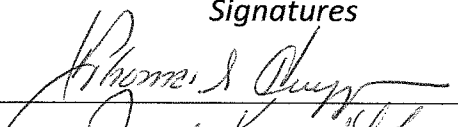
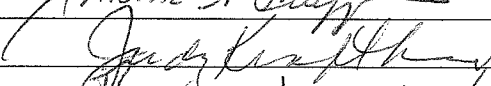
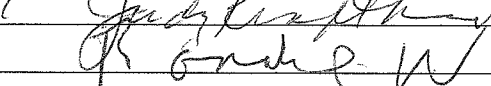


Fiscal Year 2018-2019
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: WYOMING

- 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 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Thomas S. Henry	Date: 5/25/18
	Judy Kraft Mead	Date: 5-25-18
	Ronald P. Williams	Date: 5/25/18

Appendix B
County Human Services Plan Template

The County Human Services Plan is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

- 1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.**
- 2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.**
- 3. Please list the advisory boards that were involved in the planning process.**
- 4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)**
- 5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.**

The Wyoming County Office of Human Services Executive Director, along with the Directors of the Luzerne-Wyoming Mental Health/Developmental Services, Drug and Alcohol Program, and the Luzerne County Director of Human Services and their Fiscal Officers have discussed the proposed budget and eligible service recipients for the human service block grant. The proposed plan is based on information gathered from various sources. Regular scheduled meetings of the Mental Health Planning Committee and each of the Advisory Boards for the categoricals discuss the plan for the Human Service Block Grant program. The Wyoming County Human Services Advisory Board composed of providers, consumers, family members, advocates and staff was established to assist with identification of community needs. These needs will continue to be identified and programs to better meet the community needs will be developed. Mental Health/Developmental Services and Drug & Alcohol Services provider meetings will also supply input into community issues and how funds can best be utilized.

Services provided through Homeless Assistance Program Funds will continue to be based on needs identified through the establishment of a Homeless Coalition and the collection of statistics on homelessness in Wyoming County, under the direction of the Commission on Economic Opportunity will be gathered through the Clarity Information System. The Commission on Economics Opportunity will be involved in the annual random survey of Homeless individuals in Wyoming County.

Participation and input from the public was gathered through two public hearings specifically set to address the Human Service Block Grant. The meetings were advertised in the Wyoming County Examiner and the Times Leader. Notices were also sent via email to provider and stakeholder groups. Attendees were provided with information on the proposed budget, services and estimated impact of clients accessing care. The participants were allowed to provide input on what they believe to be the needs of the community.

An Advisory Board was established to review and identify if the community is being provided the most appropriate services in an efficient and effective manner. This Human Services Advisory Board includes the Wyoming County Office of Human Services Executive Director, Wyoming County Children & Youth Administrator, the Director of Luzerne County Human Services, Wyoming County Office of Human Services Fiscal Officer, community advocates, and representatives from the Wyoming County Commissioners and a representative of the Wyoming County Courts. The primary purpose of this Advisory Board is to determine if the Human Service Block Grant funds are being utilized to best meet the community needs and if additional services are necessary to meet those needs. The Advisory Board will also be responsible for assisting with reallocating Human Service Block Grant funding to assure integration of services are occurring.

The Wyoming County Human Services Block Grant funds will be utilized to provide services to its residents in the least restrictive settings. The Human Services Advisory Board will review its existing services such as Mobile Crisis Response and Medication Assisted Treatments to assure adequate care is available to consumers. The goal will be to increase in-home treatment and intervention services thus reducing the need for hospitalization and residential placements.

The Wyoming County Human Services Block Grant completed its initial year of participation. The only substantial funding change was a reduction in the Mental Health funding and an increase in the Human Services Development Fund to assist with the increase demand for Homeless Assistance and service planning/case management for those identified consumers. This was done due to a reduction in the amount of funds requested by the Luzerne-Wyoming Counties MH/DS program. Since then, the Wyoming County Human Services have met with the Administrator and Fiscal Officer from the Luzerne -Wyoming Counties MH/DS Program to review their request for additional funding.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

- 1. Proof of publication;**
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).**
 - b. When was the ad published?**
 - c. When was the second ad published (if applicable)?**

Please attach proof of publication(s) for each public hearing.

2. **Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)**

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

The Wyoming County Human Services Office conducted two public hearings as part of the Human Services Block Grant Process. These meetings were held on Monday, May 14, 2018 at 10:00 A.M. and Tuesday, May 15, 2018 at 6:00 P.M. in the Emergency Management Operations Conference Room.

The purpose of the public hearings was to obtain stakeholders input for the Wyoming County's planning process of the Human Service Block Grant.

These meetings are part of the county planning process. Information gathered at these meetings will assist the established advisory board which will be involved in the planning processes and in the ongoing review of the use of the block grant funds to assure that county human service needs are being met.

The public was notified of how the Human Service Block Grant funds will be utilized to deliver services including; Intellectual Disability Services, Community Mental Health Services, Drug and Alcohol Treatment and Prevention, Homeless Assistance Services, and Human Services Development Fund. The block grant offers flexibility on where the funds are spent to help better serve the needs of the county residents working in conjunction with Luzerne-Wyoming County's Mental Health and Developmental Services and Luzerne-Wyoming County's Drug and Alcohol program. It is our goal that funds will be utilized where the community has such needs. The proof of publications, sign-in sheets, and summaries of each public hearing are attached to this plan.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

As for employment, the Wyoming County Human Services is not currently receiving any other grants for those services. Wyoming County Human Services will review the opportunities to apply for the funds when such grant applications become available through 2018 and 2019.

Housing:

Wyoming County Human Services has a long standing contractual relationship with the Commission on Economic Opportunity (CEO) to facilitate and coordinate Rental Assistance and

Emergency Housing Services. As part of the request for Human Services funding for housing, the Commission on Economic Opportunity (CEO) will contact the Interfaith Group and Salvation Army to identify available funding. Once the Commission on Economic Opportunity (CEO) has secured such funds, they may request the funding as needed from the Human Services Office.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

Luzerne/Wyoming Counties Mental Health and Developmental Services (MH/DS) continues to use this planning process to recognize improvements and changes within our system. This process also allows us to analyze our system needs and identify gaps in our programming, not just our strengths. This plan reflects changes and improvements within the mental health, developmental and related systems over the past year. The services described, both current and proposed, in this plan are consistent with broad-based stakeholder input and moves the mental health system toward greater choice, consumer empowerment, and increased opportunities for mental health recovery and full community membership for consumers of service.

The Community Mental Health system, comprised of multiple comprehensive Community Mental Health Centers, and a variety of residential, rehabilitative, support services, and advocacy providers/stakeholder groups, has established and continues to work closely with partnering county agencies inclusive of Children and Youth Services, Area Agency on Aging, and the Single County Authority Drug and Alcohol Services in an effort to sustain, and improve health and wellness services across the life-span. These agencies support local residents in meeting and successfully addressing illnesses, disabilities, and social challenges which may present risk factors to individuals and our community as a whole.

Our partnership with HealthChoices, now in it's 13th year, has proven valuable in developing and understanding outcomes data and obtaining consumer satisfaction information essential to support progress and planning for recovery-oriented services. Services such as Warm line, Psychiatric Rehabilitation, Certified Peer Specialists, Supported Housing, Supported Employment, Consumer/Family Satisfaction Teams (C/FST) and self-help/advocacy organizations such as the National Alliance on Mental Illness (NAMI) are in place throughout our system and represent identifiable strengths and resources by which our County Program can build upon in system transformation.

Planning of mental health services has consistently involved collaboration and input from consumers and families, advocacy organizations (NAMI), the Mental Health/Developmental Services Advisory Board, HealthChoices representatives, County Children and Youth, Aging, and Drug and Alcohol representatives, and our provider system to assure the opinions, desires, and advice of this larger stakeholder group remains the basis for system transformation. To ensure consumer and stakeholder input, we hold public hearings and meetings in multiple locations to lessen the burden of travel for consumers and family members. These Public Hearings are held at Catholic Social Services in Hazleton, Emergency Management in Tunkhannock and our

administrative office in Wilkes-Barre. Meetings are held in the evening to maximize attendance. In addition, our office established and maintains several ongoing committees including, but not limited to a System of Care County Leadership Board, Suicide Prevention Committee and the Mental Health Planning Committee, all of which have broad stakeholder membership to assure community input. Notably, the Mental Health Planning Committee.

Stakeholders were able to contribute to the development of this plan by the aforementioned public hearings, committee meetings, staff interviews, Northeast Behavioral Health Care Stakeholder meetings, Community Support Planning meetings and the annual provider meeting. Luzerne-Wyoming Counties MH/DS Program staff attends weekly Community Support Planning meetings (CSP's) at Clark Summit State Hospital. Community Counseling Service's Psych Rehab Program has developed a Community Support Planning Committee (CSP). This CSP committee meets monthly and is also represented at the regional meetings quarterly.

The Luzerne-Wyoming Counties MH/DS Program relies heavily on data to support stakeholder input and provide greater depth and validation to identify unmet needs, plan and implement opportunities and refine local services to reflect a true commitment to the principles of least restrictive services and mental health recovery. Local planning has and continues to incorporate service volume and outcome data from providers as well as our HealthChoices partners to assure parallel, accessible quality services are developed and maintained for persons with medical assistance/other insurance as well as persons who are largely or completely funded by Mental Health base dollars.

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

Luzerne-Wyoming Counties is committed to serving our transition age population with emphasis on those aging out of the foster care system. Through the Luzerne-Wyoming Counties System of Care Initiative, we are working with Open Table. Open Table is a transformative, proprietary model focused on relational and economical poverty. Its research results make it a promising practice. Open Table is faith-based, government partnership where the model implements and trains a system that activates open access to the unlimited intellectual and social capital and community connections of faith community members, congregations, not-for-profits, along with their combined community networks to support the plans of the transitional age individual being served. This model can also be implemented in other populations which can include serving families as a whole. Luzerne-Wyoming Counties continues to engage the community for partnership with the faith-based community. On March 13, 2018, Luzerne-Wyoming Counties had an overview of the Open Table Model presented at Genetti's Grand Ballroom. The audience included faith-based leaders, County Government employees, along with not-for-profit agencies to promote interest in partnering to utilize this model. On May 3, 2018, this presentation was again made at two locations. Again, an overview of the model was presented to engage other faith-based entities with interest in partnering in this model. These two presentations were done around the National Day of Prayer event held on that day at Market Street Square in Wilkes-Barre.

Luzerne-Wyoming Counties Mental Health and Developmental Services recognizes the challenges with raising children and navigating the Social Service System. MHDS has partnered with System

of Care to offer a free workshop to parents, grandparents, foster parents and caregivers of children with ADHD, autism, depression, bipolar, and other behavioral or developmental disorders. The workshop is called Road Map, To Better Services from Doctors, Schools, Insurers and Agencies. It is a lively interactive class that is full of practical strategies, taught by parents who share many of the same challenges. Road Map is a peer-led, interactive, six hour curriculum created by the team up for families. (TUFF) This curriculum is available in both English and Spanish. Road Map offers a step by step guide to coordinate a child's services. Luzerne- Wyoming Counties Mental Health and Developmental Services will continue its dedication in the fiscal year 2018-2019 to help families have the tools they need to access the systems around them.

