successful graduation from the apartment program goal is for each individual to have their own independent housing, income to sustain independence, and the skills and supports needed to maintain their home within their communities. The apartment program will not only help to safely increase the number of individuals who no longer have to be solely dependent on their parents/caregivers, but will also help to decrease the number of unanticipated emergencies caused when parents/caregivers are no longer available.

Administrative Funding: At this time the PA Family Network trainers are a relatively new resource. The Lancaster County Intellectual Disabilities program will be exploring various ways to utilize the services of the PA Family Network to support individuals and families participating in the system. Supervisors and Supports Coordinators will be trained on the services this agency offers so that they are knowledgeable in how individuals and families can access them. The ID program will work with providers, the ARC of Lancaster County and the Quality Improvement Council on developing more opportunities locally. These opportunities may include surveying individuals and families about their training needs, distributing public awareness materials and coordinating local trainings for individuals and families to attend.
The South Central Health Care Quality Unit provides services that include individual and provider trainings, medical assessments & data collection, as well as reviews of challenging individual cases. These services are open to individuals 18 years of age or older, regardless of the funding the individual receives. The HCQU is a unique resource as many of the services can be personalized to meet the specific needs of the individual. The County continues to utilize the HCQU in effort to improve the lives of individuals as well as provide assistance to their support systems. In addition, Lancaster County attends quarterly meetings with other counties in the region in order to develop solutions to system-related issues seen across the region. The County plans to revitalize the Quality Improvement Council and will begin to utilize data generated by the HCQU to identify trends in training requests across Lancaster County. This information will allow the County to better serve our individuals by developing additional training and resources for our individuals, SCs, and providers.
The Lancaster County ID program has contracted with The Arc of Lancaster County to manage the Independent Monitoring for Quality (IM4Q) program. The purpose of IM4Q is to provide information that could help improve the quality of life of people with disabilities. The County and local program collaborate to make sure that each consideration is addressed to fullest extent possible in an effort to meet that individual's need. Data generated from the IM4Q process was used in the development of the quality management plan with a focus on safety considerations as wells major considerations. These considerations will be thoroughly addressed so that the local program can determine the loop is closed and the individual is no longer at risk. While most of these quality improvements occur at an individual level, the County continues to review data to determine if there are concerns that could be addressed at a

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systemic level.

While the data generated by various sources, such as IM4Q, the HCQU and HCSIS can be useful in the development of QM plans and overall systemic improvement activities, at the local county level it is of minimal value in solving the lack of community providers who are willing and/or able to support high-needs individuals. The issues preventing providers from increasing their competency and capacity to support the ever-increasing number of complex and challenging individuals include, but are not limited to the following:

- An aging and less complicated consumer base who would be put at risk by the introduction into their programs of the younger, more behaviorally challenged individuals who are coming into the adult system; especially in a residential setting
- Persistent system-wide high staff turnover rates make keeping well trained and competent staff difficult. Providers have trouble staffing regular consumer-to-staff ratio programs and so often do not have the additional staff available to support 1:1 and/or the 2:1 staffing ratios needed for the high-needs individuals.
- The ID system regulations and treatment modalities, are not always compatible with the support needs of many of the higher needs individuals with Autism who are entering the ID system. Behavioral treatment for persons with Autism often rely heavily on restraint and restrictive procedures, which is counter to ID treatments and philosophy. Many providers are unwilling to employ the behavioral supports prescribed for this population. They are also less and less willing to devote the time and human resources taken up by the myriad of paperwork and processes required by ODP in order to obtain and maintain the documentation needed to put the restrictive procedures into place and/or to have the level of staffing needed to successfully support the persons with complex needs.
- The current Consolidated Waiver residential start-up cost allowances do not support the actual cost of establishing a home for higher need persons, whether the challenges are behavioral, medical in nature, or a combination of the two. Home adaptions/renovations are often needed prior to the move in date, as is extensive staff training.
- The 2015/2016 state budget impasse delayed the payment of Base/Block Grant funded services for over six (6) months. Many providers were forced to seek loans and lines-of-credit in order to keep services in place. These same providers are now reluctant and/or are no longer willing to increase any Base/Block Gant funded services. This is especially true for those higher-needs services that cost substantially more to deliver than do standard ID services. Many providers now fear being placed in a situation where they will again need to continue providing expensive services for which there is no guarantee of payment in a timely manner. Many providers have expressed their concerns that another budget impasse would place them in extreme financial jeopardy should they expand any Base/Block Grant funded services.

Despite the reluctance of many Lancaster residential providers we plan to move forward in the 2016/2017 fiscal year with a pilot aimed to increase higher needs residential capacity in Lancaster County. Base/Block Grant funding will be used for the start-up and stabilization of a two (2) person home that will focus on behaviorally challenging individuals. In addition to the physical home start-up costs, we will also be providing start-up funding for intensive staff training related to the needs of the two residents, as well as for the engagement of a Behavioral consultant to work with both the staff and individuals prior to move in date and until behavioral supports can be successfully transitioned to the provider's behavioral specialist. Based on the success of this home, and availability of funds, the Lancaster ID program would like to look at possibly replicating this model in the future, again using Base/Block Grant funding. However, as these higher needs individuals continue to enter the adult ID system, all too often in the form of an emergency, increasing capacity in any wide-spread manner will be up to ODP and whatever changes they make in the

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upcoming waiver renewal applications.

Risk management is a priority of the ID program. There are a number of ways that the program approaches this area. The ID management team routinely discusses at-risk individuals and potential resources and supports. Data from the Incident Management process is reviewed and analyzed for trends. Providers are encouraged to have open discussion with the ID management team regarding system improvements to safeguard individuals. HCQU services are utilized to minimize risk to individuals. Risk Management will be a major area of focus for the 2016-17 Quality Improvement Council.
At this time the Lancaster ID program has no housing coordinator. However, when needed we have worked closely with our Lancaster Behavioral Health team and accessed resources via their Housing Specialist who coordinates housing supports across multiple human service agencies.
Lastly, regarding the engagement of providers in the development of an ER plan, we plan to make this a topic of discussion at our quarterly Provider Meetings. The Provider Meetings are attended by Lancaster County ID provider representatives as well as the Lancaster ID program's management team. The meetings are used as a forum to discuss system changes and issues, and to provide updates, share information, as well as to brain-storm ideas for system improvements.

Participant Directed Services (PDS): Lancaster County ID program currently has 196 individuals using the Participant Directed Services (PDS) model to fund various Base/Block Grant supports. This allows for individuals and families to choose from an array of community based, non-system services that would not otherwise be available to them. Services covered under PDS include: respite, family aide, camp, social/recreational activities, as well as limited home and vehicle adaptions. Individuals and families are well aware of these service options as evidenced by the total number of people using PDS. The choice of PDS is presented at the time of initial intake, annual ISP meetings, and when appropriate, offered as a service option whenever service/support needs are determined or requested.
At this time we do not offer the Agency with Choice (AWC) model of PDS. The AWC administrative fees charged to the ID program have been cost-prohibitive. We have chosen instead to keep the funding in actual services for individuals by using the Vender Fiscal (VF/EA) model. Not only is the AWC not as cost-effective, but it also requires individuals/families to fill their own staffing needs. As with ID service providers, families who choose to self-direct services also find it difficult to hire and maintain staff.
The use of PDS VF model in Lancaster has been steady over the course of many years with most individuals/families having success in obtaining the supports they need. The largest challenge to any PDS model, including VF, lies in the requirement that staffing for services such as respite and family aide, be obtained by the individual/family. While this concept makes sense from a theoretical "choice and control" perspective, it falls short from a practical standpoint. As mentioned above, most families struggle to find staff on their own. For those who do find staff, maintaining them for any length of time becomes an issue as quality staff tend to move on to higher paying job and the less than quality staff tend to create a revolving door effect, leaving individuals/families continually looking for someone new to hire.
Many of the persons entering the Lancaster ID program do so because they have been made aware of what we offer via PDS. This awareness comes from various sources including, "word-of-mouth" from other families and information sharing activities done with schools, community agencies and advocacy groups. For others, "training" related to PDS happens during intake where families/individuals are given information about PDS and all service options. Ongoing support and training in this area happens via contact with the Support Coordinators (SC) who are very knowledgeable and adept at assisting individuals/families in making informed decisions about determining the best service choices if using the PDS option best fits their needs and circumstances.

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Community for All: At this time the Lancaster County ID program has only one remaining "Jimmy" litigant. We have been working diligently with ODP and residential providers throughout the Commonwealth in an effort to acquire appropriate community services for this individual. Unfortunately, significant medical needs that require 24/7 nursing staff are proving to be a major stumbling block to securing community placement. As noted in a previous section, the overall capacity across Pennsylvania to support higher-needs individuals, like "Jimmy" litigants, is a serious issue impacting most county's abilities to provide the needed supports. We will continue to partner with ODP in an effort to obtain a community home that can safely support the complex needs of this individual.

HOMELESS ASSISTANCE SERVICES

The Lancaster County Coalition to End Homelessness is made up of over 160 providers and partners including the role of Collective Applicant for the Continuum of Care Housing and Urban Development (HUD) grant under the identifier of PA-510. Of the partner base, some receive HUD funding, some are non-profits funded through fundraising/foundations and some are faith based providers. A large amount of time has been spent building non-traditional relationships within the community with school districts, emergency personnel, local financial institutions, and other existing coalitions working on aspects tied to homelessness such as poverty and returning citizens. Lancaster County offers a broad continuum of services including emergency shelter for families and individuals, transitional (bridge housing), rapid re-housing, budget counseling, prevention, diversion, supportive housing, permanent supportive housing, tenant/landlord relationship mediation, fair housing, affordable rental housing location and coordinated assessment.

Since the writing of the FY 2014-2015 Human Services Block Grant narrative, many things have changed within the Lancaster County Coalition to End Homelessness (LCCEH). In September 2015, the placement of the LCCEH was transitioned from County Government to Lancaster General Hospital through a public contracting process to allow the LCCEH to have continued growth and momentum towards achieving the goal of ending homelessness in Lancaster County. Through the flexibility of the Block Grant, this was done using Homeless Assistance Program funds to leverage federal HUD dollars and United Way funding. Also understanding that there is a clear connection between healthcare and homelessness, Lancaster General Hospital was chosen as the new non-profit site for the LCCEH for the next seven years. Also in September 2015, the LCCEH was recognized by the federal Department of Veteran Affairs, the United States Interagency Council on Homelessness and Department of Housing and Urban Development as having functionally ending Veteran homelessness. Lancaster County was one of the first four communities nationally to receive such confirmation. On 1 June 2016, Lancaster County was confirmed as having ended Chronic Homelessness per HUD and the United States Interagency Council on Homelessness. We will be the first in the country to have received confirmation for both Veteran Chronic populations. On 7 June 2016, the LCCEH was awarded the United Way's highest award, the Spirit of Lancaster Award for or work in collective impact within the community.

January 2016, the LCCEH launched a Joint Funding application pulling together United Way, City/County Emergency Solutions Grants, City/County Community Development Block Grant and Homeless Assistance Program funds into one application. This was a crucial turning point in service delivery and implementation in Lancaster County. By making this change, we have shifted from providers chasing money and having uncoordinated efforts to award money to funding what the system needs based on our Gap Analysis committee work. Providers also no longer have to worry about ensuring match requirements are met as this process also does that for them. This process was very well received in the provider community and much positive feedback was gathered through debriefing sessions.

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Also during this year, we launched a pilot Housing Locator program where we separated the function of brokering relationships with landlords to build a base of affordable units set aside for households experiencing homelessness from case management services. Again, this was a request from our Gap Analysis committee as well as our direct workers who were struggling to do both housing location as well as case management. The pilot was well received and we gained new landlords through the process. This program will be expanded and launched officially in July 2016.

The next subpopulation we will be focused on is families. We have already started building infrastructure to better serve families experiencing homelessness. Starting 1 July 2016, we will expand our capacity to served families in emergency shelter. Up until now, we are limited in the number of spaces where an intact family can go and not be separated. We feel it is important to keep families together and have awarded funding to a provider who serves all family types to build that capacity. We have also combined all of our Continuum of Care Rapid Re-housing funds into one grant in the effort of creating a "no silo, no barrier" system. We will have the ability to fluidly move funds between providers and become more responsive to the needs of the community through this process. Our coordinated assessment workers will work with families who are in the eviction process with a lock out date and will work to divert them from the sheltering system. Additionally, our Housing Locator program will work specifically with the Magisterial District Justices to assist families facing eviction but are not yet at the lock out date. Our coordinated assessment program will also be expanded to allow for more focus on diversion and prevention activity for households to keep them out of the sheltering system and permanently housed with a focus on families. This expansion will provide work done to prevent the family from entering shelter and will also provide case management navigation for an extended period to ensure that the family remains successfully housed. Lastly, we will be reallocating one of our current Continuum of Care funded Permanent Supportive Housing programs to families to assist families with disabilities.