Luzerne-Wyoming Counties System of Care is currently contracting with Lakeside Global Institute to provide ongoing trauma trainings to the workforce, schools and youth and families in the community. Concurrently, enhanced training is being provided to individuals to develop more trauma competent professionals with the goal of these individuals being able to provide trauma certified counseling as clinicians, promote trauma informed practices in their respective agency, and/or become local trauma trainers for sustainability beyond the System of Care Grant. Approximately 400 individuals will be trained annually in either Trauma 101, 102, 105 or 106. Sixty (60) individuals will be trained in the enhanced training series which consists of multiple courses. Completion of this training is an anticipated 12 – 14 months based on course scheduling.

b) Strengths and Needs: (Limit of 8 pages)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

• **Older Adults (ages 60 and above)**

- **Strengths:** With the assistance of our service providers the Older adults in Luzerne / Wyoming Counties are receiving available services to best meet their changing needs in the community. The collaboration between service providers in our county joiner has made recovery sustainable by our older adult population. Community counseling services has a Senior Counselor whose duties includes but are not limited to assure professional, timely, and comprehensive service delivery to the elderly, their families and/or caretakers. They are also responsible for the orientation, training, and recruitment of volunteers. The Senior Counselor provides one-to-one supportive counseling to peers who are confined to their home environment or chose to remain in a non-stigmatizing environment. The Peer counselor provides support, reassurance, reality-orientation, and serves as a resource advocate to individuals who are isolated, alone, and in need of some type of intervention. This provider also employs a homeless advocate for members who find themselves without housing after a lengthy hospitalization and/or incarceration.
- **Needs:** Supervised housing resources for aging population with mental health needs. Increased understanding of resources and supports for those with dementia. Participants from our older population who present with severe mental illness are difficult to place in a nursing home setting that can adequately meet the mental health needs of the person

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

- Strengths: Recovery-based services for persistent and severe mental illness, in traditional and non-traditional services settings. This includes Recovery-based services such as ACT, FACT, DDTT, Peer Support Services, and Psychiatric Rehabilitation. While continuing traditional services such as our inpatient and partial hospitalization programs. Helpline and 211 continue to be resources in our County joiner. 24 hour Emergency Services availability, choice of three crisis services and three Mobile Crisis Teams. Multiple choices for community mental health services. Increased programming for those involved in the criminal justice system. Multiple low-income and disability resources for housing in Luzerne-Wyoming Counties.

Luzerne/Wyoming Counties has a Mental Health Program Specialist who actively participates in the Wyoming County Hope Coalition to collect data related to the opiate crisis to develop a cross systems plan to address the current epidemic.

- Needs: Step-down supervised housing, more peer supports to empower individuals to recovery. Services which focus on the dual diagnosis concerns such as MH and ID and MH and D&A. Increase need for supports to help those struggling with Opiate Abuse. Continued need to develop skills which focus on the individual's strengths and helping individuals understanding of their responsibility in the recovery process.

The county joiner is committed to serving this population and developing services which strengthen their recovery process. Housing is, and continues to be our greatest need to support the participants of our county joiner who suffer from mental illness. Safe, affordable, housing is necessary for recovery and resiliency.

- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

- Strengths: Luzerne-Wyoming Counties has partnered with area community providers to create a comprehensive service base of children's mental health services which include evidence-based services. We have a continuum of services such as, Family-Based Services, Functional Family Therapy, First Episode Psychosis services and High-Fidelity Wraparound.

First Episode Psychosis remains available to adolescents/transitional-age youth up to the age of 25. These services focus on the coordinated care approach. First Episode Psychosis Treatment Team (FEP) is targeted to meet the needs of individuals who are experiencing early signs of psychosis. The coordinated care approach of staff emphasizes shared decision making and focus on helping individuals reach their recovery goals. Treatment is provided by a specially trained core team and the goal is to engage a person early in treatment. A psychotic episode is treatable and FEP can assist in preventing further occurrences, with appropriate interventions most individuals successfully recover and return to their normal daily lives. The individuals

targeted for this service are typically between the ages of 15-25 who are experiencing early signs of psychosis.

Luzerne-Wyoming Counties Mental Health and community partners are committed to improving housing resources for transitional age youth. Our county joiner has partnered with Catholic Social Services to provide a 12-bed housing unit to assist those transitioning from other settings.

Our joiner is integrating System of Care and the CASSP process to improve the team approach and be able to provide better planning and support for those with transition-age needs.

- Needs: We continue to strive to improve access to resources in the community for transition age youth. More work is needed for appropriate housing and independent living options for transition age youth as well as adults. The joiner continues to need services specially design for for dual diagnosis, autism, mental health/substance use, and criminal justice needs. Despite these challenges the joiner is committed to providing consumers with the highest level of recovery services.
- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.
 - Strengths: Luzerne-Wyoming Counties Mental Health providers have an array of traditional services for children such as Out-patient services, BHRS, and 24-hour Emergency/Crisis services. We also offer services such as First Episode Psychosis (Hope), Functional Family Therapy (FFT), Multi-Systematic Therapy (MST), Family Based Services, Dialectical Behavioral Therapy (DBT), Parent-Child Interaction Therapy (PCIT), High Fidelity Wraparound Services and CRR/Residential Services. One Community Children Mental Health provider has become an integrated health care clinic, providing mental health, physical health and dental care services.

The Youth Task Lead is responsible for working with the System of Care Project Director, the County Leadership Team (CLT), and local county child serving systems on implementation of the proposed System of Care. The duties include: Working with the CLT to develop the strategic plan, working to implement the goals of the strategic plan, working with youth and families to develop support and advocacy organizations, building on existing resources such as local Mental Health Associations and National Alliance for Mental Illness (NAMI), and assisting in the recruitment of additional Youth Members to be part of the CLT.

The Lead Family Contact will be responsible for working with the System of Care Project Director, the County Leadership Team (CLT), and local county child serving systems on implementation of the proposed System of Care. The duties include: Working with the CLT to develop the strategic plan, working to implement the goals of the strategic plan, working with youth and families to develop support and advocacy organizations, building on existing resources such as local Mental Health Associations

and National Alliance for Mental Illness (NAMI), and assisting in the recruitment of additional Family Members to be part of the CLT.

Luzerne-Wyoming Counties System of Care is helping to transform our delivery system. Through Lived experience, participants can share their knowledge and offer constructive feedback and ideas on the future program development and current program improvement. System of Care believes family voice and choice are necessary for obtaining positive outcomes.

- Needs: Our community continues to need evidence-based services specially design for for dual diagnosis needs such as autism, mental health/substance use, and criminal justice for those 18 and younger. We recognize the need for specialized services to meet the needs of those with mental health and developmental concerns such as autism. We are committed to increasing trauma informed care for this age group. We recognize the immense value of peer supports such as youth peer support and family peer support.

Identify the strengths and needs of the county/joinder service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

- Strengths: Luzerne-Wyoming Counties MH/DS Administrative staff continue to work closely with staff from Clark Summit State Hospital (CSSH) to assess and plan for the discharge of members currently receiving treatment at the State Hospital. Through the Community Support Planning Process (CSP) individuals being discharged from the state hospital setting are assisted in developing a discharge plan which can best serve their needs. Services are individualized for each member and all possible supports are put in place prior to the member's discharge. Ongoing review of the CSP is necessary for the member's success in the community. It is crucial the team for each member that is discharged meet, review, and revise the CSP as needed to ensure the success of the member. It is essential to the member's recovery to adhere to the medication regimen that was prescribed at discharge as those medications have proven to be helpful to provide stabilization and discharge back to the community. Traditional Services such as Blended Case-Management, Out-patient, Partial and Psych Rehabilitation services are available and planned for during the CSP process. Non-traditional Community-based services such as ACT, FACT, and Intensive Supported Housing are reviewed during the time of the CSP. Services such as the CRR's and CHIPP Homes, IMED, Peer Supports and Drop-in-centers are available resources to those transitioning out of a state hospital setting. We are committed to the CHIPP initiatives which focus on individuals who have been at the state hospital for at least two years. Luzerne-Wyoming Counties MH/DS has proposed and achieved two CHIPP Initiatives assisting in 17 discharges of residents who were at the CSSH hospital for at least 2 years or longer.

- Needs: Adult individuals need high fidelity supports in the community and safe affordable housing. Continued research development is needed for the proper service development to meet consumer needs. Mental Health community training is needed to help reduce the stigma and assist individuals with their transition back into the community. MH/DS remains committed to the development of supports and services which will assist individuals in their recovery and life process. Expansion of safe affordable housing is needed with high fidelity wrap around supports for adults.
- **Co-occurring mental health/substance use disorder**
 - Strengths: We have seen an increase in coordinated mental health and substance abuse treatment. Our community partners have joined forces to make mental health services available at outpatient addiction treatment centers. Luzerne-Wyoming Counties MHDS with Luzerne County Drug and Alcohol Administrative Office continue to train Mental Health Emergency service staff in the use of Naloxone to address an opiate overdose. In 2018, MHDS and Luzerne County Drug and Alcohol Administrative offices participated in multiple events together in order to provide support and information to the community on Recovery Mental Health services and supports available while a person is also working on their substance abuse issues.

Our local Drug and Alcohol providers have representation on our System of Care Leadership Board. Through this partnership, we have been able to identify Drug and Alcohol prevention and education as a need and are currently developing community events to reach youth and families. Children Service Center offers a co-occurring outpatient program which serves individuals whose alcohol and drug use affects their daily living and causes family issues, school truancy, legal issues, etc. In many cases, an individual's outpatient counselor provides the first step toward comprehensive treatment. Individual counseling helps participants to develop their own personal relapse prevention plans and strategies. It also helps clients find ongoing sources of support and self-help, such as Alcoholics Anonymous, Al-Anon/Ala-teen, and Narcotics Anonymous. Clients can consult our psychiatrist or certified registered nurse practitioner if there is medical concerns or the likelihood that treatment may include medications.

Goals of the Program

- To provide recovery-focused addiction services
- Increase the self-sufficiency of clients and communities
- Provide effective, high-quality alcohol and drug prevention, intervention, and treatment services
- Prevent the onset of alcohol and drug abuse and addiction wherever possible and where it already exists
- To mitigate the effects on individuals, families and communities

Children's Service Center, in addition to the aforementioned program and two Certified Recovery Specialists, are also working with our System of Care and Community Care Behavioral Health to pilot an evidenced based prevention program in their Community School Base Behavioral Health Program (CSBBH). This program adds a Drug and Alcohol therapist to the CSBBH team to provide education to the youth and family regarding drug and/or alcohol concerns and can furthermore act as a support to linking with appropriate drug and alcohol services should this therapist not be the family's choice nor appropriate level of care. In addition, this therapist will provide this school district (Pittston Area), support in preventative education, on site consults, along with individual outpatient service where applicable to meet the needs of children within the district.

Northeast Counseling Services (NCS) continues to operate New Challenges Partial Hospitalization program – designed specifically for those with co-occurring disorders. NCS' Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) programs have drug and alcohol specialists on the teams. NCS employs two Certified Recovery Specialists

- Needs: Our County joinder continues to need more community education and awareness of SMI and substance use to decrease the stigma of addiction. Better screening is needed to help individuals recognize their level of addiction and underlying mental health concerns.

Luzerne-Wyoming Counties MHDS is committed to expanding evidence-based services for co-occurring disorders and provide community training for stigma reduction. We continue to strive to add peer and family support for those with co-occurring disorders.

- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
 - Strengths: Luzerne-Wyoming Counties MHDS strives to offer recovery-based services for individuals with SMI and justice involved needs. We have a multitude of traditional and non-traditional services such as outpatient, Partial, Psych Rehabilitation Services, Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Multi-Systemic Therapy (MST) and the Intercept Model for Early Diversion (IMED). Luzerne-Wyoming Counties continues to provide a prison based program which has grown and provided much needed mental health supports to individuals in the correctional system. The prison based program includes two case managers that provide supports to inmates who are in need of establishing community connections prior to re-entry in an effort to reduce

recidivism. This program has been well received by the inmates as evidenced by the requests to participate. It is Luzerne-Wyoming Counties goal to provide the needed supports to inmates so they can be successful upon their release back to the community. In addition Luzerne-Wyoming Counties is expanding its Mental Health Court which has proven to be successful in assisting individuals who suffer from an SMI and are involved in the legal system as an alternative to incarceration. Programs of these types nurture growth and partnerships with community based providers. Access to counseling, peer specialists supports and case management are offered. Case management and peer support services will follow individuals upon release to assist with the transition into the community. Those who qualify will be referred to the Forensic ACT program.