We are closing in on the end of our first year using a new Homeless Management Information System (HMIS). We had historically had difficulty being responsive to our community's needs through our previous system and moved to a new venter in 2014 with a launch of our new software in June 2015. We continue to measure the HUD required outcomes:

- ☐ Length of Stay in Shelter
- ☐ Number of Discharges to Permanent Housing
- ☐ Length of Stay in Permanent Housing
- ☐ Program Exits to "unknown, shelter or don't know" – keeping that percentage low
- ☐ Increasing Income and Employment
- ☐ Recidivism
- ☐ Increased Access to Mainstream Benefits

Additionally, we will be adding outcomes through HMIS to measure length of time from initial entry into the homelessness system until rapid re-housing program access and then length of time until a household is permanently housed. The goal will be to reduce the length of time it takes to get into a rapid re-housing program and then also reduce the time until the household is permanently housed.

Our annual Point in Time count in January 2015 showed a 27.8% reduction in people in emergency shelter, a place not meant for human habilitation or on the street. That was a significant drop from the prior year. From 2015 to 2016 Point in Time count, we continued to see a downward trend but on a much smaller scale. This has been the trend in Lancaster since we started monitoring data in 2009. In 2009 we had 666 people counted in out Point in Time Count. In 2016 we had 349. We typically see a year with a significant drop followed by two years where the trend continues downward but much smaller, so this year

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falls in line with that pattern.
We still continue to struggle with low vacancy rates and high rents. Our implementation of the Housing Locator should help us gain some traction on increasing our affordable housing stock.
The Homeless Assistance Program funded initiatives for 2015/2016 will be:

- ☐ Continued funding and expansion of coordinated assessment to allow for more focus on diversion and prevention activity
- ☐ Implementation of a "hub" in the northwest quadrant of Lancaster County where we have had difficulty gaining access to services and housing for household experiencing homelessness

Estimated/Actual Individuals served in FY 14-15		Projected Individuals to be served in FY 15-16
Bridge Housing	0	0
Case Management	3527	3512
Rental Assistance	600	593
Emergency Shelter	0	0
Other Housing Supports	1658	1194

- Bridge Housing is not provided with block grant funds. There are transitional housing programs that are in existence within the community but are funded through foundations/fundraising. HUD has been clear that communities are to move away from transitional housing programs as it is demonstrated that rapid re-housing programs are more effective and communities can serve more individuals with the same amount of funds. Additionally, in the 2016 awards from HUD, there were very few transitional programs funded. There are no longer any federally funded transitional programs in Lancaster. Transitional programs are monitored using the indicators above that are required by HUD.

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

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

  The Fair Housing Act of 1968 required counties to abide by what were defined as "Affirmatively Furthering Fair Housing" standards, the intent of which was to combat discriminatory rental practices. Historically, the Lancaster County Human Relations Commission was the agency charged with ensuring Fair Housing compliance through education and mediation efforts. With that organizations' dissolution in 2010, the Lancaster Housing Opportunity Partnership (LHOP) assumed administration of Fair Housing responsibilities, with its Housing Resource Center serving as the community's clearinghouse for related information and assistance. In an effort to further its mission while broadening the scope of its impact, LHOP will be debuting the "Housing Equality and Equity Institute," which will be committed to empowering individuals while also collaborating with funders and partners to increase housing opportunities.

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- Emergency Shelter is not paid for by the block grant but is available in the community through faith based providers. Shelter efficacy is measured using the indicators above. Additionally, short term hotel stays for families are able to be provided when the shelter is at capacity.

- Other housing assistance will include services such as prevention and diversion case management activity at CHART, as well as the services through LHOP. Efficacy of these services will be measured against the HUD indicators as well as outcomes set through the block grant contract specific to each provider.

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

CHILDREN & YOUTH SERVICES

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

The Children & Youth Agency has experienced a substantial increase in child abuse and neglect reports in 2015 due to the changes to the CPSL that were enacted. In 2014 the Children and Youth Agency received 1159 CPS and 1161 GPS reports compared to 2294 CPS (+97.9%) and 2675 GPS (+130.3%) reports in 2015. The number of reports continues to trend high in 2016. As a result of the increase the Agency provided services to many more families and has experienced an increase of approximately 10% in out of home placements. A contributing factor is the serious heroin epidemic impacting our community, specifically young adults with small, highly vulnerable children. Also contributing to our higher out of home placements is teenagers with serious acting out behaviors and mental health challenges. Parents are significantly frustrated and no longer willing to tolerate the behavior and demand placement.

	Outcomes
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved

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	for children.
Child & Family Well-being	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**
Safety 1	90% of the families will have continuity of family relationships and remain safe in their living environment. Measured every 6 months.	Family Center, FGDM
Safety 2	80% of families referred will successfully complete the service and remain in their own home. Reviewed every 6 months.	FGDM, Family Center, Housing, MST
Permanency 1	85% will have stability in their living situation.	Housing, FGDM
Child & Family Well-being 1 & 2	85% of families/youth will successfully complete the program and have enhanced capacity. Measured every 6 months.	FGDM, MST, Family Center, Check & Connect

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

Program Name:	Family Group Decision Making

Please indicate the status of this program:

Status	**Enter X**			
Funded and delivered services in 2015-2016 but not renewing in 2016-				

-Continued-

2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	**X**	**New**	**Continuing**	**Expanding**
			X	

Family Group Decision Making:

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

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

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

In FY 16/17 we are planning to implement a pilot project for truancy cases. CYA and It Takes a Village are planning to team with a local school district for direct referrals of truancy cases from the school district/MDJ office to It Takes a Village to coordinate a family group conference. The expected outcome is that the youth will decrease truant behavior and avoid additional truancy reports and a referral to CYA for truancy issues.

Expected Outcomes for FGDM:

- Families will be able to safely provide for their children without the intervention of the Agency in an expedited fashion when extended families are engaged in the provision of services
- The length of time for children to be safely reunited with their parents will be shortened
- Extended informal family members will be utilized to a greater degree to provide the safety and well-being needs of children involved in the child welfare system
- 75% of children will not experience reentry into the foster care system within six months among those who successfully participate in FGDM

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- 30% of fathers will increase their involvement with their children from no involvement to minimal or moderate involvement at the time of the FGDM conference.

- 50% of Independent Living youth who have successfully participated in FGDM will be able to identify at least one community connection upon their exit from foster care.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	CYA & JPO families	CYA & JPO families
# of Referrals	96	110
# Successfully completing program	79	N/A
Cost per year	$275,000	$300,000
Per Diem Cost/Program funded amount	$3,000 per full group conference	$3,000 per full group conference
Name of provider	It Take a Village Inc.	It Takes a Village Inc.

The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

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

Program Name:	MST

Please indicate the status of this program:

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

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

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placement. MST is utilized by Juvenile Probation Office and the Children & Youth Agency as a community based service to prevent out of home placement and strengthen families.

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

These outcomes include:

- Increase the caregivers' parenting skills
- Improve family relation.
- Involve the youth with friends who do not participate in criminal behavior.
- Help the youth obtain better grades or start to develop a vocation.
- Help the adolescent participate in positive activities, such as sports or school clubs
- Create a support network of extended family, neighbors and friends to help the caregivers maintain the changes

MST breaks the cycle of criminal behavior by keeping kids at home, in school and out of trouble. MST aims to achieve these goals through a treatment that addresses risk factors in an individualized, comprehensive, and integrated fashion; and that empowers families to enhance protective factors. This evidenced based program is based on a successful model and implementation/operation fidelity is imperative. The County's contracted provider, PA Counseling, follows the accepted program model.

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

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	CYA & JPO youth ages 11-17	CYA & JPO youth ages 11-17
# of Referrals	61	65
# Successfully completing program	31	N/A
Cost per year	$100,000	$75,000
Per Diem Cost/Program funded amount	$66.00 per diem	$66.00 per diem
Name of provider	Pennsylvania Counseling	Pennsylvania Counseling

The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

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

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MST is an MA funded service through Perform Care (Managed care). We only utilize block grant funds for youth who are not MA eligible or to initiate services while obtaining authorization of services from Perform Care. We are not forecasting a reduction in service.

Program Name:	Check & Connect

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	

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

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

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

The Mentor works with the students and partners with families for a period of two years. During this time, the Mentor is regularly checking on the educational progress of the student, intervening in a timely manner to reestablish and maintain the student's connection to school and learning and enhancing the students' social and academic competencies. Strategies are also used to enhance communication between home and school regarding student's educational progress range from frequent telephone calls to home visits or meetings at a neutral community setting or the school. A critical goal of parent-connected efforts is working with families as partners to increase their active participation in their children's education.
This program is one of 27 dropout prevention interventions reviewed by the U.S. Department of Education to date and the only one found to have positive effects for staying in school. Studies

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show that Check & Connect is effective for decreasing truancy, decreasing dropout rates, increasing accrual of school credits, increasing school completion, and improving literacy. The Check & Connect program in Lancaster County is delivered in the School District of Lancaster by a community treatment provider.

Expected Outcomes for Check and Connect:

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

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Middle & High school youth who are truant	Middle & High school youth who are truant
# of Referrals	73 youth	75 youth
# Successfully completing program	24 67 are still participating	
Cost per year	$133,000	$125,350
Per Diem Cost/Program funded amount	$133,000	$125,350
Name of provider	Pennsylvania Counseling	Pennsylvania Counseling

The Check & Connect program is two year program. A total of 102 youth were served in FY 2015/16. As of May 24, 2016 67 youth were still receiving services. 5 of them are expected to successfully complete the program in June.

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

We are requesting an increase in this category to maintain a consistent service delivery level.

Program Name:	Housing

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-	**X**	**New**	**Continuing**	**Expanding**
			X	

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2016)				

This limited special grant is available for families involved with the Children & Youth Agency where housing is identified as a risk factor that impacts the safety and well-being of their children. This grant is utilized to stabilize family living situations, prevent out of home placement and promote timely reunification. Families exhausted other community resources before these funds were utilized.
The Children and Youth Agency utilizes the housing funds to assist families with payment of rent and mortgage costs and fuel assistance. The outcomes from using these funds are as follows:

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

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Active clients of CYA.	Active clients of CYA
# of Referrals	33 families as of 5/26/16	45
# Successfully completing program	N/A	
Cost per year	$47,000	$47,000
Per Diem Cost/Program funded amount		$47,000/year
Name of provider	Children & Youth	Children & Youth

This category does have some underspending due to the State budget impasse. We did "put on hold" all request from September 1, 2015 through February 1, 2016.

The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

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

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We are requesting an increase in this category for 15/16. There was a significant need in 14/15 and we did a budget adjustment of $25,000 from MST to Housing during FY14/15.

Program Name:	Family Center

Please indicate the status of this program:

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

Description

Scope of Services:

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

- A minimum of 12 home visits per year will be conducted within each home. For children and/or families with special needs, there will be between 12 to 24 visits done per year for each enrolled child.

- The PAT Program will conduct and offer monthly social and educational events, which will provide education to parents in various social and family issues along with child development. It will also provide an environment where children can learn social skills and interact with other children, as well as a forum for parents to socialize and interact with other parents.

- Developmental and health screenings will be provided to every child enrolled in the PAT program at the age appropriate intervals.

- As other family needs become known, referrals will be made to other services to support healthy families and child development. The program can connect families to a wealth of additional community resources for meeting their basic needs as well as providing enrichment opportunities.

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- It is anticipated that at least 10-15 children will successfully 'age-out' of the program, thus allowing for an increase in the total number of families served in the course of the year.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Families with children birth to 5 and prenatal mothers residing in Lancaster County	Families with children birth to 5 and prenatal mothers residing in Lancaster County
# of Referrals	78	90
# Successfully completing program	Received services 75 families 100 Children	N/A
Cost per year	$37,639.00	$37,639.00
Per Diem Cost/Program funded amount		
Name of provider	Community Action Program	Community Action Program

The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

Yes **X No**

4. DRUG AND ALCOHOL SERVICES

The Lancaster County Drug and Alcohol Commission, known by its state name as Single County Authority (SCA), is a Public Executive Commission model and an independent department within Lancaster County government. The Lancaster County Drug and Alcohol Commission was originally created in the 1970's as a Planning Council, a department within the Lancaster County Mental Health/Mental Retardation Program. Due to the need for greater autonomy and public

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focus on the drug and alcohol field, the Lancaster SCA was changed to a Public Executive Commission in January 1989. The Drug and Alcohol Commission currently employs 9 staff, including administration, prevention, fiscal, and a small case management unit. The office has been downsized over the past ten years, since the funding allocations were decreasing from the Department of Drug and Alcohol Programs/DDAP and the Department of Human Services/DHS, formerly known as the Department of Public Welfare (DPW). The SCA office has been downsized by 30% as a result of previous state funding cuts.

The Lancaster County Drug and Alcohol Commission provides substance abuse treatment for low income and uninsured clients; and community based prevention, education, and intervention services for all citizens in Lancaster. The office subcontracts out essentially all of its services to the provider network, both treatment and prevention.

The Lancaster SCA no longer manages the tobacco funding or services in Lancaster County. At one time, the Lancaster D&A Commission managed over one million dollars of tobacco prevention and cessation services. The state Department of Health decided to manage this project using regional primary contractors in Pennsylvania, and therefore the Lancaster D&A Commission is no longer involved with this project. The loss of tobacco funding increased the Lancaster SCA administrative percentage to 13%. Since some of the tobacco grant offset some of the SCA's administrative costs, the administrative percent increased. Feedback from several tobacco prevention providers indicate that Lancaster no longer receives the locally delivered programs using this regionally managed tobacco prevention model.

The Drug and Alcohol Commission also provides management and oversight in the delivery of mental health and drug and alcohol treatment services for Medicaid recipients, also known at Medical Assistance (MA) clients, in the HealthChoices managed care project.

It is important to remember that low income and indigent clients bounce back and forth, from being covered by the Medical Assistance (MA) or Medicaid card (HealthChoices), to losing the Medicaid eligibility and therefore becoming an SCA funded client. Therefore, both the HealthChoices delivery of treatment and the SCA delivery of treatment must be coordinated, if not integrated. When a client loses one funding stream, such as HealthChoices eligibility, the client will be served using the SCA resources, and vice versa.

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

The HealthChoices project enrolls more than 80,000 Lancaster County Medicaid clients, and a total of 200,000 Medicaid clients in the five (5) county Cap Five. More than $215,000,000.00 of mental health and substance abuse services is provided in this HealthChoices collaborative.

The provider network for the HealthChoices project is the same provider network for the Lancaster SCA. This allows coordination of client services between SCA and HealthChoices funding streams. More than $80,000,000 of behavioral health care treatment is provided in Lancaster

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through the HealthChoices project each year, of which thirteen million dollars is for D&A treatment, and 67 million dollars is for mental health services.

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

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

Along with these committees, the Lancaster County Drug and Alcohol Commission meets six (6) times each year with a citizen advisory board. These members are appointed by the Lancaster County Commissioners and serve a six (6) year term. This fifteen (15) member citizen advisory board assists the Executive Director in prioritizing the services and "steering the ship." Recommendations from the Board are presented to the County Commissioners, who consider the citizens' recommendations and then decide on a course of action.

Lancaster County is a "block grant county" for human service funding. Therefore, the DHS allocations for mental health, developmental services, drug and alcohol, and some children and youth dollars are placed into one pool, and the local needs assessment and consumer input assist in distributing these dollars.

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

The Lancaster Drug and Alcohol Commission also contracts with the RASE project to establish a satellite in Lancaster County. The RASE project organizes a grass roots consortium of persons in recovery to create a voice for the recovering community in Lancaster County. RASE conducts target community education efforts along with bimonthly RASE committee meetings regarding education on addiction and recovery. This effort increased the Drug and Alcohol stakeholder input. RASE will also train and facilitate the development of a Lancaster Recovery Oriented System of Care, commonly known as the ROSC model.

A new consortium of organizations and people in recovery was recently established in Lancaster County. It is called the Recovery Alliance, and is becoming very active in providing community events, education, forums, and advocacy.

The Lancaster SCA Executive Director is a member of 25 local and statewide committees and boards, during which he gathers input and shares information regarding the needs of Lancaster County. This includes being a member of the State Health Improvement Project (SHIP) committee, now called Live Well, Court Judicial Advisory Board (CJAB), Student Assistance Program (SAP)

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management committee, HealthChoices Board of Directors, Youth Intervention Center Board of Managers, CASSP Management, Human Service Directors committee, and many others. The Director is also very active in statewide committees, such as the County Commissioners Association and the Pa Association of County Drug and Alcohol Administrators/PACDAA. His SCA staff also participates in many local committees in order to coordinate and cooperate with other human service systems, such as drug court, mental health court, CASPP clinic, C&Y Self Determination Committee, etc.

II. Executive Summary

The Lancaster County Drug and Alcohol Commission does not expend effort attempting to track waiting lists. Those in the throes of addiction do not wait around for services, so a waiting lists have not proven helpful in accessing services. The outpatient clinics provide treatment to the client, if the client is waiting to enter a higher level of care that is full to capacity, so treatment is provided to everyone seeking services in Lancaster. Since there are 11 outpatient clinics at 15 locations, there is always capacity within outpatient treatment. A twelfth outpatient clinic will soon be under contact in Lancaster County.

Capacity is monitored by the Drug and Alcohol Commission staff and treatment providers when trying to place a client into detox, residential rehabilitation or a halfway house. If the contracted providers are full, and it becomes more challenging in finding a bed for a client in the system, then the D&A Commission looks for additional providers to contract for services.

Detox and residential facilities have capacity issues in the region and in the state overall. In order to create additional beds, the D&A Commission:

A.) Negotiated with White deer Run to expand both the Lancaster detox and rehab beds. The facility is currently looking for a larger building, and will provide detox for both men and women.
B.) Gaudenzia is increasing its detox beds at Common Ground in Dauphin County, just 30 miles from Lancaster. The new wing is being built.
C.) White Deer Run is increasing its detox and rehab in York, just 20 miles from Lancaster.
D.) Lancaster increased its contracting with Pyramid in the region.
E.) A new Latino halfway house will open in Lancaster within the next six months.
F.) A new male halfway house will open in the region within the next nine months, probably in Lancaster.

With residential expansion, it typically takes 6-18 months to accomplish the change. This includes building or rehabbing the facility, hiring staff, training staff, zoning issues, etc. the capacity issue will continue in Lancaster and in the State for the next year or two, until these new or expanded programs are in place.

One word continues to describe Lancaster County and the results of the treatment needs assessment; LARGE. Lancaster County recently surpassed 535,000 citizens, with a fairly large Latino community of more than 45,000. The Medical Assistance or Medicaid population exceeds 80,000, which is also known as the “welfare population”. Many people in need gravitate towards Lancaster County, since it has a wealth of human service agencies and a large homeless shelter. With a growing County population, the need for additional treatment and prevention services also increases. The Medicaid population in Lancaster is consistently growing.

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With this large County and demand for services comes a relatively small amount of SCA public resources. In F.Y. 2007-2008, the BDAP state allocation per capita for Lancaster was $4.50, making it the **fourth lowest SCA in the state on a per capita allocation**. The allocation from the Department of Human Services for drug and alcohol behavioral health is not much better. For Lancaster, the per capita OMHSAS allocation is $2.61. Sixty seven percent of the 49 SCA's have a DHS per capita allocation which is larger than Lancaster's, even though Lancaster is one of the largest counties in the Commonwealth. The low per capita allocation continues in Lancaster County.

The state allocation for Human Service Development Funds (HSDF) has been eliminated. HSDF funding in Pennsylvania was the safety net that filled in many gaps in the human service system. In Lancaster, this funding was used for D&A prevention programs in the schools and community. Since HealthChoices and insurance coverage does not fund prevention programs, these cuts cannot be corrected with other funding streams.

The Lancaster SCA lost the tobacco funding and all of the Inter-Governmental Transfer (IGT) treatment allocation was eliminated.

In response to this relatively small allocation of SCA public dollars (as compared to other counties) the Lancaster County Drug and Alcohol Commission only spends 14% of its budget on administration and 6% of the budget on Drug and Alcohol Case Management services. Fifty (50) percent of the total budget is earmarked for drug and alcohol treatment and 30% is allocated for prevention/education. The Lancaster SCA has an ongoing goal of allocating less than 10% of the total budget for administration and less than 10% of the budget for case management. The SCA administration brings in over $160,000 of HealthChoices funding and the County provides an overmatch of $60,000.

There are two major influences on the Lancaster D&A field that are currently occurring:

1. Medicaid or Medical Assistance is covering many more lives, and therefore paying for many more clients in D&A treatment. Clients are getting onto MA quicker, and easier, than in the past, and the clients are keeping their MA for a longer period of time. This has created an unexpected surplus in the SCA treatment budget, along with the fact that the state budget impasse held up the allocations for seven months, delaying some projects from starting. Therefore, the SCA will be purchasing additional support services, such as Certified Recovery Support Specialists, Bupe Coordinators, and Vivitrol Coordinators, along with additional prevention services. This change in direction will take time to implement, since contracts need to be changed, staff need to be hired and trained, and new programs need to be developed.

2. Lancaster currently has one seven bed male non- hospital detox unit. For a county with half a million residents, the demand clearly indicates that Lancaster needs a larger, non- hospital detox facility for both men and women.

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

1. The establishment of a drug court in January, 2005 and a mental health court in 2010. A Veterans Court is also active.

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2. The creation of a specialized Latino outpatient clinic, followed by the establishment of a Latino drug and alcohol rehab program several years later.
3. The establishment of Vantage House, a residential treatment provider for pregnant addicts and women with children. The Lancaster SCA also supported the creation of a Vantage outpatient clinic and the establishment of a prevention unit.
4. The management and oversight of the HealthChoices project, providing substance abuse and mental health treatment services for Medicaid clients in a managed care system. More than thirteen million dollars of D&A treatment is provided in the Lancaster HealthChoices system each year.
5. Utilizing reinvestment dollars from HealthChoices to establish a methadone maintenance clinic in Lebanon County. A methadone maintenance clinic was also established in Lancaster County, with over 650 slots.
6. The establishment of a drug and alcohol "pod" in the Lancaster County prison. Education and recovery groups are provided in this specialized unit.
7. One year before the state became involved, Lancaster County established a Student Assistance Program/SAP in several local school districts. The project has been expanded to all 16 Lancaster school districts and has been operating for more than 28 years.
8. The creation of a Latino recovery house, and soon a Latino halfway house.
9. The licensing and contracting with several faith-based drug and alcohol outpatient clinics in Lancaster County.
10. The establishment of three-quarter way transitional apartment units at Vantage. This provides clean and sober living for women in early recovery.
11. A men's and women's halfway house, which are considered model programs in the Commonwealth. The Gate House Program for Men was established in the 1970's, followed by the women's house which was developed in the 1980's. Gatehouse also owns and operates five recovery houses in Lancaster.
12. The Lancaster SCA pays the outpatient counselors $30 per hour to attend training and workshops, in order to remain current in the skills and knowledge needed for a certified addictions counselor. This addresses some of the workforce development issues that are occurring across the Commonwealth.
13. The Lancaster SCA has reimbursed sign language interpreters for the past 22 years for hearing impaired clients in treatment.
14. In collaboration with the Council on Alcoholism and Drug Abuse/Compass Mark, a drug and alcohol information site was established at www.compassmark.org. This is a resource that is utilized by tens of thousands of information seekers each year.
15. The establishment of a buprenorphine coordinator project using 100% of HealthChoices funding.
16. Funding of suboxone medication for heroin addicts using SCA base dollars. Bupe Coordinator services were added for clients not eligible for Medicaid.
17. HealthChoices funding for recovery homes and the establishment of seven Lancaster based recovery houses, operated by non- profit agencies.

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

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Some of the emerging treatment needs are coming from the Lancaster County Drug Court and the County prison. A Lancaster SCA Case Manager is a member of the Drug Court team and mental health court team, and is directly placing clients into drug and alcohol treatment. The Drug Court served over 200 clients since its inception. Outcomes are positive.

Drug Court is placing an additional demand on our treatment resources and will continue to do so in the future. The Lancaster SCA is also an active member of the Reentry Management Organization (RMO) and the SCA Executive Director is on the RMO Board of Directors. This organization provides services to non- violent prisoners, in an attempt to decrease the county prison population and increase the outcome results for these clients.

Methamphetamine use, although expected, has not materialized as a major issue in this county. It is closely being monitored by the provider network.

Clients in Lancaster County have direct access into treatment by scheduling an appointment in any of the eleven contracted outpatient clinics. Assessments occur within seven (7) days of the request and placement into residential programs typically takes one or two days.

A majority of the clients served by the Lancaster SCA are currently involved with the courts, either through Probation and Parole, Drug Court, or waiting for a court appearance. The court involvement provides an added leverage which helps maintain a person in treatment. This ultimately is to the benefit of the client and the community. It is not unusual in the drug and alcohol field for clients to be in treatment for reasons other than self-motivation or the intrinsic desire to be clean and sober. Accountability, either through family members, the courts, Children and Youth oversight, school district involvement, assists the client in maintaining a recovering program.