A Community-Based Competency Restoration Program will be piloted beginning July 1, 2018 in an effort to provide speedy access to competency restoration within Luzerne/Wyoming Counties without the lengthy wait time they currently have so treatment can begin as quickly as possible. Luzerne-Wyoming Counties office of Mental Health continue to strengthen the relationship with our judicial system. Our Counties' judicial system is committed to providing alternatives to individuals with SMI who are involved in the legal system other than incarceration.

- Needs: : Luzerne-Wyoming Counties MHDS needs to continue supports which are tailored to individuals with SMI and criminal justice needs. Inmates returning to the community struggle with housing, counseling, and income supports. Mental Health recovery-based services, education and life skills training is needed for the forensic population. Treatment is far more cost effective than incarceration.

- **Veterans**

- Strengths: Luzerne-Wyoming Counties offer a host of recovery-based services for Veterans who suffer with persistent and severe mental illness. Services are provided in traditional and non-traditional settings such as Outpatient, Partial, Psych Rehabilitation, ACT team, FACT team, DDTT, 24-hour Crisis Emergency services and Mobile Crisis services. The collaboration between Luzerne- Wyoming Counties Mental Health and the Veterans Administration (VA) has provided supports to enhance the recovery of our local veterans. Luzerne-Wyoming Counties sponsored an overview of traumatic brain injury (TBI) to service providers who provide care to veterans in our county joinder. The presenter was from the Brain Injury Association of Pennsylvania. Our county joinder recognizes that the prevalence of mental health conditions and TBI are significantly high due to the unreported exposure to combat trauma and mental health conditions amongst returning veterans. The need for treatment is high, but few receive adequate care due to the fact veterans feel that care would not be kept confidential and could preclude them from future job assignments. Education to this population will be offered periodically to help bridge the gap to treatment, recovery, and resiliency. Luzerne-Wyoming Counties MHDS has partnered with our Veterans Administration to share resources to best meet the

needs of the Veterans in our area who suffer from SMI. A representative from the VA now attends CSP meetings at CSSH when a veteran is involved to ensure all possible services can be provided to strengthen recovery.

- Needs: Veteran supports to help facilitate treatment and recovery. In addition, supports to empower the Veteran to stability such as education, employment opportunities and everyday life skills. Education is strongly needed for veterans in Luzerne-Wyoming Counties to overcome the stigma that veterans feel to have their mental health needs met.

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

- Strengths: Luzerne-Wyoming Counties have acknowledged the presence of this population and the emotional effects it has on individuals who are struggling. Interpersonal relationships as well as family acceptance is a barrier our community is striving to overcome. Our System of Care began providing both provider and community education with the assistance of the University of Pittsburgh – Cultural and Linguistic Competency trainings beginning May 2017. Through this training along with developed online trainings, we continue to expand our local Cultural Brokers' list and share these resources. Our System of Care's Cultural and Linguistic Competency Committee continues to grow and partner with local Universities for technical assistance along with SAMHSA's TA Network (University of Maryland). We plan to implement the term SOGIE (sexual orientation gender identity and gender expression) over that of LGBTQI by 12/2018, as this is the preferred term in the community.

Luzerne-Wyoming Counties has partnered with the University of Pittsburgh and local cultural brokers to develop a training video to educate and raise awareness regarding this population as well as other minority groups. This video is utilized by all County Human Service employees and shared with the system provider partners throughout the joiner. The Cultural and Linguistic Committee has also added representation of this population to the committee.

- Needs: Barriers to adequate service are currently identified as lack of legal protections, sporadic inclusive policies, limited worker experiences, lack of competent providers, historical experiences and difficult situations, i.e. not the same as the heterosexual counterpart. The joiner has identified the major stressors on LGBTQ Youth as stigmatization, rejection by family, harassment/violence, social isolation, suicide risk, "myths" and lack of information, lack of role models, drug and alcohol abuse, a sense of difference, homelessness and socialization which is based on deception. Luzerne-Wyoming Counties will look to create an inclusive infrastructure, safe and welcoming environments and develop effective communication skills when serving this population.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

- Strengths Availability of bilingual staff in major provider organizations. Agencies increase focus on being culturally competent and culturally sensitive while providing services in our county joinder. Our office continued to offer several multi-week “Conversational” Spanish classes for those working in the Office of Human Services as well as our providers.

Luzerne-Wyoming Counties has partnered with the University of Pittsburgh and local cultural brokers to develop a training video to educate and raise awareness to working with linguistically diverse populations which includes limited English proficiency. This video is utilized by all County Human Services employees and shared with the system provider partners throughout the joinder.

- Needs: Luzerne-Wyoming Counties will look to create an inclusive infrastructure, safe and welcoming environments and develop effective communication skills when serving all populations. Increase availability of bilingual staff and documentation. Luzerne-Wyoming Counties have a growing immigration population with a limited pool of medical and behavioral health professionals to fully meet the needs of the ethnic populations.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)

- Strengths: Luzerne-Wyoming Counties sponsored 3 trainings on Traumatic Brain Injury which was well received by our service providers. The trainings were conducted by The Brain Association of Pennsylvania.
- Needs: We are currently waiting for the Brain Association of Pennsylvania to develop a follow up to the first TBI presentation.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

Yes No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

Luzerne-Wyoming Counties, in collaboration with the University of Pittsburgh, have filmed and developed three Cultural and Linguistic Competence Trainings, which are available online. These videos are available to all County Human Services employees and system partners as a priority, but are also accessible to the community. Through our Cultural and Linguistic Competency Committee,

we have identified several Cultural Brokers who are willing to provide education and information to our providers and community. We acknowledge a culturally and linguistically competent system includes skills, attitudes, and strategies to ensure it is effectively addressing the cultural and communication needs of participants and families with diverse economic and social resources and values. We are striving to make this common practice in the joinder. The needs of individuals in Luzerne-Wyoming Counties can best be served when our service providers were well versed and educated on the cultural and linguistic needs of the individuals they serve.

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

The 2018 Suicide Prevention initiatives are intended to be available for all ages and we have the potential to reach thousands of individuals and families by increasing and dispersing resource materials. The goal is to dispense materials through local school districts, community businesses and providers. We've started the initiatives by moving our Suicide Prevention meetings into community settings where appropriate, first starting in the area school districts. We have focused on lived experience concerning mental health issues and suicide prevention. Collaboratively we share resources on suicide prevention and Mental Health. The Suicide Prevention Committee in 2018 developed a slogan which was used by the Children's Mental Health Awareness Creative Artwork Contest and System of Care. The slogan is BE KIND WORDS CAN HURT. Bracelets were made with the slogan and now available to the public for mental health awareness and suicide prevention. In 2018, a Public Service Announcement was developed in collaboration with Luzerne-Wyoming Counties Mental Health and NCM for Suicide Prevention and stigma. This Public Service Announcement on suicide prevention touches 32,000 people per month. The Suicide Prevention Committee and Family Service Association have collaborated to develop suicide prevention stickers. The stickers have the local Help Line number, the national hot-line number and point out through connections, we can reduce stigma and help one another. The stickers will be distributed by the schools, community providers and the public. The goal is to reach those not already involved in the Mental Health System. Our committee intends to have stickers with Help Line numbers in gyms, restaurants, community mental health centers, doctors' offices and more. We continue to offer gun safety locks to the community with the national and local crisis numbers. The goal for 2018-2019 is to bring a QPR program to our community and to join in on a national suicide prevention campaign. We are actively looking for a train the trainer QPR program for the county joinder.

We continue to outreach for evidence-based suicide prevention resources and a program specialist from our office participates in the task force meetings with preventsuicide.pa.org.

c) Supportive Housing:

DHS' five-year housing strategy, Supporting Pennsylvanians through Housing, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)

1. Capital Projects for Behavioral Health		<input type="checkbox"/> Check if available in the county and complete the section.						
<p>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).</p>								
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project first started
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health Check if available in the county and complete the section.

Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.

*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Notes:								

3. Master Leasing (ML) Program for Behavioral Health Check if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 -19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
County	\$242,363	\$400,005	43	50	24	43	\$374	2010
Notes: Some landlords rent multiple units to the Volunteers of America (VOA) PA.								

4. Housing Clearinghouse for Behavioral Health Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Staff FTEs in FY 16-17	Year Project first started
Notes:						

5. Housing Support Services for Behavioral Health Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.

*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Staff FTEs in FY 16-17	Year Project first started
Step-by-Step, Inc.	\$147,460	\$2000,000	54	63	38	1980-2001
Wilkes-Barre Behavioral Hospital Crisis	\$352,450	\$353,000	8	8	10	1997

Residential Unit (WBBH CRU)													
Allied Services	HSBG	\$288,317	\$290,000	62	60-65				4			2016	
Northeast Counseling Services	HSBG	\$421,824	\$485,083	17	17				10			1989	
Notes:													

6. Housing Contingency Funds for Behavioral Health													
<input checked="" type="checkbox"/> Check if available in the county and complete the section.													
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.													
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19				Average Contingency Amount per person	Year Project first started			
Step-By-Step, Inc.	HSBG	\$4,428.17	\$10,000	10	10				500	2014			
Notes:													

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<p>7. Other: Identify the Program for Behavioral Health <input type="checkbox"/> Check if available in the county and complete the section.</p> <p>Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Year Project first started			
Notes:									

d) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

1. Community-Based Competency Restoration Program Pilot Project

Narrative including action steps: Luzerne-Wyoming Counties Mental Health and Developmental Services (MHDS) is interested in creating a community-based, outpatient competency restoration program for individuals deemed to be incompetent to stand trial but do not require incarceration as they are not viewed as a risk/harm to themselves or the general public. Defendants deemed incompetent to proceed on criminal charges in the Luzerne County Courts have not been consistently provided speedy access to competency restoration treatment at either Norristown State Hospital (NHS) or Torrance State Hospital (TSH). Since 2015, defendants at Luzerne County Correctional Facility (LCCF) that are referred to either NHS or TSH have waited an average of 12 months prior to receiving a bed, the longest wait being 19 months and the shortest being 3 months. While NHS and TSH have attempted to accept these defendants awaiting a bed in an expeditious fashion, but both are generally operating at maximum capacity, causing significant delays in competency determinations for the defendant to either be deemed competent to return to Court or deemed unable to be restored and transferred to a Civil Commitment bed. Ultimately, such delays effect incarcerated defendants to further mentally decompensate and/or to lengthen the time spent awaiting trial than if the defendant accepted a guilty plea. Unfortunately, Luzerne-Wyoming Counties does not have any other alternative of competency restoration afforded to them other than at NHS and TSH.

The proposed community-based competency restoration program would offer a least restrictive and cost-effective alternative for defendants adjudicated Not Competent to Proceed and who do not appear to require the full structure, services and security of an inpatient setting to complete restoration treatment. Defendants eligible for the program are defendants incarcerated at the LCCF or defendants that have been deemed incompetent to proceed but are not currently incarcerated. A behavioral specialist and/or licensed psychologist would assess defendants for appropriateness in the outpatient program. The assessment would address issues including but not limited to treatment amenability and assessment of factors that may put the general public or the defendant at risk. The behavioral specialist and/or case manager would address community-based needs including the home environment. A licensed

clinical psychologist would conduct regularly scheduled evaluations to update the presiding Judge on the defendant's status of competency restoration. A behavioral specialist will provide the psychological and psych legal restoration. The restoration treatment would be provided through group therapy once per week for 1.5 hours, with no less than two (2) defendants and no more than ten (10) defendants enrolled in the group at one time. In addition to the restoration treatment, the defendant will be afforded regular psychiatry medication management appointments and partial hospitalization group therapy, if deemed appropriate.