The relatively large Latino community is fortunate to have available the Spanish American Civic Association, which provides mental health services, drug and alcohol outpatient services, a recovery house, and a drug and alcohol residential treatment facility. The programs are available, but limited SCA funding will limit the volume and length of stay in these programs.

Many adolescents receive a mental health and substance abuse assessment through the Student Assistance Program. School-based treatment and support groups are provided within the school districts. Very few adolescent clients are funded by the Lancaster SCA. Most of these clients are served through the Children and Youth budget, HealthChoices funding, or the parents' private health insurance. The Lancaster SCA established school based D&A treatment, but limited use of this program prevented it from continuing.

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

1. Re-entry program. The Lancaster SCA is working with many other agencies in the establishment of a model re-entry program for clients returning to the community from County prison.

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2. The Lancaster SCA is involved with having the treatment providers use COMPASS, which allows people to apply for the Medicaid card without visiting the local County Assistance Office. Drug and alcohol outpatient clinics may become COMPASS approved and therefore assist in the clients application for MA. An increase in clients accessing the Medicaid card will allow the HealthChoices project to fund the client in mental health and drug and alcohol treatment. This has decreased the burden on the SCA budget. More than 60 staff from D&A providers were trained by County Assistance staff in the Medicaid application process.

3. The Lancaster County SCA has been involved with the utilization of buprenorphine or suboxone, a medication used for certain heroin addicts in the early stages of their addiction. The Lancaster SCA is using SCA dollars in buprenorphine treatment, along with the HealthChoices funding stream for MA clients. The Lancaster SCA is paying for suboxone medication for 10 clients. Buprenorphine training has been provided for the Lancaster case managers, treatment providers, SCA Advisory Board, and PACDAA members. Successful utilization of buprenorphine should decrease the high cost of treating heroin addicts in residential treatment.
4. Alcohol tax. The Lancaster SCA believes that a "user fee" or added tax be placed on all sales of alcohol. If a person is hurt by a product (such as alcohol addiction), then that product's cost should include funding (fee or tax) to correct or address the harm. The Lancaster SCA supports the PA Community Providers Association efforts to include such a user fee on the sale of alcohol products, to be used for additional prevention and treatment services. The beer tax of eight cents per gallon has not been raised by the state since 1947.

5. Continue to fund detox and outpatient services, keeping these modalities open for the entire year. Whatever treatment funding is left over is used to purchase rehab, partial, and halfway house. With the recent expansion of Medicaid, the Lancaster SCA was able to keep all treatment modalities open for the entire year.

6. Educate elected officials and state administrators in the need for both additional funding and a more equitable allocation formula. On a per capita basis, Lancaster is being short changed.

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Client Demographics Charts FY 2014-15

Race	Number of Clients	Percent
White	2,023	76.98
Black	256	9.74
Asian/ Pacific Islander	17	≤1
Alaskan Native	1	≤1
Native American	13	≤1
Other	231	8.79
Unknown	87	3.31

Primary Substance of Abuse	Number of Clients	Percent
Alcohol	832	31.66
Cocaine/Crack	114	4.34
Marijuana/Hashish	344	13.09
Heroin	1,107	42.12
Other Opiate/Synthetics	173	6.42
Other drugs	55	2.08

Age Range	Number of Clients	Percent
18 and under	32	1.22
19 to 24 years	501	19.06
25 to 39 years	1,425	54.22
40 to 64 years	649	24.7
65 and above	21	≤1

Sex	Number of Clients	Percent
Male	2,083	79.26
Female	545	20.74

Special Population	Number of Clients	Percent
Pregnant women	5	≤1
Women with Dependent Children	203	7.72

Referral Source	Number of Clients	Percent
Self	1,142	43.46
D&A Provider	201	7.65
Court/Criminal Justice	1,098	41.78
Family/Friend	21	≤1
Hospital/Physician	48	1.83
Community Service Provider	56	2.13
Other Voluntary	28	1.07
Other Involuntary	17	≤1
Employer/EAP	4	≤1
School/SAP	7	≤1
Clergy/Faith leader	6	≤1

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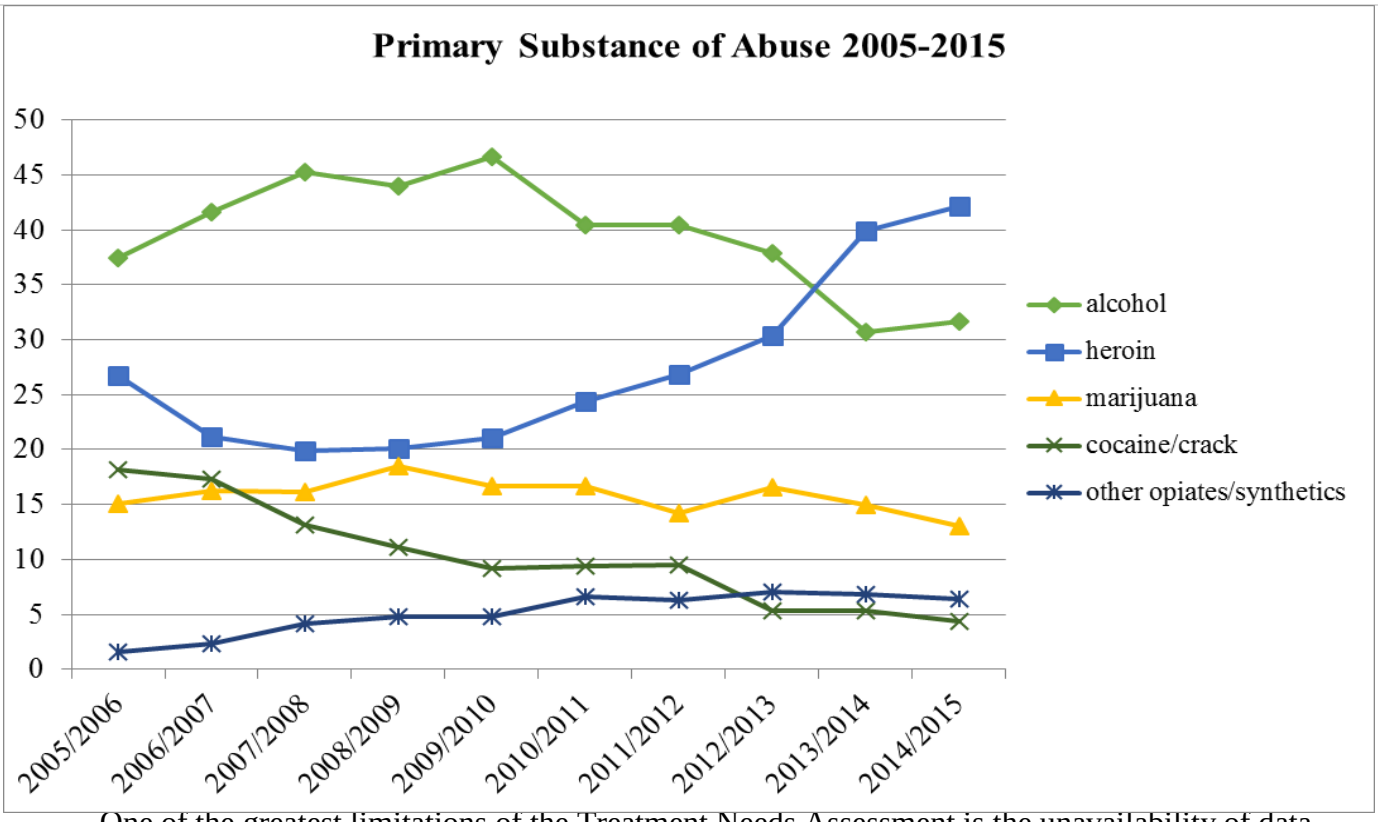

One of the greatest limitations of the Treatment Needs Assessment is the unavailability of data regarding clients that are served through their private health insurance. This is a weakness which occurs in every county in the Commonwealth. Although the Treatment Needs Assessment identifies an estimate of the prevalence of substance abuse disorder in the total population, it is not known how many of these clients are served in the "private sector". Data is known regarding the citizens who are served utilizing the Lancaster SCA dollars, along with limited data regarding the Medicaid or HealthChoices dollars. Since insurance companies are well known for limiting, if not denying substance abuse treatment, the unmet need may be the ice underneath the tip of an iceberg.

Yet the public data and needs-based estimates are clear in one conclusion: The Lancaster treatment needs are large and the SCA public funding and resources are small. Compounding the problem is that this need continues to grow with Lancaster's growing population and the SCA public funds are limited. The County population just exceeded 535,000 people.

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A. Objective One: Estimate of the prevalence of substance use disorder.

Using the basic prevalence rate of 8.3% of the county population age 12 and above, there are an estimated number of substance abuse disorder clients in Lancaster County exceeding 36,822. When the special population data is included, the estimated number of addicts and alcoholics in the county exceed 47,968. No matter which number is used, a large number of addicts and alcoholics live in Lancaster County. Since only several thousand clients are served in treatment by the SCA and HealthChoices funding streams, and private health insurance has limited substance abuse treatment, there is a large unmet need growing in Lancaster County.

The Lancaster County population continues to grow, along with all of the indicators that demonstrate the need for treatment also continues to grow. The 2009 PA Youth Survey Report documented over 9,000 responses from Lancaster students, more than any other county in the state. The Lancaster Drug and Alcohol Commission paid the fee for these students to be surveyed. In summary, some areas in the survey improved from previous years, and other factors indicated an increasing problem. The Drug and Alcohol Commission also participated in the funding of the 2010 Lancaster County Health Data Report.

The large Latino population in Lancaster increases the demand for culturally sensitive treatment. The local Latino outpatient clinic, residential rehab, and recovery house can serve many of these clients, if the funding is available through the SCA or Medicaid. Using HealthChoices reinvestment dollars, Lancaster will also open a licensed Latino halfway house in 2017.

Heroin addiction is a major problem in Lancaster that is being addressed by the methadone clinic, suboxone services, bupe coordinators, and all of the drug free treatment programs. There is also a needle exchange program in Lancaster that is privately funded. A new Vivitrol project will also open in 2016 through the RASE agency, using HealthChoices reinvestment dollars.

Narcan is being provided to the community through a local hospital, and also through a grant at the County District Attorney's Office.

B. Objective Two: Emerging substance use problems.

As is the case throughout the state and nation, opioid use and overdoses have been on the rise in Lancaster for the past few years. With the purity of the drug, many more overdoses and deaths are occurring. Recent data indicates that 63 people died in Lancaster County in 2013, and 80 died in 2014, many of which was caused by opioids.

Young people are getting involved with K-2 and synthetic drugs, finding creative ways to abuse these drugs and having unpredictable behaviors as a result.

Heroin addiction continues to be rampant in the County. Heroin addiction needs to be addressed with more resources. Therefore, the Lancaster SCA is paying for suboxone

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medication using DDAP dollars and the SCA uses HealthChoices reinvestment dollars to support the specialized bupe coordinators. The Lancaster SCA is involved with suboxone, and the results and outcomes are very positive.

The Lancaster Mayors Association recently created a Heroin Task Force, and is sponsoring community forums that provide education and resources to the participants. The Lancaster SCA is an active member of this initiative.

This bupe coordinator project is now an in- plan MA service, and is reimbursed using HealthChoices funding. The Lancaster SCA uses 50% of the suboxone budget to support the RASE bupe coordinator project. The other 50% of the SCA suboxone budget remains for the medication.

The seriously mentally ill substance abuser is still a challenge to serve, since the person has two (2) serious illnesses and needs specialized care. Since the HealthChoices project integrates the mental health and drug and alcohol funding, many of the mentally ill substance abusers receive treatment through the HealthChoices project. Therefore, the Lancaster SCA will not earmark its limited funding to address this need.

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

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

Another emerging trend, which is good news for the Lancaster SCA, is the surplus of SCA treatment dollars, as Medicaid expansion provides substance abuse treatment for many of the former SCA clients. This has created a $700,000 surplus in the Lancaster SCA treatment budget, which has never occurred in the history of the agency. The SCA is moving into areas that have not been adequately funded in the past, such as hiring Certified Recovery Support Specialists, hiring Vivitrol Coordinators, and additional education/prevention services for young people.

With the increase in people accessing treatment, there are now waiting lists for detox and residential rehab placements. There is a need for additional facilities, along with hiring qualified and trained staff. It will take several years for the D&A field to fully resolve this bed and workforce issue.

The Lancaster SCA's goal is to fully fund detox placements and outpatient services. Whatever treatment funding remains is then earmarked for residential rehab, halfway house, and partial treatment. Detox remains open since there is a physical withdrawal and possible

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medical complications. Outpatient is fully funded since it is relatively inexpensive to provide on a per client basis. Since Medicaid expansion has taken the pressure off of the SCA treatment budget, the Lancaster SCA now has a surplus in its budget, and all modalities of treatment remained open in the current 2015-16 fiscal year.