The defendant will be evaluated every 30 days with treatment notes and progress reports provided on a weekly basis. Defendants would be formally evaluated and a written report of the findings would be submitted to the Luzerne County Courts on a Court prescribed basis, in accordance the Mental Health Act. If the defendant is deemed to have made significant progress and it is identified during a 30-day review, then a formal evaluation will be completed and submitted to the Courts in a timely fashion.

Competency is defined as an individual's ability to understand the nature or object of the criminal proceedings against him/her and to be able to participate and assist in his/her defense. The competency restoration groups will focus on three main issues: Understanding, Reasoning and Appreciation, each of which relates conceptually to one of the Dusky criteria. *Understanding* and assessing the defendant's capacity for a factual understanding of the legal system and the process of adjudication. *Reasoning* assesses the defendant's ability to assist counsel. *Appreciation* assesses the defendant's capacity to appreciate his/her own legal situation and circumstance.

Additionally, the community-based competency restoration groups and individual therapy will focus on the defendant's: Appreciation of Charges; Appreciation of Possible Penalties; Understanding of the Adversarial Legal Process; Disclosing Pertinent Facts to his/her Attorney; Appropriate Courtroom Behavior; Testifying Relevantly; and Any Other Competency Related Issues.

In addition to the above, MHDS is also proposing the creation of a jail-based competency restoration program for defendants housed at the LCCF that do not qualify for the community-based program. The jail-based program would only be utilized when a defendant has been deemed incompetent to stand trial and is awaiting release from LCCF into the community-based restoration program or awaiting a forensic placement at either NSH or TSH. Notably, the jail-based competency restoration treatment is not to be viewed in lieu of the community-based restoration or forensic state hospital restoration programs. The jail-based program at LCCF will provide the same competency restoration program as outlined above, but all services will take place at LCCF. The defendant will also be afforded the opportunity to work with the psychiatrist and the psychiatry department at LCCF.

Luzerne-Wyoming Counties MHDS will offer Competency Restoration to surrounding Counties with the understanding that Luzerne-Wyoming Counties members have first priority.

Timeline: Proposed Implementation Time line

- Phase 1 - July 1, 2018: Meeting with Luzerne/Wyoming Counties Judges, Luzerne/Wyoming Counties Jails, Conflict counsel, and Public Defender
Meet with Norristown State Hospital
Meet and discuss with Philadelphia County Competency Court
Secure locations and two staff
- Phase 2 - August 1, 2018: Individual treatment
- Phase 3 - Late September 2018: Group treatment

Fiscal and Other Resources: The proposed budget includes payment for service fees by the Licensed Psychologist and the Behavioral Specialist as well as a defendant's expenses that are not covered by the defendant's health insurance, which contribute to the awarded provider that will be conducting the groups in their community center and at LCCF. It is estimated that the Licensed Psychologist will spend up to 4 hours per week assessing defendants for eligibility and/or assessing the defendant's level of competency progress towards restoration. The Licensed Psychologist would be charged with program oversight, writing timely reports to the Court on the defendant's status and informing the Court whether a defendant is deemed restored or un-restorable. The estimated fee is \$175.00 per hour for approximately 200 hours annually for a total budget up to **\$35,000.00** per year. The Behavioral Specialist will be required to have a Master's level of education and hold a license in the Commonwealth of Pennsylvania eligible to conduct therapy. The Behavioral Specialist is estimated to spend up to 8 hours per week with the defendants between a group setting, individual setting and supervision. The Behavioral Specialist's hourly rate would be \$50.00 for approximately 8 hours per week. It is estimated that the Behavioral Specialist will spend approximately 400 hours annually for a budget up to **\$20,000.00**. The fee per group participants is estimated at \$15.00 per 15 minutes per participant. It is estimated that each participant in the group would cost approximately **\$90.00** per 1.5 hour group. These fees would be paid to the facility housing the community-based restoration program and would include those fees associated with such activity. The minimum number of participants is 2 and the maximum is 10 for the community-based and jail-based restoration groups. If both groups were at capacity of 10 defendants each for 48 weeks, the total cost from the participants would be no more than **\$86,400.00** per year. The total estimated cost per year for the pilot project is **\$70,700.00 to \$141,400.00**. MHDS is requesting a 4-year pilot project for a total amount of **\$282,800.00 to \$565,600.00**.

Tracking Mechanism: Billing invoices and number of members participating in the Program.

2. Luzerne County Specialty Court Expansion Proposal

Narrative including action steps: The Luzerne County Mental Health Court, referred to as the Specialty Court (SC), is the specialized treatment court within the Luzerne County Criminal Justice System that identifies and intercepts non-violent, adult offenders suffering from a diagnosed mental illness or a co-occurring disorder to provide effective intervention to reduce and/or eliminate the risk of recidivism. SC accepted its first participant in September, 2009, and since that time, the program has served 147 participants, 74 of which have successfully graduated the program. The SC has a maximum capacity of 40 participants with the existing staff.

The SC is a voluntary post-plea program wherein the participant is typically sentenced to 24 months of supervision in the SC. Over the past 9 years, intercept/intervention strategies have been developed and implemented with a focus on “the-least restrictive” methodology, balanced with public safety concern, and client choice, whenever possible. SC provides access to a continuum of mental health treatment and rehabilitative services. Upon recommendation and psychological screening, participants in the SC are diverted from the traditional, untreated jail sentence into effective, evidenced based treatment programs independently matched to the specific level of care needed by the participant. The treatment programs include but are not limited to the following types of evidenced-based treatment programs: Case Management, Integrated Mental Health and Substance Abuse Treatment, Medication Management, Illness Management, Supported Employment, Forensic Assertive Community Treatment (FACT) and Supported Housing Services.

The SC “Team” consists of the Judge who ultimately assigns the sentence and/or penalties, the Coordinator, a specifically assigned Assistant District Attorney and a senior trial assistant, a specifically assigned member of Conflict Counsel, a Court Liaison, a specifically designated Probation Officer(s), Case Manager(s) and a Housing Specialist.

The Coordinator is charged with coordinating the care of each client with all above listed members of the SC Team, as well the Luzerne County Correctional Facility (“LCCF”) Psychiatric Staff. Coordination includes all trainings relevant to and related to mentally ill offenders, the preparation of the weekly court docket, and clinical oversight of all SC participants. The Coordinator assists with addressing questions and concerns of all participants related to their mental health concerns or their case process, follow up with their treatment plan compliance, and/or general questions regarding the SC.

Following the submission of the defendant’s application for admission and the recommendation of either the District Attorney’s office, the Coordinator will conduct all mental health screenings and psychological assessments of each defendant to determine diagnosis, suitability for treatment and rehabilitation within SC and to assist with each therapeutic regimen. The SC Coordinator is also tasked with conducting psychological evaluations consisting of cognitive, personality, and malingering assessments when necessary to assist with a defendant’s appropriateness for the SC when there exists limited or no mental health history.

In addition to the foregoing, the Coordinator conducts two weekly meetings of various members of the Team. Once a week, the Coordinator will conduct meetings with the SC Team (“Team Meetings”) at which time the entire Team reviews the status and progress of each participant. The SC team discusses each participant’s development in the Court, which may consist of the participant’s advancement, incentive, or sanction based on the participant’s treatment compliance. The SC Team will collectively decide a participant’s eligibility and/or acceptance, phase advancement, sanctions/incentives, changes in treatment and use of ancillary services, graduation, and termination. All Team Members are responsible for encouraging the participant to participate and comply with program requirements.

Separate and apart from the Team Meeting, the Coordinator conducts a separate weekly supervisory meeting (“Supervisory Meetings”) with the SC Probation Officer(s), SC Case Manager(s), LCCF Psychiatric Staff, Forensic Assertive Community Treatment (FACT) director and the Housing Specialist. The purpose of the Supervisory Meetings is to facilitate the communication between the Probation office, LCCF and the numerous community mental health centers as related to the legal and/or clinical problems and concerns of a participant.

Finally, each week, each participant must appear before the Court in the presence of the Team. While the Team has discussed each aspect of acceptance, termination, treatment and/or progress, final determination of the participant's next phase is left to the final authority of the Court.

In March of 2017, the Luzerne County President Judge, the Honorable Richard M. Hughes III, met with the presiding SC Judge, the Honorable Joseph Sklarosky, Jr., and the SC Coordinator, William F. Anzalone, Jr., Psy.D., to discuss the expansion of the current SC. The President Judge expressed high interest in increasing the number of participants in the SC. Based upon such potential, the following two-phase expansion plan is submitted for consideration. Specifically, the first phase ("First Phase") would increase the maximum participant capacity from the current maximum number of 40 participants to 50 participants. Once the SC sustained approximately 45 to 50 participants for a designated period of time, the second phase ("Second Phase") would be implemented, such that the maximum capacity of participants would increase to 75 participants.

Timeline:

First Phase: Implementation to start July 1, 2018. At this time, the First Phase is anticipated to last one year. During this time, it is anticipated that no additional staff or Team Members are necessary to increase the SC from 40 to 50 participants. However, the Coordinator's position would have to increase from the existing 920 contracted hours with Luzerne County Mental Health and Developmental Services to 1,020 hours to accommodate the review, clinical intake, assessments, analysis and case presentation of additional referrals. The hourly contracted rate for the Coordinator would remain as initially contracted at \$77.50. A budgetary increase is proposed for the First Phase of an additional **\$7,750.00**.

Second Phase: Implementation to start July 1, 2019. At this time, the Second Phase is anticipated to last three additional years. However, in order to achieve successful maximum participation of 75 participants, the SC must increase the roles of the Coordinator, Probation Officer(s), Assistant District Attorney (ADA), District Attorney Senior Trial Assistant(s), and Conflict Counsel. To ensure appropriate diligence to the Court to increase the number of participants to 75, the Coordinator's position in Year 2 (Year 1 of the Second Phase) would require an increase of 810 hours, from 1,020 hours to 1,830 hours, for a budgetary increase of **\$70,825.00**. It is anticipated at this time that Years 3 and 4 of the Second Phase would focused on maintaining the maximum participants in the SC. Therefore, the Coordinator's hours would then reduce from 1,830 to approximately 1,300 per year to maintain the number of participants. Years 3 and 4 of the Second Phase would equate to an additional 380 hours of the existing contract, and additional **\$29,450.00** per year.

In addition, the ADA's current position with the SC is an annual budget of \$22,000.00. The ADA devotes approximately 25% of her full-time schedule to the SC. When the SC is expanded to 75 cases, it is anticipated that the ADA will have to devote approximately double the amount of time devoted to the SC in the Second Phase Year 2 through Year 4. The ADA increased budget would be **\$22,000.00** per year for Years 2-4 would be a total of **\$66,000.00**. The Coordinator's and ADA's total budget increase including First Phase (1 year) and Second Phase (Years 2-4) equates to a total increased budget of **\$203,475.00** over the 4 year projection.

It will be determined as the Program expands to allocate funding for an increase in staff pertinent to the program: ADA, PT Probation Officer, Trial Assistant.

Fiscal and Other Resources: Total Budget Requested:

- First Phase Year 1 Budget: \$7,750.00
- Second Phase Year 2 Budget: \$92,825.00
- Second phase Year 3 Budget: \$51,450.00
- Second Phase Year 4 Budget: \$51,450.00

Total 4 Years: \$203,475.00

Tracking Mechanism: Billing invoices and number of members participating in the Program.