In order to allow Lancaster citizens an equal opportunity for accessing limited SCA treatment dollars, Lancaster has established a maximum benefits package. When a client is evaluated and admitted into treatment, the benefits package is discussed and explained to the client. The client then signs off that he or she understands the maximum benefits of two (2) detox admissions per year, along with one residential rehab placement. There are no limits on the number of admissions or treatment for outpatient services. This maximum benefits package only identifies the services provided and funded by the Lancaster SCA. It does not include services provided by private health insurance, the SCA priority populations, or the HealthChoices project. If funding is available at the end of the fiscal year, the maximum benefits package is lifted and the client can receive SCA treatment funding beyond the maximum.

The Lancaster CAO provides occasional training to the D&A field, in order to decrease the number of errors on the MA applications, and to speed up the MA application process.

The Lancaster methadone maintenance clinic continues to grow from 100 slots to 175 slots to 250 slots and recently to 650 slots. More than 70% of these clients are funded by MA HealthChoices. The Lancaster SCA has a contract with the local methadone clinic to fund some SCA clients who are not eligible for MA funding. The methadone clinic also provides suboxone treatment and drug free outpatient services.
The Lancaster SCA tobacco grant is no longer managed by the Drug and Alcohol Commission. The Department of Health decided to distribute and manage this grant at a regional level, not county level. At one time this grant exceeded 1.2 million dollars in Lancaster County. The SCA's Commission's Tobacco Specialist transferred to another county department and this position was eliminated.

The Lancaster Drug and Alcohol Commission now employs 9 staff, not 14. This change by the Department of Health was made with very little, if any, stakeholder input. It came as a complete surprise to the Lancaster SCA and the drug and alcohol field. The loss of this grant will also increase the percent of SCA administrative costs. Feedback from local tobacco prevention providers indicate that the services have suffered since the project is no longer managed at the local level.

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The Lancaster SCA implemented a maximum benefits package for all methadone clients funded by the SCA. The Drug and Alcohol Commission funds the first year, pays for half of the methadone treatment the second year, and the client must fully pay this treatment after the second year. All clients sign off on this policy. They may appeal this policy if they believe circumstances prevent them from paying for the methadone treatment or prevents them from working. Some of these clients will soon begin their second year and will contribute 50% of the costs of methadone.

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

1. Start-up of five drug and alcohol recovery houses. One Latino house is now located in Lancaster, operated by SACA.
2. Buprenorphine coordinators who assist suboxone clients, the physicians, and the drug and alcohol treatment programs treating these opioid addicted clients. This program is already at maximum capacity. In order to keep the project funded, it became an MA reimbursed service.
3. Funding for the first two months of a client being admitted to a recovery house, in the recovery house scholarship program.

C. Objective Three: Trends

The greatest impact on the SCA is the opioid epidemic, with many people seeking treatment, and overdoses and deaths occurring. This is a local, state, and national trend. Thanks to the expansion of Medicaid, many of these clients now have access to D&A treatment.

The goal of the Lancaster SCA is to use Medicaid and HealthChoices dollars whenever possible. HealthChoices now pays for more than thirteen million dollars of D&A treatment in Lancaster County each year.

Another local trend is the overcrowding of the county prison. Lancaster is near or exceeds its capacity at the county prison. More than 70% of these clients are addicts and alcoholics.

The Lancaster D&A Commission is a member of the Re-entry Management Organization, or RMO. This group is a consortium of social service providers who are all working to assist prisoners in their many needs, such as housing, employment, mental health services, substance abuse treatment, physical health, etc.

Since the Lancaster D&A treatment system is an open system for all to access, the prisoners can receive treatment on the first day of discharge from the prison. They can also apply for drug court services or the probation and parole re-entry project. In the current fiscal year, Lancaster placed 175 prisoners directly into D&A rehab, using Medicaid dollars on the first day the client entered rehab.

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The unemployment rate in Lancaster is always one of the lowest in the state. The economy is usually strong in agriculture, tourism, and various industries.

Affordable housing is always an issue for the low income and unemployed in Lancaster. There are now a good number of recovery homes in Lancaster County. The County has two of the strongest halfway house project in the state, with the two Gate House programs, and now there are recovery homes for clients, after they graduate from a halfway house.

Once again using HealthChoices reinvestment dollars, there are incentive programs to create recovery homes in this region. One project will pay for some start- up costs for new recovery houses, and the second project will pay for the client's first two months of rent in a recovery house. One start up grant was awarded to a Lancaster Latino organization, and SACA has now opened a recovery house. Gatehouse also created several recovery houses, for residents graduating from the men's program, and for other clients looking for clean and sober housing.

The HealthChoices project is in the process of creating a licensed Latino halfway house for men, and another men's halfway house for non- Spanish speaking clients.

D. Objective Four: Demand for substance abuse treatment

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

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

Demand and the need for additional services continues to grow. Since the DDAP and OMHSAS funding may not change, the Lancaster SCA is aggressively seeking and acquiring MA HealthChoices reinvestment funding. In the past year, the drug and alcohol reinvestment dollars increased to over $1,000,000.00 for the HealthChoices collaborative called CABHC, which includes Lancaster.

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E. Objective Five: Identify Resources

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

The expansion of Medicaid has created a surplus in the Lancaster SCA budget, but this will be a short term problem. SCA funding is being moved into other valuable programs, such as prevention and education services, Recovery Support staff, Vivitrol programs for opioid clients, etc. But these changes will take time to implement, since staff need to be hired and trained.

The Lancaster SCA is using $50,000 for suboxone medication and $50,000 for Bupe Coordinator services, provided through the RASE Project. This is for clients who are not eligible for Medicaid and HealthChoices.

F. Objective Six: Barriers

The greatest barrier for accomplishing this plan is the lack of SCA funding, along with the anticipated future funding cuts and state budget impasses. A lack of experienced and trained D&A staff is also a major barrier.

The Lancaster SCA is paying drug and alcohol counselors to attend mandated workshops and training programs. The small "stipend" given to D&A counselors to attend mandated workshops and training programs is well liked by the treatment community. Although workforce development is still an issue in the drug and alcohol field, this funding for training assists the outpatient clinics in recruiting new counselors.

G. Objective Seven: Assets

The treatment needs assessment identifies the wealth of assets available in Lancaster County. The Executive Summary also identifies the unique resources in the County, many of which were developed by the SCA or in conjunction with the Lancaster Drug and Alcohol Commission.

The greatest number of new D&A assets developed over the past fifteen years were created with Medicaid HealthChoices reinvestment dollars. And now that Medicaid expansion has occurred, many more clients have access into treatment using the MA coverage, for medical, mental health, and D&A services.

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H. Objective Eight: Recovery Support Services

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

With Lancaster's long history of ATOD involvement and the well developed provider network, most of the pieces are in place for the ROSC. The RASE Project's grant with Lancaster will be expanded to include four Certified Recovery Support Specialists; ROSC training of SCA staff, providers, and the Lancaster community; a written ROSC model that identifies all components and additional needs; and the development of any components that are missing, dependent upon the availability of funding.

IV. Fiscal Impact

The Lancaster County Drug and Alcohol Commission strives to place 50% of the total allocation in treatment services and 30% in prevention/education. It is also the goal of the Lancaster SCA to allocate less than 13% of the available funds in the administrative cost center and less than 7% in the case management unit. In order to meet this goal, the Lancaster SCA decided not to replace a case manager and secretary when the positions became vacant. These allocation percentages were developed over the past 20 years and have the support of the D&A Commission staff and SCA advisory board. The Lancaster SCA now has only two and a half case managers and one case manager supervisor. A secretary position was eliminated, so that the SCA office now only has one secretary.

Administration	13%
Prevention/Tobacco	30%
Treatment	50%
Case Management	7%

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

Within the treatment budget, enough funding is provided in both the detox services and outpatient services in order to keep these modalities operating throughout the entire 12 month fiscal year. Whatever funding remains in the treatment budget is utilized for residential rehab, halfway house, and partial. These three (3) modalities are authorized on an individual client basis, and therefore are controlled and managed by the SCA on a day-to-day basis. When the funding allocation is exhausted for these three (3) modalities, the Lancaster SCA stops new placements. In fiscal year 2015-16, the SCA treatment budget had a surplus for the first time in its history, as a result of Medicaid expansion.

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

Since a significant increase in SCA funding for both treatment and prevention services is unlikely, the Lancaster SCA Action Plan consists of six (6) areas which require little if any SCA funding. This includes the re-entry program, implementation of COMPASS, utilization of Buprenorphine, support of the state-wide alcohol tax, continued funding of detox and outpatient services and the education of elected officials and state administrators.

HealthChoices funding and HealthChoices reinvestment dollars will continue to be utilized for the re-entry program, funding of treatment, and the use of Buprenorphine. The current HealthChoices project has a healthy financial surplus, and therefore additional reinvestment dollars will soon be available.

If Medicaid expansion continues to create a surplus in the Lancaster SCA treatment budget, the SCA will add additional services in the prevention/education network, and will also add more treatment related services, such as Certified Recovery Specialists, Vivitrol Coordinators, Bupe Coordinators, etc.

V. Quality Assurance and Outcomes

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

1. Monitoring of all providers. The Lancaster County Drug and Alcohol Commission staff monitor each prevention and treatment provider on an annual basis and require corrective action if deficiencies are discovered. Service providers must be in compliance with the SCA requirements within six (6) months of each site visit and the providers submit a written plan for correction.

2. Treatment outcome measures. The Lancaster SCA reviews client data, such as relapse, employment, treatment goals and objectives, etc. If a provider is not within the SCA benchmarks, the staff reviews the data and works with the program to improve the performance measures. Lancaster developed a computer based fiscal and client information system more than 27 years ago, and therefore the SCA has the ability to collect and evaluate information.

3. All treatment providers must receive at least 86% compliance in the annual DDAP licensing site visit. Actions plans are submitted to the Lancaster SCA when deficiencies are discovered during the licensing site visit.

4. HealthChoices continuous quality improvement. The Lancaster SCA provider network is essentially the same network of providers utilized in the HealthChoices project. The HealthChoices project is managed by the Lancaster SCA and Lancaster County MH Program. Factors which are monitored in the HealthChoices project include client access, complaints and grievances, recidivism, consumer satisfaction, provider satisfaction, utilization management, and other quality improvement factors. Quarterly reports of

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continuous quality improvement are reviewed by the Lancaster SCA and an annual report is developed and analyzed. The Lancaster SCA Director is also Chairperson of the HealthChoices Fiscal Committee, and he is also the Treasurer of the Board.

The Lancaster SCA meets with the contracted provider network at least three (3) times each year to review performance measures and changes in policies and procedures. The SCA is also in contact with providers on a daily or weekly basis via telephone conversations or electronic mail. Many of the HealthChoices performance measures meet the state and national outcome measure benchmarks and the provider network is in a good position to meet or exceed any new standards.

VI. Client Eligibility and Access

Clients or potential clients in Lancaster do not need to call or meet with any Lancaster SCA Commission staff. Direct access into treatment occurs through the eleven outpatient clinics or the local detox unit. This system has been in operation for the past 27 years, and is documented in many brochures and available on websites, such as www.compassmark.org. When the SCA office is closed for any reason, the telephone caller is given a description of this access and therefore has access into treatment on a 24/7 basis. If there is urgency to the person's request for treatment, callers are advised to present themselves to an emergency room and a placement into detox can occur from there. The clients' access to screening and assessment services uses the same protocol during regular business hours as it would for after hours, weekends, and holidays.

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

As a result of past funding cuts, the Lancaster SCA developed a maximum client benefits package. When a client is admitted into any modality of treatment, the client signs off on this maximum client benefits package, attesting to the fact that the client knows of this policy and will ask any questions if it is not clear.

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

The Lancaster SCA will pay for a maximum of two detox admissions per fiscal year and one rehab placement per year per client. There is no maximum annual benefits package for partial or outpatient treatment. There is no maximum lifetime benefits package per client. This policy allows each client equal access to the more expensive residential treatment. The maximum client benefits can be appealed by either the client or provider. The maximum client benefits package is also temporarily waived at the end of the fiscal year if treatment dollars are available and the Lancaster

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SCA can provide additional services to clients in need of additional residential treatment. Each client reads, understands, and signs the benefit package description during each treatment admission.

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

VII. Summary

The Lancaster SCA will continue to strive to allocate 30% of the budget in prevention/education projects and at least 50% of the total available budget for drug and alcohol treatment or treatment related services. SCA staff has been cut and the office is now down to nine employees.

We will continue to strive to work smarter and be more efficient in the use of the limited public funding. This would include the use of the methadone maintenance clinic in Lancaster and the utilization of buprenorphine for heroin addicts.

The Lancaster SCA will continue to request additional funding from the Department of Drug and Alcohol Programs/DDAP and the Department of Human Services/DHS, although this has not been successful in the past. The probability of significant additional public funding is unlikely, even though the population of Lancaster County continues to grow along with the special populations and demand for treatment. Lancaster's population now exceeds 535,000 people.

The Lancaster SCA will attempt to utilize more Medicaid dollars for drug and alcohol treatment.

With the ever increasing state and federal requirements, the Lancaster County Drug and Alcohol Commission continue to meet this demand with no additional administrative positions. The office still operates on an administrative budget that is less than 13% of the total allocation. Use of newer technology and staff working harder and smarter allow this objective to be met even though the state administrative demands continue to increase. The Lancaster SCA draws down over $160,000 of HealthChoices administrative dollars, and the County Commissioners provide an overmatch of $60,000 per year.

The Lancaster SCA has been successful in using HealthChoices administrative allocations whenever possible. The Lancaster SCA has also acquired drug and alcohol treatment funds through Act 198 and Title 42 court fines and fees. These funding streams are being earmarked to serve clients coming through the drug court project in order to meet this growing demand.

The Lancaster SCA could develop a comprehensive, fully funded prevention and treatment system with an annual allocation of $11,000,000. Compared to the community damage and costs that alcohol and other drugs cause, and also compared to the other human service systems public funding, this amount is very reasonable and relatively small.

The Lancaster County Drug and Alcohol treatment and prevention system have many exemplary programs which could and should be expanded if the funding was available.

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

Human Services Development Fund/Human Services and Supports:

Adult Services: N/A

Program Name/Description: None

Changes in Service Delivery from Previous Year: None

Specific Services: None

Planned Expenditures: None

Aging Services: N/A

Program name/Description: None

Changes in Service Delivery from Previous Year: None

Specific Services: None

Planned Expenditures: None

Children & Youth Services:

Program Name/Description: None

Changes in Service Delivery from Previous Year: None

Specific Services: None

Planned Expenditures: None

Generic Services: N/A

Program Name/Description: None

Changes in Service Delivery from Previous Year: None

Specific Services: None

Planned Expenditures: None

-Continued-

Specialized Services:

Program Name/Description: Campaign Against the Sexual Exploitation (CASE) of Children. This is a Task Force chaired by the Lancaster County Commissioners which strives to raise public awareness of child abuse and its prevention through informational and educational presentations at schools and civic organizations.

Changes in Service Delivery from Previous Year: None.

Specific Services: CASE is categorized under the "Children & Youth" cost center.

Planned Expenditure: $5,000

Program Name/Description: The Local Lead Agency Initiative stems from a 2009 agreement between the Department of Human Services (DHS) and the Pennsylvania Housing and Finance Administration (PHFA) which required all counties to appoint an entity that would serve as the local steward ensuring that Low Income Housing Tax Credit (LIHTC) projects comply with a mandate to set aside 5% of residences for the DHS priority group. Other LLA responsibilities included being the central referral source, coordination of supportive services for tenants, and mediation with property managers in case of landlord/tenant disputes. Lancaster County BHDS assumed the role of the Local Lead Agency and with the exception of one year has continued in that capacity. Of note is that this mandate was, and remains, completely unfunded by DHS or the PHFA.

Local Lead Agency responsibilities were expanded in 2013, with the introduction of a Housing and Urban Development (HUD) grant termed "811," which called for rental subsidies for adults with disabilities in LIHTC building complexes. The initiative was slow in implementation, however, there are now four approved properties in Lancaster County that will have units reserved for the priority population, with three other applications in process. Given this expansion, and PHFA's expectations of the LLA with regard to coordination, screening, monitoring, intervention and reporting duties, it has become apparent that BHDS has neither the staff nor mission latitude to continue serving as the Local Lead Agency. Founded in 1994 as the County advocate and resource center for fair and affordable housing information, ideas, insights and solutions, Lancaster Housing Opportunity Partnership (LHOP) would seem the natural and logical home for the Local Lead Agency mantle. This funding will allow for LHOP to hire a full-time case manager/resource coordinator who will assume the aforementioned responsibilities.

Changes in Service Delivery from Previous Year: This is a new service.

Specific Services: The Local Lead Agency initiative is categorized under the "Housing" cost center.

Planned Expenditure: The Local Lead Agency budget is $65,000.

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Program Name/Description: The Care Connections Program involves the HSDF and Lancaster General Health jointly funding a full time social worker to engage with individuals identified as "super utilizers" of the behavioral and physical health service systems. This case manager position is embedded in the Intake/Emergency Room at Lancaster General Health and serves as a liaison and navigator between the healthcare systems and social service agencies. To date, the program has served some 250 individuals (presently 95) and aggregate data demonstrates achievement of the dual objectives of decreasing medical and behavioral health emergency room visits and inpatient stays, thus driving down healthcare costs. Somewhat less quantifiably, it has also served to improve the overall quality of life for the majority of participating individuals, with some 115 expected to be enrolled in the coming year.

Changes in Service Delivery From Previous Year: None

Specific Services: The Care Connections Program Case Manager is categorized under the "Specialized Services" cost center. The initiative is characterized by the County's provision of a specialized case manager serving a highly select niche of the overall population, one which utilizes multiple human service systems.

Planned Expenditures: The HSDF funding for the Care Connections Case Manager is $25,500, with Lancaster General Health also committing $25,500.

Program Name/Description: The Safe Families PLUS Model is an evidence based initiative managed through Bethany Christian Services which strives to assist families and adolescents identified "at risk" of more formalized involvement in the child welfare system by providing for a 'mentor family,' invested adults who are carefully screened and trained to be uncompensated supports for the adolescent and their family throughout the secondary education process and beyond.

Changes in Service Delivery from Previous Year: None

Specific Services: The Safe Families PLUS Model is categorized under the "Children and Youth" cost center. Among the core features of the service is the unique role played by the mentor family, which commits to becoming an integral part of the support system available to the adolescent and natural family. With ongoing clinical supervision and therapeutic support provided by trained Bethany staff, the mentor family assists the child and natural family by modeling positive interpersonal dynamics and methods of communication. The mentor family can also serve in the capacity of informal respite for the adolescent, be it for a meal or a weekend outing, as a means of providing the adolescent and natural family a 'break' from each other. Such engagements can be in person, but communication via all available modalities (phone, e-mail, texting) is also encouraged. Again, the goal is for the mentor family to be indistinguishable from any other positive natural supports a family might utilize, and to be as accessible. Indeed, the Safe Families PLUS Model's focus on building and sustaining a comprehensive community-based support network, in the name

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and form of a Faith Community, will be accessible to the natural family for life. The mentor family is seen as an integral part of this. Bethany staff remain involved for as long as the natural and mentor families request the clinical oversight and technical assistance, up to two years.

Planned Expenditure: The Safe Families PLUS Model budget is $75,000.

Program Name/Description: Court Appointed Special Advocates (CASA) of Lancaster County provides qualified and compassionate Court-appointed advocates to every child who is abused and neglected. These specially trained and empowered volunteers are able to advocate for the best interests of each child placed in the foster care system, and remain involved with them throughout their involvement in the Child Welfare system, up to and including placement in a loving, permanent home. Advocates are matched with a child upon an adjudication of dependency, and are present with and advocate for the child throughout any subsequent legal or court activity. Evidence demonstrates that children who have a CASA volunteer are more likely to find a permanent home; spend less time in foster care; do better academically, and receive more professional counseling while in the foster care system.

Changes in Service Delivery from Previous Year: This is a new service.

Specific Services: CASA is categorized under the "Children & Youth" cost center.

Planned Expenditure: $20,000

Interagency Coordination:

The 2016-2017 HSDF funding initiatives are characterized by their diversity and cross-systems' emphasis, with the Care Connections position designed expressly for the purpose of overcoming the 'silo' mentality that has long existed between the behavioral health and physical health systems. Similarly, the Safe Families PLUS Model, and the Fair Housing and Local Lead Agency initiatives will, by design, demand collaboration with a variety of human service entities.

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APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0			
Administrative Management	2,235		1,227,957	33,000	168,651	10,205
Administrator's Office			886,882			896,861
Adult Developmental Training	0		0	0	0	0
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	95		54,396	1,284		
Community Residential Services	164		4,216,843		95,162	
Community Services	0		0			
Consumer-Driven Services	1,720		70,000			
Emergency Services	298		42,775			
Facility Based Vocational Rehabilitation	55		6,810	177,802		
Family Based Mental Health Services	65		120,000			
Family Support Services	3,650		269,873			
Housing Support Services	405		450,949	327,399		127,189
Mental Health Crisis Intervention	3,125		906,847		152,227	197,958
Other	0		0			
Outpatient	508		429,399			
Partial Hospitalization	12		59,605			
Peer Support Services	19		0	42,456		
Psychiatric Inpatient Hospitalization	0		0			
Psychiatric Rehabilitation	210		668,099			
Social Rehabilitation Services	475		643,453			
Target Case Management	1,350		1,041,228		103,960	1,047,318
Transitional and Community Integration	1,850		7,500			
TOTAL MENTAL HEALTH SERVICES	16,236		11,102,616	581,941	520000	2279531

INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,383,906	0		
Case Management	1925		75,000	2,626,615		
Community-Based Services	700		1,000,984	0		
Community Residential Services	36		1,684,547	0		
Other			0	0		
TOTAL INTELLECTUAL DISABILITIES SERVICES	2661		4,144,437	2,626,615	0	0

HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	3,512		291,915			
Rental Assistance	543		140,000			
Emergency Shelter						
Other Housing Supports	1,527		100,000			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	5,582		531,915		0	0

CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	175		356,250		18,750	
Promising Practice	90		33,875		3,764	
Alternatives to Truancy	75		125,350		6,550	
Housing	45		39,950		7,050	
TOTAL CWSG SERVICES	385		555,425		36114	0

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HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	105		68,500			
Inpatient Hospital	0		0			
Inpatient Non-Hospital	185		532,036			
Medication Assisted Therapy	21		43,800			
Other Intervention	0		0			
Outpatient/Intensive Outpatient	85		55,860			
Partial Hospitalization	12		5,565			
Prevention	407		84,000			
Recovery Support Services	495		348,000			
TOTAL DRUG AND ALCOHOL SERVICES	1310	1,053,761	1,137,761	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	0		0			
Aging Services	0		0			
Children and Youth Services	0		0			
Generic Services	0		0			
Specialized Services	280		190,500			
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	280		190,500		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION						
GRAND TOTAL	26454	1053761	17662654	3,208,556	556114	2279531

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Attachment A

Human Services Block Grant Public Hearing

Minutes

June 8, 2016

Larry George opened up the meeting by introducing Robert Still, Chief Clerk of the County of Lancaster. Mr. Still shared that it is his job to make sure that the citizens of Lancaster County know the role of County Government and that they have a large role in Human Services. Mr. Still gave a brief overview of the block grant which was that the Human Services block grant program allows for State funding to be allocated to county government agencies to provide locally identified county based human services. This is the 5th year for the block grant. Lancaster County was one out of 20 counties selected in the pilot program. There are several distinct categories. Block Grant plans are put together by the Department Heads and Deputies of the Agency for presentation to the Commissioners on June 29, 2016.

Mr. George stated that in 2016 the agency has 100% discretion on how the money is to be allocated. Public feedback will be incorporated into the final plan. Each Deputy will speak on their categorical. Mr. George shared how the HSBG funds are proportioned.

Intellectual Disabilities

Vicki Bricker, Deputy Director of Intellectual Disabilities spoke about the year in review for ID and the data that she is looking to maximize the data for the 16-17 fiscal year.

- Quality Management Plan- the Quality Management plan that is currently in place is not working. When you have a good plan that works it gives you a chance to take a look at your system and see where improvements could be made for the individuals we serve. Looking at maximizing data for the upcoming year. We still have the IM4Q program and an Incident Management Data source. Mrs. Bricker stated that they are going to reconvene the Quality stakeholders meeting. Hoping to get a fluid quality management plan out of it.
- Improve Employment Opportunities- Vicki spoke about how are individuals are training for employment. Customize employment and discovery training takes a look at your skill set and what you want to do instead of randomly just sticking individuals in various job or workshops. A consultant was hired to do a training for 35 or so providers. We also offered a grant for the shelter workshop providers that would help providers focus on getting their individuals competitively employed. Should be receiving results by the end of July along with a strategic plan.
- Transition Apartment Program- Instead of waiting for something to happen to mom/dad/caregiver this program gives individuals (25-56) a chance to live in an apartment setting. The program is for 18 months and then they will graduate hopefully to their own apartment with minimal supports.
- High Cost Home-Challenge was put out to providers because we are not ready for dually diagnosed individuals in the provider system. A provider did step up to help pilot this program.