3. System of Care Expansion

Narrative including action steps: Systems of Care (SOC) is about changing the way that youth, families, government and communities carry out their responsibilities to each other:

- Youth and families are acknowledged to be central to the identification and delivery of services and supports,
- Youth and family organizations support individual youth and families, and help make policy and funding decisions,
- All child-serving systems collaborate, share resources and support one another,
- Natural supports are as important as paid services, and
- Communities are engaged and transformed to be welcoming and supportive of all youth and families.

Goals

- To maintain and enhance the infrastructure for a SOC (ongoing)
- To provide a continuum of treatment and support services for youth with complex behavioral health problems and multi-system involvement (ongoing)
- To create trauma informed systems (planning committee formed 5/2017, formal training to workforce began 7/2017, through the use of local trainers. Luzerne-Wyoming Counties through SOC have entered into contract with Lakeside Global Institute. As part of this agreement, annually more than 400 individuals will be trained in either Trauma 101 or Trauma 102. Furthermore, youth, family members and educators will also receive specialized Trauma trainings to enhance their understanding of trauma. Also, 60 employees will enter an enhanced trauma course which includes certification upon completion to deem them trauma competent professionals. This course duration is approximately 1 year, meeting for 2.5 hours every other week. This course includes the ability for our staff to become local trainers of this curriculum.)
- To establish a system of identification, treatment, and support for individuals experiencing early onset of serious mental illness (Children's Service Center's Helping Overcome Psychosis Early program began marketing 11/2016, began accepting referrals 1/2017, marketing, Community Care Behavioral Health and CASSP contribute to identifying candidates. More than 20 individuals have been enrolled into this service through year 1.)
- To establish and sustain SOC as the way in which behavioral health services for children and youth with severe emotional disturbance are delivered throughout Luzerne County (County Leadership Team was formed in 1/2016, goal is ongoing)

Timeline: The following list of Strategic Plan Action Steps are provided as a guide to the responsibility of the County Leadership Team (CLT) and the staff of the Luzerne County System of Care Initiative. These steps will be achieved through the grant through September 29, 2020:

- Add more youth and family members to the CLT, and provide training and support to have them serve in leadership positions, (ongoing, currently 6 dedicated youth and 6 dedicated family members. However, outside the CLT, approximately 6 additional youth and 8 additional family members serve on respective leadership groups.)
- Implement the areas for enhancement identified by the CLT, including development of “job descriptions” detailing responsibilities and commitments for CLT Members, provision of training, reports to the community, and alternative meeting times/locations, (6/2017)
- Develop a process for enabling the CLT to systematically address the major issues for youth and family services in Luzerne County, (CLT established 1/2016, ongoing)
- Hire a Lead Family Contact (LFC) to support and facilitate families to be engaged in all aspects of the SOC at all levels, including planning, design, financing, outreach, evaluation and implementation of parent peer support services. The LFC will organize family efforts in the development of a family-run organization, (contract awarded to Northeast Counseling 4/2017, position filled 5/2017)
- Hire a Youth Task Lead to be responsible for facilitating the involvement of youth in all aspects of the SOC at all levels, including planning, design, financing, outreach, evaluation and implementation of youth peer supports. The Youth Task Lead will also lead the development of an organizational entity for youth support and advocacy in Luzerne County, (contract awarded to Northeast Counseling Services 4/2017, position initially filled 7/2017, however, 2 separate youth have accepted and later resigned due to personal/professional growth).
- Strengthen and empower the CLC Committee of the County Leadership Team to be responsible for developing a plan for identifying culturally and linguistically appropriate goals, policies, training, and management accountability, (CLC Committee established 10/2016, expansion and enhancement 5/2017)
- Work with the TA Network and the CLT to develop a comprehensive social marketing plan by the end of the first year of the SOC grant, (TA Network assistance 9/2017. Our social marketing plan is established which includes outreach strategies, along with community events.)
- Develop training on SOC principles and practices for the staff of the child-serving agencies in the County to provide a common basis for the staff to work together, to utilize all resources, and to have shared responsibility for effectively serving youth and families, (training curriculum and presentation developed 6/2017, initial training module 7/2017. This module has been revised and will continue to be implemented emphasizing youth driven and family driven principals. Along with the System of Care Project Director, this module is delivered by the Lead Family Contact and the Youth Task Lead.)
- Expand the availability of Youth Mental Health First Aid (YMHFA) training through the System of Care to educate the community about youth mental health, (partnered with NAMI to deliver trainings at least 1 session every 45 days, initial session 8/2017, sessions continue to be offered at no cost to the community.)
- Establish an evaluation committee of the CLT to provide input, and to monitor the evaluation and quality improvement process in Luzerne County, (Committee proposed and duties have been assigned to the SOC Governance Committee, 1/2018. This committee has open communication with the University of Pittsburgh who provides technical assistance along with real time data and outcomes of programs measured through the SOC Initiative)
- Increase the use of the existing High Fidelity Wraparound (HFW) resource, and expand when necessary, (ongoing)
- Explore the concept of providing training on HFW to staff of all agencies so that they can use the principles and practices with the youth and families they serve that may not be involved in HFW, (10/2018)

- Develop an array of informational material to provide basic information about services and supports that are available and how they can be accessed by youth and families, (System of Care will have an independent website developed by 7/2018, furthermore the Luzerne County website will be relaunched in 5/2018, which will have a dedicated page. Social marketing plan has been developed and has been implemented.)
- Develop Memorandum of Understanding to detail the working relationship, expectations, and commitments of the child-serving agencies to collaborate for the benefit of youth and families in Luzerne County, (9/2017)
- Develop processes to utilize residential treatment programs that focus on individualized treatment planning and tailored service delivery, intensive family involvement, comprehensive discharge planning and post-discharge follow-up to support reintegration in the community, (12/2018)
- Work with the State Office of Mental Health and Substance Abuse Services and the Behavioral Health Managed Care Organization to determine how to establish, credential, and pay for Youth Peers and Family Peers Supports in the County, (The state has approved the funding of certified peer specialists to now serve youth aged 14 through 18, conversations continue regarding family peer support funding.)
- Develop a comprehensive approach to address the needs of transition age youth and young adults to include support for life management skills, along with housing, vocational, and evidenced based treatment services.
- The Luzerne SOC will be an integral part of the Truancy effort, working to identify the root causes of truancy and developing coordinated and collaborative plans with agencies, school districts, and the Court to ameliorate the root causes of truancy, (ongoing)
- Capitalize on resources of the SAMHSA Technical Assistance (TA) Network to consider options and develop plans for parent education and treatment for young children. The plans will include supporting and enhancing existing services, as well as identifying emerging needs and new services and supports that might be appropriate, (use of nationally recognized trainings offered at no cost with incentives and accommodations offered to improve attendance, beginning 8/2017. Trainings utilized to date include: Road Map / Team Up for Families, specialized Trauma trainings, Youth Mental Health First Aid.)
- Develop formal agreements to use local college and university resources to implement the community trauma training, and to provide technical assistance and coordination for the organizational self-assessment and development of agency trauma plans, (agreement with Luzerne County Community College 5/2017, organizational self-assessment presentation 8/2017. Based on feedback from partners, SOC moved forward contracting with Lakeside Global Institute to provide training, technical assistance and the development of local trainers for sustainability.)
- Build on the Luzerne County First Episode Psychosis (FEP) demonstration project to ensure that individuals who are in the early onset of a serious mental illness are identified as early as possible, and receive a wide array of services and supports, (began accepting referrals / delivering service 1/2017, ongoing training/technical assistance provided by Dr. Irene Hurford.)
- Develop a Memorandum of Agreement involving all of the child-serving systems in Luzerne County to enable the CASSP Meeting to be enhanced and used as the mechanism for the identification of, and planning for, youth with complex, multi-system challenges, (9/2018)
- Develop Memorandum of Understanding with the Student Assistance Program (SAP) so that CASSP meetings can serve as a resource for schools when the SAP Teams identify complex and challenging situations, (9/2018)

- Establish a Financing and Sustainability Committee to be responsible for identifying the essential components of the SOC and to develop plans to assure sustainability. (The SOC Governance Committee has assumed this responsibility, 1/2018)

Fiscal and Other Resources: SAMHSA (Substance Abuse and Mental Health Services Administration) requires the creation of a comprehensive financing plan, with sustainability strategies by the end of Year Two of the grant. The Luzerne County SOC Leadership Team will establish a Financing and Sustainability Committee to be responsible for identifying the essential components of the SOC and for developing plans to assure sustainability. Potential financial resources to be examined by the Committee include state allocations to each of the child-serving systems, Federal Community Mental Health Services Block grant, State Human Services Block Grants, Behavioral Health Managed Care Organizations, and local philanthropic resources.

One of the primary reasons that the Erie and Luzerne Counties have elected to work together is to share information, resources, and ideas on how to utilize the Grant resources, create the required Matching funds, and monitor/evaluate their SOC development. This partnership will also be immensely helpful in developing and implementing sustainability plans.

Tracking Mechanism: Luzerne-Wyoming Counties MHDS has contracted with the University of Pittsburgh to measure outcomes for the SAMHSA-funded cooperative agreement. The evaluation team will assist in the collection of client-level data by centralizing all of the data collection training and developing standard operating procedures and forms related to the data collection for Luzerne and Wyoming Counties along with Erie County. The University of Pittsburgh will provide general training and technical support to county provider partners on collection of data, interviewing skills, and trauma-informed interviewing techniques. The University of Pittsburgh will handle the data entry into the SAMHSA approved website SPARS, to ensure that the quality of the data is very high and that all data is complete. Finally, this data will also be made available in an interactive dashboard for instant updates along with continuous quality improvement.

4. Transitional Youth Housing Service

Narrative including action steps: Residential/Housing Service between Luzerne-Wyoming Counties Mental Health and Developmental Services (MHDS) and Catholic Social Services (CSS) - The primary objective of this Transitional Youth Housing service is to develop and enhance life skills that will enable program participants to live independently and attain self-sufficiency.

A secondary objective is to reduce the occurrences of homelessness, poverty, and criminal activity of those individuals who "age out of the system" and do not have a permanent or stable resource once they reach the age of 18.

Population Served: Male/Female between the ages of 18-26

Time frame: Maximum amount of time 18 months from date of acceptance into program.

While 18 months is the maximum amount of time, the program will operate based on recognition of the strengths and growth areas of each individual served and encourage movement toward self-sufficiency based on individual potential.

Number served: 12 individual units. Shared common area's include; kitchen, dining, living room/meeting, instructional, laundry and gender based bathroom facilities.

Upon acceptance to the program, an Independent Living Skill Inventory will be administered to determine their level of independence, needs and goals. This will also assist in developing an individualized service plan which will be established upon officially entering the program.

A case manager will work directly with the participant in assisting him/her to successfully work toward achieving attainable goals. These goals may include but are not limited to; education, a high school diploma or GED, post-secondary programs as well, job training, improved employment, establishing effective budgeting that will include understanding and maintaining a checking account and financial responsibility, along with the goal of stable housing, and all the responsibility of maintaining that housing, such as rent/mortgage, utilities, and any other housing related expenses. Transportation issues will also be addressed. The need for proper medical care, nutrition and personal hygiene will be emphasized that will also include any mental health services. 24/7 supervision and support will be provided to program residents.

An added component will be to determine a participant's level of emotional intelligence and ability to function effectively in relationships both professional and personal. All components of the program are aimed at teaching participants' responsibility, and accountability for decisions that will have a direct effect on behavior and actions.

The role of the case manager can be seen as an individual "support worker", and in a real sense is just that, a support, advocate, guide and coach in helping the program participant to attain realistic goals. A strong support system on behalf of the participant is an integral component of the program. Based on individual needs, referrals are made to programs and services either within the agency or community that will enable the participant to attain their goals. Advocacy on behalf of all participants is an important program characteristic. Service activities and groups are presented that will assist participants to achieve self-sufficiency.

The community residential rehabilitation services (CRRS) procedures for internal program monitoring process must be established and implemented. The procedure must include regular review of program activities and resident treatment plans. The procedures must be designed to assess:

A quarterly program report is conducted and submitted to the referral source to ensure the program is meeting the needs of the individual's goals and treatment.

Timeline:

- April 2017 - Start contract and formally begin planning for this project.
- June 2017- Contract completed with Catholic Social Services and MH/DS
- July 2017 - Assessment of the renovations needed to the building.
- September 2017- Start of renovations
- January 2018- Renovations complete
- February 2018- Hiring of staff
- March 2018- Training of staff
- April 2018- Marketing planned
- May- June 2018 - Open program to admissions.

Fiscal and Other Resources: In addition to funding by Catholic Social Services, Luzerne-Wyoming Counties MHDS will fund this program.

Tracking Mechanism: CCRI POMS and Monthly reports from the provider.

5. Regional Bed Long Term Structured Residence (LTSR)

Narrative including action steps: Luzerne-Wyoming Counties is partnering with surrounding counties to create a Regional Bed Long Term Structured Residence (LTSR). The facility will be located in one of the partnering counties which includes Luzerne-Wyoming, Carbon-Monroe-Pike, and Lackawanna/Susquehanna. The LTSR will assist regional capacity to support individuals with SMI with the transition from county correctional facilities and State Hospitals. The anticipated outcomes include diversion from correctional facilities to serve individuals with severe mental illness receive the quality of care and supports they do not get when in a correctional facility.

Luzerne-Wyoming Counties Mental Health and Developmental services will work collaboratively with our Forensic providers, individuals with SMI, and Judicial system to ensure that members who are interested in receiving the treatment offered in an LTSR have the opportunity to do so.

Timeline, Fiscal and Other Resources and Tracking Mechanism: Timelines for seeking a Request for Information to the provider network are still being toiled out as well as financial costs and tracking mechanisms. The anticipated implementation date is March 4, 2019.

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current 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)	Additional Information and Comments
Assertive Community Treatment	Y	75	TMACT	MCO	2x yearly	Y	Y	
Supportive Housing	Y	125		State	Annually	Y	Y	
Supported Employment	Y	4		State	Annually	Y	Y	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y							
Illness Management/ Recovery	Y	26						
Medication Management (MedTEAM)								
Therapeutic Foster Care	Y							
Multisystemic Therapy	Y	2						
Functional Family Therapy	Y	66		FFT/LLC	Quarterly	N	Y	
Family Psycho-Education	N/but is in the planning							

*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>

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	N		
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	2		1 started 6/17 1 is also a CPS and works as a CPS
CPS Services for Transition Age Youth	Y		Started 6/17
CPS Services for Older Adults	N		
Other Funded Certified Peer Specialist- Total**	Y		Same as above
CPS Services for Transition Age Youth	Y		Started 6/17
CPS Services for Older Adults	N		
Dialectical Behavioral Therapy	Y	112	
Mobile Meds	N		
Wellness Recovery Action Plan (WRAP)	Y	206	Staff currently being trained
High Fidelity Wrap Around/Joint Planning Team	Y	24	
Shared Decision Making	Y	1,406	
Psychiatric Rehabilitation Services (including clubhouse)	Y	569	
Self-Directed Care	N		
Supported Education	Y	100	Partial

Treatment of Depression in Older Adults	N		
Consumer Operated Services	N		
Parent Child Interaction Therapy	Y	337	
Sanctuary	Y	200	
Trauma Focused Cognitive Behavioral Therapy	Y	644	
Eye Movement Desensitization And Reprocessing (EMDR)	N		
First Episode Psychosis Coordinated Specialty Care	Y	10	
Other (Specify)			

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

**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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>

h) Certified Peer Specialist Employment Survey:

“Certified Peer Specialist” (CPS) is defined as:

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	14
Number Full Time (30 hours or more)	14
Number Part Time (Under 30 hours)	0

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals’ teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

Luzerne-Wyoming Counties Mental Health and Developmental Services (MHDS) has always placed the individual at the core or center of focus for supporting and connecting with services to best meet their needs. We practice and embrace the Everyday Lives “Values in Action” philosophy which focuses on people having control over their areas of life, making choices and having the freedom to the same rights as people in the community.

Outcomes are person-centered focused and specific to what the person desires and are captured on the Individual Service Plan with the overall goal to engage individuals more in the community network. This is accomplished by increased employment, volunteering, effective communication and supporting families throughout the Lifespan to name a few of the values/goals of the Everyday Lives recommendations.

Since February 2017, we have participated in the “Community of Practice” LifeCourse process. During the 2018 calendar year, our application was accepted for formal involvement in the Regional Collaborative approach and our office received financial support from the Office of Developmental Programs (ODP) to use for these purposes.

Our overall goal is to engage and work with community partners to embrace individuals with intellectual disabilities, autism or developmental delays to be totally involved and part of their community. These activities would involve volunteering, employment, establishing friendships, and memberships within local areas, etc.

ODP and family trainers have held workshops over the past year in educating our individuals, families, providers, support coordinators, and county administrative staff on what the LifeCourse is all about and how to implement it with our individuals to be successful.

Our office participated in the Every Day Lives Conference specific to the LifeCourse framework and how to proceed with our next steps in supporting families and creating meaningful lives within our communities.

During the month of March which is recognized as Intellectual Disabilities (ID) Awareness Month, two (2) ID celebration events for our bi-county joinder (Luzerne and Wyoming) were held recognizing the accomplishments of individuals with ID. During these celebrations, two (2) local family members who are LifeCourse trainers presented their stories and the ways to incorporate this process with our individuals and families.

Our office has an intake worker, where referrals are received from all sources to obtain the necessary documentation to review with a contracted psychologist to now determine three (3) types of eligibility: 1) Intellectual Disability, 2) Autism, or 3) Developmental Disability for referral to the Supports Coordination Organization.

During the Individual Service Plan (ISP) development, supports coordinators complete a Prioritization of Urgency of Need for Services (PUNS) form to determine an individual's needs (Emergency, Critical or Planning). During this process, person-centered outcomes are developed with the individual, family member(s), and relevant others.

Outcomes over the past year have become more "person focused" to what the person wants to accomplish or be rather than global or generic outcome goals. In addition, trainings on LifeCourse framework have been offered for both supports coordinators and the intake worker to share and utilize during discussions and planning with our individuals.

If service needs exist, requests are submitted to the Administrative Entity (AE) to determine funding availability to meet those needs. If emergent needs exist, which are having the consumer at risk of homelessness, institutionalization or health/safety risks, our office uses available base funds to secure the safety of the consumer (such as temporary respite with the provider network, if vacancies are available or in-home supports).

**Please note that under Person Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Individuals Served

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	5		8	
Pre-Vocational				
Community participation	69		75	
Base Funded Supports Coordination	417	21%	363	18%
Residential (6400)/unlicensed	20		22	
Life sharing (6500)/unlicensed	7		8	
PDS/AWC	47		57	
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	0	0

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.

Community employment is our primary focus for individuals we currently serve in Luzerne and Wyoming Counties. We currently have 110 individuals working in competitive employment. The service consists of two components: Job finding and Job support. Job finding may include interview assistance, employer outreach and orientation, resume preparation, job searching, and preparation for job tasks. Job support consists of training the individual receiving the service on job assignments, maintaining job skills, and achieving performance expectations from the employer.

- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.

Luzerne-Wyoming Counties now has one Provider who was recently qualified by the AE for Advanced Supported Employment. This is an enhanced version of supported employment,

which included discovery, job development, systematic instruction to learn the key tasks and responsibilities of the position, and intensive job coaching and supports that lead to job stabilization and retention.

We continue to maintain our Employment Coalition which is comprised of stakeholders in the community as well as family participation. OVR provides employment training to transition age students in their school and community settings. With the supports we currently have in place and the additional services through OVR, we anticipate increasing individuals working in community for FY 2018/19.

- Please add specifics regarding the Employment Pilot if your county is a participant.

N/A

Supports Coordination:

- Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.

The MHDS Administration is supporting the continuation of a Community of Practice Initiative that was formed within this last fiscal year (2017-18). The Luzerne-Wyoming Counties' Community of Practice core is a stakeholder group of administrative program specialists, SCO managers, Intellectual Disabilities (ID) providers, families, and community members, including Children and Youth Services (CYS), Office of Vocational Rehabilitation (OVR), and Luzerne Intermediate Unit (LIU) Special Education staff. This committee has sponsored several trainings with stakeholders including families, direct service providers and the SCO. As of this report, all Support Coordinators (SC's) have received the tools and training to initiate conversation and engage individuals, families and Individual Support Plan (ISP) teams to explore resources available in the community that would support individual and family interests and needs. These tools are encouraged when SC's need to respond to individual urgent/emergent situations. They also are recommended to assist families in future planning efforts beginning with initial service planning discussions. The Community of Practice Committee is dedicated to continue to work towards expanding community integration and collaboration opportunities. Towards this end, the MHDS County Administration, in collaboration with the SCO, has also supported community awareness events to celebrate a number of individuals successfully experiencing integrated and satisfying everyday life experiences. Administrative Program Specialists work with the SCO to routinely review ISP documents to ensure individual outcomes are person centered and oriented to individual interests or desires with documentation of natural or generic supports as well as funded services and supports, as needed.

The MHDS Administration is supporting the continuation of a Community of Practice Initiative that was formed within this last fiscal year (2017-18). The Luzerne-Wyoming Counties' Community of Practice core is a stakeholder group of administrative program specialists, SCO managers, Intellectual Disabilities (ID) providers, families, and community members, including Children and Youth Services (CYS), Office of Vocational Rehabilitation (OVR), and Luzerne Intermediate Unit (LIU) Special Education staff. This committee has sponsored several trainings with stakeholders including families, direct service providers and the SCO. As of this report, all

Support Coordinators (SC's) have received the tools and training to initiate conversation and engage individuals, families and Individual Support Plan (ISP) teams to explore resources available in the community that would support individual and family interests and needs. These tools are encouraged when SC's need to respond to individual urgent/emergent situations. They also are recommended to assist families in future planning efforts beginning with initial service planning discussions. The Community of Practice Committee is dedicated to continue to work towards expanding community integration and collaboration opportunities. Towards this end, the MHDS County Administration, in collaboration with the SCO, has also supported community awareness events to celebrate a number of individuals successfully experiencing integrated and satisfying everyday life experiences. Administrative Program Specialists work with the SCO to routinely review ISP documents to ensure individual outcomes are person centered and oriented to individual interests or desires with documentation of natural or generic supports as well as funded services and supports, as needed.

- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

Describe the collaborative efforts the county will utilize to assist SCO's with promoting self direction.

The County's Administrative Program Specialists also work with the SCO to ensure alternate funding resources such as EPSDT-MA, Individualized Educational Plan (IEP), and Behavioral Health Managed Care and/or OVR resources are utilized appropriately when urgent needs are presented for funding consideration including Waiver enrollment. Administrative Program Specialists join with CASSP and other interdisciplinary teams to ensure individuals are receiving maximum benefit from associated programs and generic community services, when individuals with urgent needs are awaiting MHDS or Waiver funding. An Administrative Program Specialist leads an interdisciplinary committee of families and service providers, including OVR, LIU, and the SCO to support the State's Employment First initiative. Customized employment supports including the Discovery model have been models supporting an individual's self-interests and direction in relation to employment and an everyday life.