Behavioral Health

Julie Holtry, Deputy Director of Behavioral Health started off by stating that mental health gets the largest amount of money from the block grant (about 61.3%). The 14-15 fiscal year they were able to serve 7,000 individuals.

- The Acute Crisis Diversion Program- Used reinvestment dollars to create. Holcomb is the provider. Length of stay is 3-5 days. Nurses, psychiatrists and therapy on site. Step down from inpatient this allows someone to get the supports they still need and a plan to transition into the community. We need to make sure all the services are lined up and that they understand what services they need and what the impact of their medications.
- Mental Health Court Expansion- 37 active participants currently in the program. 23 graduates. This program is for individuals that have committed a crime and have a mental health diagnosis can participate in this structured program. There are requirements for individuals to meet with their case worker, attend their treatment programs, meet with your probation officer and to do community service just to name a few.
- Mental Health Recovery- Looks different for everyone and if you find what works for you that you can lead a productive life. They can get better and well. Individuals should not be stigmatized for having an illness. Individuals can utilize wellness recovery action plan, they can utilize therapy. Some folks need medication and some folks don't. Sometimes it's trial and error. Stigma remains a barrier for folks to come in and get treatment because they don't want to admit that they have an illness. There are two suicide prevention groups. One is run by Mental Health America. The second one is run by Lancaster County Prison. We have an alarming rate of teen suicides due to bullying, abuse and a number of other things.
- Forensic Case Manager- Plan is to hire one to be at the prison. This person will be looking at individuals in the prison that have mental health issues to see what supports they are getting while they are in prison. This person will also help set up the supports they will need when they are released from prison. Ms. Holtry says, that she sees this position working closely with the district attorney's office, public defender's office and judges. Statistics show unfortunately those with a mental health illness stay in prison longer.
- Philhaven Diversion Program- Folks that are coming out of institutions or prison that have no place to go and they don't have any services set up. The hope is to get additional funding from the Mental Health and Substance Abuse. Program will have six beds and individuals could stay up to 3 months. Help them get back into society and get the services that they need.

Drug & Alcohol

Rick Kastner, Executive Director of Drug & Alcohol Commission reviewed with the group that the relatively small budget for D&A is about 4 million dollars and they have a staff of 9 employees. They receive 1.1 million dollars from the block grant money. Recently with the Affordable Care Act and the expansion of Medicaid we have a lot of D & A clients are being covered by Medicaid for substance abuse disorders, mental and physical health coverage.

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- Extend Detox and Rehabilitation funding- The greatest need is to establish a facility for women and men to detox. As of right now, there is only a seven bed unit for men. Rehabilitation and Detox centers have waiting lists because due to Medicaid expansion more individuals are covered. .
- Prevention-More than 20,000 Lancaster County citizens are covered by Medicaid then they were a year and a half ago. Mr, Kastner stated, that we are using a lot of Health Choices reinvestment dollars for treatment
- Opioid Awareness and treatment- Opioid addiction there is an epidemic not only in the state but the nation. 60-80 people die in Lancaster County of drug overdose each year. Treatment is a little tricky because it is a longer term residential program. Also want to focus on increasing our prevention and education services and increase the recovery oriented system of care.

Children & Youth

Crystal Natan, Executive Director of Children & Youth stated that there portion of the block grant is 2.5 percent which makes up 1.5 percent of the CYA overall budget.

- Promoting Evidence Based Programs- Special grant funding that was provided for family group decision making which is an evidence based practices to bring families together in a structured manor to have a family group conference to talk about the issues that brought them to the Children & Youth Agency and to problem solve with their support system. Eighty families have been served this year. MST (Multi Systemic Therapy) program is to work with teens that have a oppositional behavior and defiant disorder and their families so they can be more successful to remain in their communities and their homes. It is covered under medical assistance.
- Truancy Prevention- Check and connect is an evidence based truancy program that is offered through the middle schools in the School District of Lancaster. Program works with children that have truancy issues so that when they get to high school they will be able to be successful in their future education. SDOL was selected due to their high truancy rate.
- Family Center- Through the Community Action Program. CYA provides a certain level of funding that helps CAP with outreach for families in the community. There are all kinds of educational services such as parenting education, problem solving and support from the community center to families with young children.
- Housing- Small grant for Children & Youth to help with funding to maintain housing or helping them get into housing.

Homelessness Assistance Program

Jennifer Koppel, Executive Director of Lancaster County Coalition to End Homelessness explained how the Coalition separated from the County in September 2015 and now is under the Lancaster General Health umbrella. Served 3500 individuals in the 14-15 year.

- Prevention/Diversion- would like to expanding prevention and diversion activity in the upcoming year.
- Elizabethtown Hub- Were able to open a women's shelter in December of 2015. They were able to connect with 18 new individuals. Two of them were able to be housed permanently. They were given Impact Partnership Money through the United Way.

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- Housing Location- PA lacks affordable housing for individuals. Lack of living wage, lack of affordable housing, lack of health care are all contributing factors. Resources are being provided to potential landlords who would rent to individuals experiencing homelessness.
- Outreach-The Coalition has been out in the county more especially in the Ephrata area were there seems to be drug epidemic. Trying to make sure outreach workers are connecting to individuals where they are.

Human Services

Larry George stated that the Human Services Development Fund allows for creativity and latitude and best represents the cross systems philosophy of what you heard the department heads speak to earlier.

- Care Connections Social Worker- Joint effort between the County and Lancaster General Hospital. Was funded last year by New Choices and they worked out of LGH emergency room. Over 200 individuals were served this last 3 years. The position is currently vacant.
- Local Lead Agency- In 2009 Department of Human Services and PA Housing and Finance Administration signed a memorandum of understanding requires all counties to appoint an entity to serve as a lead agency. Abilities in Motion was chosen at first then they opted out and the county was overseeing. This is an unfunded mandate. The county will be partnering with LHOP to oversee the local lead agency responsibilities.
- Fair Housing Initiative- Lancaster County Human Relations Commission that was disbanded had been overseeing fair housing. Those responsibilities will continue being funded by the County as LHOP assumes the responsibilities.

Public Comments

- Maureen Westcott, Executive Director of The ARC of Lancaster County- Really appreciates the collaborative effort of Lancaster County for initiatives and programs. Ms. Westcott stated that she would like to make sure awareness is increased to the public and amongst the agencies. Can there be a greater transparency or an easier way to see data? Would be helpful for us to speak to legislatures.
- Julie Weaver, CSG- Ms. Weaver started off by thanking the Commissioners and BH/DS for their support and provision of mental health help in Lancaster County. Providers and individuals themselves took a toll with the budget impasse. Would like to urge the County Commissioners to keep the BH/DS funds intact. CRR Residential program are moving out of the program into more independent living. We need the funds to stay where they are.
- Jean McMyer- There are a lot of individuals with mental illness going into the prison system, about 30% of the population. As lack of support system decrease you will see an increase in the population.
- Gretchen Gaudioso, Client Family Advocate at Mental Health America- Ms. Gaudioso started off by giving us some statistics. One hundred and seventeen117 people die by suicide every day in the USA. Suicide prevention coalition did a QPR training (Question Persuade and Prefer) not only for professional but individuals to help families to learn how to react and what to a person who is talking about suicide. MHA does men and women mental health groups in the prison. MHA also provides Advocacy services to families.

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- Barb Anger- Parent- She really appreciates the funding for mental health and is very vital for families with loved ones in the system. Ms. Anger talked about how vital the Diversion Program was for her daughter and is asking that funding not be cut.
- Mark Unger, Regional Director of Bethany Christian Services- This agency provides respite for families. They also have another program called Shape the Skies which is a training teaching parents of the dangers of social media.

-Continued-

Attachment B

Human Services Block Grant Public Hearing

Minutes
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- Outreach-The Coalition has been out in the county more especially in the Ephrata area were there seems to be drug epidemic. Trying to make sure outreach workers are connecting to individuals where they are.

Human Services

Larry George stated that the Human Services Development Fund allows for creativity and latitude and best represents the cross systems philosophy of what you heard the department heads speak to earlier.

- Care Connections Social Worker- Joint effort between the County and Lancaster General Hospital. Was funded last year by New Choices and they worked out of LGH emergency room. Over 200 individuals were served this last 3 years. The position is currently vacant.
- Local Lead Agency- In 2009 Department of Human Services and PA Housing and Finance Administration signed a memorandum of understanding requires all counties to appoint an entity to serve as a lead agency. Abilities in Motion was chosen at first then they opted out and the county was overseeing. This is an unfunded mandate. The county will be partnering with LHOP to oversee the local lead agency responsibilities.
- Fair Housing Initiative- Lancaster County Human Relations Commission that was disbanded had been overseeing fair housing. Those responsibilities will continue being funded by the County as LHOP assumes the responsibilities.

Public Comments

- Maureen Westcott, Executive Director of The ARC of Lancaster County- Really appreciates the collaborative effort of Lancaster County for initiatives and programs. Ms. Westcott stated that she would like to make sure awareness is increased to the public and amongst the agencies. Can there be a greater transparency or an easier way to see data? Would be helpful for us to speak to legislatures.
- Julie Weaver, CSG- Ms. Weaver started off by thanking the Commissioners and BH/DS for their support and provision of mental health help in Lancaster County. Providers and individuals themselves took a toll with the budget impasse. Would like to urge the County Commissioners to keep the BH/DS funds intact. CRR Residential program are moving out of the program into more independent living. We need the funds to stay where they are.
- Jean McMyer- There are a lot of individuals with mental illness going into the prison system, about 30% of the population. As lack of support system decrease you will see an increase in the population.
- Gretchen Gaudioso, Client Family Advocate at Mental Health America- Ms. Gaudioso started off by giving us some statistics. One hundred and seventeen117 people die by suicide every day in the USA. Suicide prevention coalition did a QPR training (Question Persuade and Prefer) not only for professional but individuals to help families to learn how to react and what to a person who is talking about suicide. MHA does men and women mental health groups in the prison. MHA also provides Advocacy services to families.

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- Barb Anger- Parent- She really appreciates the funding for mental health and is very vital for families with loved ones in the system. Ms. Anger talked about how vital the Diversion Program was for her daughter and is asking that funding not be cut.
- Mark Unger, Regional Director of Bethany Christian Services- This agency provides respite for families. They also have another program called Shape the Skies which is a training teaching parents of the dangers of social media.

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Attachment C

Human Services Block Grant Public Hearing

Minutes
June 29, 2016

Larry George opened up the meeting by welcoming everyone. Mr. George gave a brief overview of the Block Grant which was that the Human Services Block Grant program allows for State funding to be allocated to county government agencies to provide locally identified county based human services. This is the 5th year for the block grant, it came in existence because of ACT 80 of 2012. Lancaster County was one of 20 counties selected for the pilot program; currently 30 of the State's 67 counties are in the Block Grant. There are seven distinct funding categories, or categorical. Mr. George stated that beginning with the 2016-17 Plan the Agency has 100% discretion on how the money is to be allocated. Public feedback will be incorporated into the final plan. Each Deputy will speak on their categorical. Mr. George shared how the HSBG funds are proportioned and service requirements.

Intellectual Disabilities

Vicki Bricker, Deputy Director of Intellectual Disabilities spoke about the year in review for ID and the data that she is looking to maximize the data for the 16-17 fiscal year. Intellectual Disabilities has served about 2,000 individuals this past year. Services provided range anywhere from camp, respite, family aide, vocational programs and residential programs for adults over 21. Funds are dependent on medical assistance waiver and currently 970 individuals have the waiver (506 Consolidated and 464 PFDS).

- Quality Management Plan- the Quality Management plan that is currently in place is not working. When you have a good plan that works it gives you a chance to take a look at your system and see where improvements could be made for the individuals we serve. Looking at maximizing data for the upcoming year. We still have the IM4Q program and an Incident Management Data source. Mrs. Bricker stated that they are going to reconvene the Quality stakeholders meeting. We are hoping to get a fluid quality management plan out of it.
- Improve Employment Opportunities- Mrs. Bricker spoke about how our individuals are trained for employment. Customized employment and discovery training takes a look at your skill set and what you want to do instead of randomly just sticking individuals in various job or workshops. A consultant was hired to do a training for 35 or so providers. We also offered a grant for the shelter workshop providers that would help providers focus on getting their individuals competitively employed. Should be receiving results by the end of July along with a strategic plan.
- Transition Apartment Program (Trail Academy)- Instead of waiting for something to happen to mom/dad/caregiver this program gives individuals (25-56) a chance to live in an apartment setting. The program is for 18 months, with intense supports and services focused on preparing the individuals for successful independent living.
- High Cost Home-Challenge was put out to providers because we are not ready for dually-diagnosed individuals in the provider system. A provider did step up to help pilot this program.