In addition, the Regional Collaborative is planning a community event with all stakeholders to further promote self-direction in service planning with the expansion of Life-Course tools. This training will facilitate providers, individuals and families to network for increased connections for peer support and mentoring for both formal and informal relationships within the broader community. The training will focus on information and strength building to further these person centered and self-directing values.

Lifesharing and Supported Living:

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.

Our county continues to support the expansion of Life Sharing as a residential option by regularly contacting providers and the SCO to see if they can identify good candidates for Life Sharing or to see if consumers are interested in Life Sharing as an option. Another way expansion is anticipated is through the enhancement of the Life Sharing service definition with the Consolidated Wavier Renewals. This enhancement now allows participants to live in their own

homes or the home of a relative and receive agency-managed services. It will also allow relatives, who meet qualifications standards, provide Life Sharing to adult participants. This will be discussed with families, through the Supports Coordinator, so they are aware of this service expansion. Supported living is a new service and we are encouraging our residential providers to expand to offer this service. Supports Coordinators are also aware of this new service and can discuss with families when appropriate.

- What are the barriers to the growth of Lifesharing/Supported Living in your county?

Since the service is new, we have not identified barriers as of this time. Life Sharing Barriers to our growth continue to include an aging population and consumers with more complex needs that cannot be served in Life Sharing. A difficulty in recruiting families to support our referrals continues to be another barrier for growth.

- What have you found to be successful in expanding these services in your county despite the barriers?

Despite the barriers our County does have two agencies from outside our area providing services to our residents. The numbers for our county continue to grow slowly.

- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

ODP can continue to assist with growth in this area by having trainings, offering more advanced training to provider staff to help them support more complex individuals and offering start up initiatives.

Cross Systems Communications and Training:

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.

One of the goals of the Luzerne-Wyoming Counties MHDS Training Council on Quality is to focus on capacity building aimed at supports both inside and outside of the Intellectual Disability (ID) provider community. The County Administrative Entity (AE) will continue its efforts to collaborate with the (Health Care Quality Unit) HCQU to assure that the primary activities of the HCQU are in process. With that, the HCQU will be involved in assessing the individual's health and systems of care; providing clinical health care expertise to residential and day program providers; providing health related training; and integrating community health care resources with state and regional quality improvement structure and processes. The primary goal of the HCQU is to assure that the individuals served by the ID programs are healthy as they can be, so that each individual can fully participate in community life.

The AE Quality Manager (QM) works collaboratively with the HCQU to identify health concerns by providing education, technical assistance, and capacity building in the system. The AE QM works closely with the HCQU to develop and implement priorities such as quality management activities, behavioral and physical health and other areas. The HCQU will continue to complete

Consumer Data Collections (CDCs) and share with the AE the findings in relation to individual's medical needs. Training, education and technical assistance will be provided to the community and provider network based upon the results of the CDCs. The HCQU will also maintain its role and function to participate on The Statewide Capacity Building Institute implemented by the Office of Developmental Programs (ODP). The HCQU will work closely with the AE QM Manager to assure follow through and implementation with the recommendations and considerations resulting from the Institute.

Additionally, the program specialist of the AE will continue to have a strong presence at the ODP Positive Practices Regional Meetings. Best Practices on service implementation are discussed and presented among constituents in the northeast region.

In summary, we will continue innovative type capacity building initiatives through our Collaboration among the Luzerne-Wyoming Counties MHDS Training Council on Quality, the HCQU and the Geisinger Commonwealth Medical College (GCMC) best evidences this effort. The AE County QM and the HCQU Director serve as mentors to third year medical students who are required to take a Quality Improvement Community Collaborative Project (QuICC) as a part of their third year MD Curriculum. This year's QuICC Project lent itself to the continued Evaluation of Polypharmacy among the ID population. Students completed a literature review as a part of the project to validate the topic. At the conclusion of the quality project, students designed a tool, i.e., Medication Passport to be shared among the Luzerne-Wyoming Counties' providers to better support our providers who are supporting individuals with ID and have polypharmacy issues. Training and education on the findings of the quality project to include implementation of the Medication Passport will be planned for the Summer/Fall of 2018. Additionally, we will begin the planning process to continue capacity building for the 2018-2019 year by continuing our collaboration with the GCMC and the HCQU.

Additionally, the Luzerne-Wyoming Counties Training Council on Quality will continue its efforts to plan trainings and education events to address the ODP Priorities such as I-I Abuse, restraints and communication. In March of 2018, a Human Rights Committee (HRC) was formed to review restraints and restrictive procedures with the intention of mitigating these types of interventions. This will continue throughout the year. It is anticipated that in November of 2018, a training to focus on the needs of effective communication and planning for emergency preparedness will be held and this training is currently in the planning stages.

Also, we will continue to work in partnership with local resources such as Emergency Management Agencies (EMA) and Misericordia University's Speech and Language Department to identify students and educators who can serve as resources to this topic. The overall goal of all trainings is to increase one's understanding of the importance of being better prepared at the time of an emergency. We are also in the planning stages of planning a Futures Decision Making Training. The purpose of the training will be to educate families/caregivers and self-advocates on the importance of having medical decisions in place for their individuals with special needs.

Community of Practice

Luzerne-Wyoming Counties MHDS has joined with the Supports Coordination Organization (SCO) efforts to establish a Community of Practice Committee. This Committee is comprised of system providers, families and individuals, providers of behavioral health services as well as a diversity of community businesses (for profit and non-profit) engaged in a range of business ventures from social/recreational to commerce, production and sales enterprises. This committee's goal is to build a more integrated community of people, each contributing and participating in personally meaningful ways, enriching each other's lives, and producing a stronger and richer tapestry of community life. Luzerne-Wyoming Counties MHDS Community of Practice was represented at the Everyday Lives Values in Action, Statewide Conference held January 9, 2018. This committee will continue to meet and develop strategies to increase awareness that all citizens of this community belong regardless of their abilities, as well as demonstrate the richness of a diverse community contributing and growing in meaningful ways.

"Life Course" training of system service providers, including the SCO and families and individuals served by the SCO will also be expanded to support individuals and families to create and communicate their personal goals, with the Community of Practice network's expansion providing the fabric of general community resources available to help individuals and families realize their dreams and interests. A "Charting for their Life Course Training" for all providers of service and supports coordination staff was held on April 13, 2018. The training was facilitated by the ODP Regional representative. The training was interactive and engaging.

- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting families paradigm.

The Luzerne Intermediate Unit (LIU) #18, Transition Coordinator serves as a member on the Luzerne-Wyoming Counties Training Council on Quality. The representation of the LIU Coordinator allows for discussion and improvement in areas related to adult transition of individuals. A gap was identified specific to communication information. As a result of this, meetings with the LIU and school speech and language professionals were held. This resulted in designing a tool used by the Supports Coordination Organization (SCO) at the time of the Individual Support Plan (ISP) development. The tool will ensure that the ID system has the most current and up-to-date information on the communication evaluations and skills of the individual. This will be shared with families and professionals at the time of transition. Also, it should be noted the Luzerne-Wyoming Counties SCO has in place a specialized unit respective to managing children's services including those children in transition. With respect to promoting the life course/supporting families' paradigm, the Supports Coordinators (SC's) are referring and sharing the life course tools with all new intakes including children with Autism. SC's are also making referrals to existing families who would benefit the most from the life course tools. In summary, members of the Luzerne-Wyoming Counties MHDS Training Council on Quality participate in different transition fairs and Successful Pathways Initiatives sponsored by the local intermediate unit.

- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

The AE QM, along with other staff, serve as committee members on the Northeast PA Intergenerational Coalition “Grandparents Raising Grandchildren.” Annually, the committee sponsors a conference which provides education and local resources on matters related to adoption, parenting and the laws governing the above. The theme of this year’s conference is “Love Throughout Life Stages.” The conference is earmarked for October 19, 2018. Certified counselors in trauma, legal experts and representatives of Children and Youth are being explored to serve as speakers at this year’s conference. A meeting with the State Director for the Department of Aging, Theresa Osborne, was held on April 25, 2018. Representatives of the Department of the Aging, Children and Youth and MHDS were present along with grandparents/families who are raising grandchildren. The collaborative effort lent itself to a discussion including, but not limited to, the most current statewide updates and happenings with respect to this population. Also discussed was the integration and accessibility of community resources and formalized supports available to this population.

The MHDS Office is staffed with a position known as the CASSP (Child and Adolescent Service System) Coordinator. This position provides linkage to Children and Youth, Mental Health and other Human Services agencies to ensure families are provided with information they need to access appropriate resources. Also, staff from the MHDS Office are members on the Luzerne County Interagency Council (LIAC). This council is representative of diverse community agencies to include, but is not limited to, health care providers, legal expertise in special needs law, Human Services agencies, Department of Aging and other entities. The exchange of resources and formal and informal supports are shared with families as well as other service providers in and outside of the MHDS System. This collaboration is best evidenced by an in-service that the AE QM Manager was asked to present to the Department of Aging Mature Work Program on various trainings and resources available to this population.

With respect to the Area Agency on Aging and the Mental Health System, the AE Quality Manager serves as the representative on the local Aging/ID Committee. PA Link to Aging and Disability Resources, in conjunction with Luzerne-Wyoming Counties MHDS and the Office of the Aging, collaborate throughout the year to plan a cross-systems training on an annual basis to address the Aging and ID population. The topic for this year’s training is, “Working with Individuals who are Aging and ID and Who have a Dual Diagnosis of Alzheimers/Dementia.” This year’s training is set for June 8, 2018. Linda Shoemaker, RN, PA Behavioral Health, will facilitate the session. This training provides an opportunity for self-advocates to network and tap into community resources and formalized supports.

Emergency Supports:

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
 - Does your county reserve any base or block grant funds to meet emergency needs?
 - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does your county provide mobile crisis?
 - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
 - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
 - Is there training available for staff who are part of the mobile crisis team?
 - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

Luzerne-Wyoming Counties Mental Health and Developmental Services makes every effort to respond to emergency situations during normal work hours and after hours with management level on-call staff from both the Supports Coordination Organization (SCO) and Administrative Entity (AE) staff. All funding resources need to be explored with first exhausting base/block grant funds. We do have providers on contract for when a crisis occurs and the need to support individuals in their home or out of their home. The expertise of the management level staff and AE staff lends itself to be familiar with the system supports available to meet the consumer needs. Adult Protective Services (APS) is also another avenue that on-call staff access if a person is in crisis and not linked with any system services. In addition, our office has also been able to use a valuable resource, the Dual Diagnosed Treatment Team (DDTT), for more challenged individuals with intense mental health issues with several hospitalizations. The DDTT has been a great resource to our dual diagnosed population to reduce psychiatric hospitalizations and train staff in better techniques to de-escalate and proactively intervene. They also have a 24-hour on-call phone service for those individuals involved with DDTT to assist staff in redirecting a situation and preventing hospitalizations.

The Supports Coordination Organization (SCO) manager on-call schedule is provided and accessed by Help Line and Luzerne-Wyoming Counties AE to respond immediately and/or provide an update for the following mandated incidents as soon as possible or no later than the next business day:

- Hospitalization: medical or psychiatric
- Emergency room visit: medical or psychiatric
- Consumer death
- Fire or fire department activity

- Law enforcement activity
- Missing person
- Abuse (excluding individual-to-individual)/Neglect
- Family emergency (i.e. caregiver illness/death, need for emergency respite, etc.)

Additionally, other issues may be reported if requiring immediate attention for support planning, linkage, or monitoring.

The SCO will also communicate with the MHDS Administrator or designee regarding allegations of abuse/neglect.

The SCO managers will utilize the following tools for support and communication:

- An on-call incident log
- HCSIS website including incident management reporting

A separate On-Call Statistics Log is to be completed each day by the SCO on-call staff. The statistics log will capture all calls and other time/activity during on-call. This log will be submitted per pay period to validate the 24-hour on-call SCO assurance.