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Behavioral Health

Julie Holtry, Deputy Director of Behavioral Health started off by stating that mental health gets the largest amount of money from the block grant (about 61.3%). The 14-15 fiscal year they were able to serve 7,000 individuals. Fifty-one of those were under 5 and One hundred and seventy-nine plus seniors. Services provided range from Crisis Intervention, Involuntary inpatient hospitalization, case management, outpatient therapy, clubhouse socialization program, residential program and camps.

- The Acute Crisis Diversion Program- Used reinvestment dollars to create. Holcomb is the provider. Length of stay is 3-5 days. Nurses, psychiatrists and therapy on site. Step down from inpatient this allows someone to get the supports they still need and a plan to transition into the community. We need to make sure all the services are lined up and that they understand what services they need and what the impact of their medications.
- Mental Health Court Expansion- 37 active participants currently in the program. 23 graduates. This program is for individuals that have committed a crime and have a mental health diagnosis can participate in this structured program. There are requirements for individuals to meet with their case worker, attend their treatment programs, meet with your probation officer and to do community service just to name a few.
- Mental Health Recovery- Looks different for everyone and if you find what works for you that you can lead a productive life. They can get better and well. Individuals should not be stigmatized for having an illness. Individuals can utilize wellness recovery action plan, they can utilize therapy. Some folks need medication and some folks don't. Sometimes it's trial and error. Stigma remains a barrier for folks to come in and get treatment because they don't want to admit that they have an illness. There are two suicide prevention groups. One is run by Mental Health America. The second one is run by Lancaster County Prison. We have an alarming rate of teen suicides due to bullying, abuse and a number of other things.
- Forensic Case Manager- Plan is to hire one to be at the prison. This person will be looking at individuals in the prison that have mental health issues to see what supports they are getting while they are in prison. This person will also help set up the supports they will need when they are released from prison. Ms. Holtry says, that she sees this position working closely with the district attorney's office, public defender's office and judges. Statistics show unfortunately those with a mental health illness stay in prison longer.
- Philhaven Diversion Program- Folks that are coming out of institutions or prison that have no place to go and they don't have any services set up. The hope is to get additional funding from the Mental Health and Substance Abuse. Program will have six beds and individuals could stay up to 3 months. Help them get back into society and get the services that they need.

Drug & Alcohol

Rick Kastner, Executive Director of Drug & Alcohol Commission reviewed with the group that the relatively small budget for D&A is about 4 million dollars and they have a staff of 9 employees. They receive 1.1 million dollars from the block grant money. Recently with the Affordable Care Act and the

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expansion of Medicaid we have a lot of D & A clients are being covered by Medicaid for substance abuse disorders, mental and physical health coverage.

- Extend Detox and Rehabilitation funding- The greatest need is to establish a facility for women and men to detox. As of right now, there is only a seven bed unit for men. Rehabilitation and Detox centers have waiting lists because due to Medicaid expansion more individuals are covered.
- Prevention-More than 20,000 Lancaster County citizens are covered by Medicaid then they were a year and a half ago. Ms. Bulat stated, that we are using a lot of Health Choices reinvestment dollars for treatment
- Opioid Awareness and treatment- Opioid addiction there is an epidemic not only in the state but the nation. 60-80 people die in Lancaster County of drug overdose each year. Treatment is a little tricky because it is a longer term residential program. Also want to focus on increasing our prevention and education services and increase the recovery oriented system of care.
- Would also like to create a Latino Halfway house.
- Would like to expand our Drug & Alcohol services in the schools.

Children & Youth

Crystal Natan, Executive Director of Children & Youth was not present. Mr. Larry George spoke on behalf of Children & Youth and summarized the key points.

- Promoting Evidence Based Programs- Special grant funding that was provided for family group decision making which is an evidence based practices to bring families together in a structured manor to have a family group conference to talk about the issues that brought them to the Children & Youth Agency and to problem solve with their support system. Eighty families have been served this year. MST (Multi Systemic Therapy) program is to work with teens that have an oppositional behavior and defiant disorder and their families so they can be more successful to remain in their communities and their homes. It is covered under medical assistance.
- Truancy Prevention- Check and connect is an evidence based truancy program that is offered through the middle schools in the School District of Lancaster. Program works with children that have truancy issues so that when they get to high school they will be able to be successful in their future education. SDOL was selected due to their high truancy rate.
- Family Center- Through the Community Action Program. CYA provides a certain level of funding that helps CAP with outreach for families in the community. There are all kinds of educational services such as parenting education, problem solving and support from the community center to families with young children.
- Housing- Small grant for Children & Youth to help with funding to maintain housing or helping them get into housing.

Homelessness Assistance Program

Jennifer Koppel, Executive Director of Lancaster County Coalition to End Homelessness explained how the Coalition separated from the County in September 2015 and now is under the Lancaster General Health umbrella. Served 3500 individuals in the 14-15 year. The coalition is currently made up of 160 partners. The number of individuals served this year were 3,512. Out of that number, 543 for rental assistance and 1,527 in other supports. Forty percent identify with mental health issues.

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- C.H.A.R.T (coordinated assessment)- was launched in 2012 using block grant funds. This year we would like to expand CHART an focus on prevention and diversion
- Prevention/Diversion- would like to expanding prevention and diversion activity in the upcoming year.
- Elizabethtown Hub (ECHOS)- Were able to open a women's shelter in December of 2015. They were able to connect with 18 new individuals. Two of them were able to be housed permanently. They were given Impact Partnership Money through the United Way.
- Housing Location- PA lacks affordable housing for individuals. Lack of living wage, lack of affordable housing, lack of health care are all contributing factors. Resources are being provided to potential landlords who would rent to individuals experiencing homelessness.
- Outreach-The Coalition has been out in the county more especially in the Ephrata area were there seems to be drug epidemic. Trying to make sure outreach workers are connecting to individuals where they are. Guy Boyer walks the quadrants every day to reach out to those experiencing homelessness

Human Services

Larry George stated that the Human Services Development Fund allows for creativity and latitude and best represents the cross systems philosophy of what you heard the department heads speak to earlier.

- Care Connections Social Worker- Joint effort between the County and Lancaster General Hospital. Was funded last year by New Choices and they worked out of LGH emergency room. Over 200 individuals were served this last 3 years. The position is currently vacant.
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- Fair Housing Initiative- Lancaster County Human Relations Commission that was disbanded had been overseeing fair housing. Those responsibilities will continue being funded by the County as LHOP assumes the responsibilities.

Public Comments

- Marty Mohn, Consumer- Marty talked about her journey starting 40 years ago and how the services have changed over the years. She also described some of the services that she has been able to take advantage of over the years and is grateful because she wouldn't be here today.
- Julie Weaver, Community Services Group- Ms. Weaver started off by thanking the Commissioners, Larry George and Julie Holtry for their continued partnership. She asked that the funds stay intact because they are a vital piece to services that they provide for consumers.
- Georgie Staley, Program Director at CSG- We cannot put a price on the experiences we are seeing and those experiences are direct result of our staff being able to spend time with individuals. Ms. Staley shared some thoughts and concerns that consumers shared with her. Recovery takes money to support the staff to support the individual.

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- Matt from Tempo Clubhouse- Matt talked about the different job skills he has learned and how to conduct himself at work. We need government support to give people with disabilities to obtain opportunities and skills to get jobs and skills and be productive in the community.
- Mike Greer, Executive Director of Keystone Human Services MH division- Since the closure of the state hospital in Harrisburg they have been surviving on flat funding. They try to do more with less and are able to do that because of their partnership with Behavioral Health.
- Carl Schwartz, Consumer- Recovery has helped him maintain a higher quality of life. Carl spoke about how his case manager helped him obtain the services he needed in his recovery.
- Melanie Everett, Parent of Consumer- She has a son currently in the system living in a Keystone Home. Her son is cooking, cleaning and figured out how to use public transportation to get to doctors appointment. Ms. Everett's son is happy and thriving due to the services that he receives.
- Jo Anne Myers, Keystone Human services- Programs in the community are vital and they do work. We have seen the evidence. If the programs aren't in place then incarceration and institutalization are going to cost more.
- Diana Fullem, Consumer-She has been receiving mental health services for over 30 years. Lancaster County has funded organizations that have demonstrated the recovery philosophy by creating the Lancaster County Recovery Task Force. When the funding was cut the Task Force disappeared. Consumers know longer had the opportunity to talk to a peer. In 2010, Ms Fullem opened the first consumer owned and operated certified Peer Support Service in the Commonwealth.
- Gwen Schuitt, Friendship Community-Talked about how the budget cuts impacted staff and their individuals. She gave a little bit of background on Friendship Community. Friendship has a staff of 440 employees and had to implement a hiring freeze and doing some reconstructing. They maintained the bare minimal requirements to stay compliant.
- Vivian Spiece- Families have expressed their approval over the Acute Crisis Diversion Center over the past year. Initiatives that should be applauded is the addition of a Forensic Case Manager and the Mental Health Court. Ms. Spiece would like to see more public education events to learn more about the changes in the brain when drug and alcohol does to an individual.
- Susan Lily, Executive Director of Arch Street Center- The Arch Street Center has been in existence for 33 years this fall. Provide socialization and recreation with adults with mental health. The Arch Street Center is a place for individuals that suffer from a mental illness can belong. They can make friendships there and get support. This would not be possible without the partnership with Lancaster County Behavioral Health.
- Doug Smith, Mental Health Consumer- Mr. Smith supports the Community Support Program which is a coalition mental health consumers, family members and professionals that work together with individuals with mental health diagnosis.
- Scooter Haas, MHA- National statistics would say one in four adults are living with mental illness. Also, up to 50% of those adults do not seek treatment due to the stigma and being afraid. Last year with a staff of seven, Mental Health America served 7,000 individuals.
- Barbara Anger- Parent- She really appreciates the funding for mental health and is very vital for families with loved ones in the system. Ms. Anger talked about how vital the Diversion Program was for her daughter and is asking that funding not be cut.

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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. *This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.*
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.

■ 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.

■ 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).

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0			
Administrative Management	2,235		1,227,957	33,000	168,651	10,205
Administrator's Office			886,882			896,861
Adult Developmental Training	0		0	0	0	0
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	95		54,396	1,284		
Community Residential Services	164		4,254,594		95,162	
Community Services	0		0			
Consumer-Driven Services	1,720		70,000			
Emergency Services	298		42,775			
Facility Based Vocational Rehabilitation	55		6,810	177,802		
Family Based Mental Health Services	65		120,000			
Family Support Services	3,650		269,873			
Housing Support Services	405		450,949	327,399		127,189
Mental Health Crisis Intervention	3,125		918,847		152,227	197,958
Other	0		0			
Outpatient	508		427,399			
Partial Hospitalization	12		59,605			
Peer Support Services	19		0	42,456		
Psychiatric Inpatient Hospitalization	0		0			
Psychiatric Rehabilitation	210		668,099			
Social Rehabilitation Services	475		643,453			
Target Case Management	1,350		1,041,228		103,960	1,047,318
Transitional and Community Integration	1,850		7,500			
TOTAL MENTAL HEALTH SERVICES	16,236	11,180,367	11,150,367	581,941	520000	2279531

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INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,383,906	0		
Case Management	1925		75,000	2,626,615		
Community-Based Services	700		1,096,530	0		
Community Residential Services	36		1,747,756	0		
Other			0	0		
TOTAL INTELLECTUAL DISABILITIES SERVICES	2661	4,331,335	4,303,192	2,626,615	0	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	3,512		291,915			
Rental Assistance	543		140,000			
Emergency Shelter						
Other Housing Supports	1,527		100,000			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	5,582	370,361	531,915		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	175		356,250		18,750	
Promising Practice	90		33,875		3,764	
Alternatives to Truancy	75		125,350		6,550	
Housing	45		39,950		7,050	
TOTAL CWSG SERVICES	385	606,062	555,425		36114	0

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DRUG AND ALCOHOL SERVICES						
Case/Care Management	105		68,500			
Inpatient Hospital	0		0			
Inpatient Non-Hospital	185		532,036			
Medication Assisted Therapy	21		43,800			
Other Intervention	0		0			
Outpatient/Intensive Outpatient	85		55,860			
Partial Hospitalization	12		5,565			
Prevention	407		84,000			
Recovery Support Services	495		348,000			
TOTAL DRUG AND ALCOHOL SERVICES	1310	1,053,761	1,137,761	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	0		0			
Aging Services	0		0			
Children and Youth Services	0		0			
Generic Services	0		0			
Specialized Services	280		190,500			
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	280	327,274	190,500		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION						
GRAND TOTAL	26454	17869160	17869160	3,208,556	556114	2279531