Our county has contracts with mental health providers who provide Mobile Crisis particularly to mental health individuals and not specific training to the Intellectual Disabilities (ID) or Autism population. We do though have a DDTT for our dual diagnosed individuals, who the DDTT is involved with to assist in crisis 24-hour on-call. However, an individual with ID/Autism and mental health issues has been served with support from Mobile Crisis team working in conjunction with 24-hour on-call administrative staff when necessary.

As required by the Mental Health and Intellectual Disabilities Act of 1966 here is our county's Emergency Crisis Plan:

Luzerne-Wyoming Counties MHDS agency's Emergency Response Plan has an on-call system after hours (4:30 pm - 8:00 am) and on weekends staffed by existing administrative staff to respond to any emergencies that are received by Help Line. The staff are aware of resources to utilize such as existing residential vacancies, provider contact people, and agencies who assist in providing respite/in home or out of home placement for individuals in need. There is also a statewide residential vacancy listing available, updates provided by the Office of Developmental Programs (ODP), which may be accessed for any openings, but typically this resource would be more for a transition to permanent placement planning. Administrative decisions can be made for funding as needed to support individuals in need of temporary placement. Follow-up planning is communicated to the SCO once normal hours resume.

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.

Luzerne-Wyoming Counties MHDS Training Council on Quality embraces the Office of Developmental Programs (ODP), "Everyday Lives Values in Action." We continue our efforts to incorporate local families from the PA Family Network into numerous events and programs to provide support and training held within the community. This was best evidenced on March 23 and March 27, 2018 during a community "Celebration of Abilities" Program hosted by the County Program, whereby the topic of Community of Practice for Supporting Families of Individuals with Intellectual Disabilities (ID) and Developmental Disabilities (DD) and Charting The Life Course was presented by two parents from the PA Family Network, Diana Smaglik and Francine Hogan. Better than 200 individuals including families/caregivers, self-advocates, administrative personnel and direct support professionals attended the session.

The County will continue to engage ODP trained staff as well as ODP contracted training teams including the PA Family Network, "Life-Course" trainers, the Health Care Quality Unit (HCQU), and the College of Direct Support, to enhance competencies of the MHDS Service System, inclusive of person-centered thinking. These training teams are also made available to families and individuals active within this service system.

- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.

A unique strategy we utilize at the county level to provide discovery and navigation, information, education and skill building is by collaborating with Geisinger Commonwealth Medical College (GCMC) on many initiatives, one being the Family Centered Experience Program (FCE). This program is an important part of the Geisinger Commonwealth Medical College (GCMC) patient-centered community-based curriculum. The goal of the FCE is for medical students to learn the human aspect and personal family experiences that arise from managing their son's/daughter's disability. Each year families of individuals with intellectual disability and autism are identified by the Administrative Entity (AE) Quality Manager to the medical college. Families that volunteer share their medical history and health care experiences with medical students to provide invaluable training. Students are taught by families how their sons/daughters with a disability deal with real life circumstances to cope with the disability. This information is an educational tool which can change the way a medical doctor approaches an individual with disability in their medical care.

Additionally, in 2017-2018, to raise awareness of the challenges that individuals with disabilities face, and to improve the inequitable care that results from those barriers in the healthcare system, an MD2 student founded a Committee known as the Community Healthcare Advocacy Team for Individuals with Disabilities (CHATID). This allows the opportunity for effectively coordinating and making healthcare workers aware of community based resources and improving the efficacy of medical staff to communicate with and care for individuals with disabilities. A website on CHATID will be available to the community allowing for connection and networking for individuals and families. The County AE Quality Manager serves as a committee

member on CHATID, representing the county agency since its inception. Also, the two parents named above, from the PA Family Network also serve as committee members on CHATID, representing families of individuals with intellectual disability/autism.

- What kinds of support do you need from ODP to accomplish the above?

ODP has been extremely supportive of the collaboration among the Luzerne-Wyoming Counties MHDS Training Council on Quality, The GCMC and the HCQU by recently inviting the County Developmental Services (DS) Quality Manager (QM), the HCQU Director and GCMC to present at the January 11, 2018, ODP Everyday Lives Conference. Since the presentation was held in high regard by the attendees and ODP, the State Medical Director of ODP has invited all three presenters to present to the medical community in Hershey in August of 2018

- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.

Luzerne-Wyoming Counties MHDS works collaboratively with the Northeastern PA Health Care Quality Unit (HCQU) to identify health concerns by providing education, technical assistance, and capacity building. The AE QM works closely with the HCQU to develop and implement priorities such as quality management activities, behavioral health, and other areas. These two entities have worked together for 20 years. Health and Communication Fairs are jointly sponsored by the Luzerne-Wyoming Counties MHDS Training Council on Quality and the HCQU to address on an annual basis the ODP Priorities. Some other examples of collaboration include: 1) Complete Consumer Data Collections (CDCs) through the HCQU and share with the AE. Trainings and education are provided based upon the results of the CDCs; 2) Conduct presentations and health related trainings as recommended by the Luzerne-Wyoming Counties MHDS Training Council on Quality. This is evidenced on the Counties' Quality Management Plan and outcomes; 3) The HCQU collaborates with the Luzerne-Wyoming Counties MHDS Training Council on Quality and GCMC to be a mentor with the AE QM Manager for the GCMC Quality Improvement Community Collaboration Projects; 4) Integrating community health care resources with the counties' quality improvement structures and processes; 5) HCQU Nurses are assigned to each of the Luzerne-Wyoming Counties residential providers' staff to serve as a resource and offer technical assistance on any health related consumer incident; 6) The HCQU Director and a HCQU nurse are also members of the Luzerne-Wyoming Counties MH/DS Training Council on Quality; 7) The HCQU is also a member on the Counties recently formed Human Rights Committee (HRC) which has become operational in 2017-2018. They will provide technical assistance and recommend alternative type of interventions to providers regarding situations which involve consumers who have restrictive plans in place.

- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

With respect to the counties' Quality Management Process, reports and trends from data collected by the HCQU via the Consumer Data Collection (CDC) Tool are provided on a monthly basis to the Quality Council. Training and education is planned based on the findings. This is best evidenced for the 2018 year, whereby Trainings on Obesity, Metabolic Syndrome, and Diabetes will be offered to the community in late summer/early fall.

- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.

The information gathered is shared with the Luzerne-Wyoming Counties MHDS, Luzerne-Wyoming Counties MHDS Training Council on Quality, and agencies involved to assist in working together to provide continuous quality improvement to the lives of the individuals we serve. The IM4Q Program Coordinator works closely with the AE/IM4Q County point person to identify systemic issues and to develop recommendations to improve services. Since the IM4Q Program Coordinator is a member of the Luzerne-Wyoming Counties MHDS training Council on Quality, information, patterns and trends are shared on a monthly and annual basis with the members of the Quality Council. Trainings and education is planned based on the IM4Q findings. In summary, to ensure an understanding of the importance of IM4Q in the system, the AE IM4Q point person and the IM4Q Program Coordinator provides training to all providers and SCO staff on an annual basis.

- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.

The Luzerne-Wyoming Counties MHDS Training Council on Quality in collaboration with the HCQU and GCMC continue its collaborative efforts to participate in two (2) quality projects. One project is entitled, "Evaluation and Understanding of Polypharmacy Issues in Individuals with Intellectual Disabilities." The focus of the quality project was to train direct support professionals, families/caregivers and self-advocates on a Medication Passport which would assist these individuals in managing medications to reduce & mitigate the risk of polypharmacy Issues. The Health Care Quality Unit continues to provide education to the community on the importance and efficacy of the tool. It is our goal that this tool will continue to be shared with the providers, direct support professionals, consumers, aging population and health care providers. Additionally, the second Quality Project, entitled "Stress, Obesity and Metabolic Syndrome" is set to be finalized in May of 2018. Three educational PowerPoints designed by third-year medical students and self-learning packets formulated by the HCQU were handed off to the system at large on these three topics on March 23 and March 28, 2018. Training and education will be offered by the HCQU at the conclusion of the quality project. Also, it should be noted that capacity building activities have been designed to increase awareness of the needs of individuals with intellectual disability. Information presented in capacity building endeavors has the power to affect change on many different levels and improve the quality of life for people with intellectual disabilities as well as those with higher level of needs. The focus of capacity building is aimed at supports both inside and out of the provider community. For example, we continue to outreach to doctors, dentists and hospitals to increase understanding and meet the needs of people with intellectual disabilities.

With respect to the aging and ID population, we continue to partner with the local Area Agency on Aging (AAA), Link and the local Alzheimer's Office. This year's annual training will focus on The Topic of Individuals who are Aging with ID and have Behavioral Issues and also are

diagnosed with Alzheimer's and Dementia. The event is earmarked for June 8, 2018. Linda Shoemaker, RN, PA Behavioral Health will facilitate the training.

- How can ODP assist the county's support efforts of local providers?

ODP continues to be supportive of this work. Presentations on these initiatives have occurred at the Statewide Everyday Lives Values in Action Conference on January 11, 2018.

- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.

We will continue the process in place which requires the HCQU to view all incidents in the Enterprise Incident Management (EIM). A nurse is assigned to all residential providers to provide technical assistance on all health related incidents involving consumers. The AE Risk Manager, in concert with the HCQU Director, reviews data, restraint/I-I abuse for a two six-month period, July and January, throughout the year. Should patterns or trends be identified, the HCQU is required to follow up with the provider and offer training and technical assistance. Also, the HCQU will review and conduct if necessary, a Consumer Data Collection (CDC) for those consumers who had a great number of incidents and who have not had a CDC completed in the last six months. Based upon the results of the data collection, appropriate recommendations (medical and behavioral) will be made by the HCQU and the AE, including recommending that the provider staff attend the ODP Certified Dual Diagnosis training. This is a pro-active approach to mitigate risk. Additionally, the two six month reports are shared through a formal presentation with the members of the Training Council on Quality.

- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

In 2017-2018, the AE implemented a Human Rights Committee (HRC). The HRC will conduct a systemic review of restrictive plans to ensure the use of restraints and restrictive interventions are appropriate and necessary as well as to ensure strategies exist and are being achieved to reduce or eliminate the need for the use of a restraint or restrictive intervention. ODP has been supportive of the process and has shared this as a recommendation for best practice among other counties. The QM/AE Lead will invite a different provider to each meeting to review restrictive plans. The invitations will be based on a review of the number of restraints filed per provider agency in EIM. The HRC will review the providers' restrictive plans and offer technical assistance in developing positive intervention or strategy alternatives to eliminate or reduce the need for restraint and restrictive procedures. Providers will also be required to have in place a "Fade" Plan for the restraint or restrictive procedure. Training, technical assistance and education will be offered to the providers, families/caregivers and self-advocates on systemic concerns, trends & patterns identified through the risk management initiative. Additionally, a 12-month look back of Incident Management data indicated that a high number of individuals with ID were involved in inappropriate sexual situations. With that, the Luzerne-Wyoming Counties MHDS Training Council on Quality, hosted a training titled "Risk Mitigation: Prevention and

Response to Sexual Incidents,” on December 14, 2017. Presenters and topics included: Victims Resource Center, “Providing Support to Victims and their Families;” The PA Office of Attorney General, “Digital Citizenship;” The Health Care Quality Unit, “Education and Statistics;” Trauma Specialist, “Trauma Treatment;” PA Commission on Crime and Delinquency, “Financial Assistance for Families and Victims;” and Direct Service Provider, “Best Practices.”

- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?

ODP is very helpful by continuing to hold Risk Management meetings with the Counties Incident Management Lead and the contracted Incident Management Lead in providing direction and update to date information on how to proceed with these new initiatives.

- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.

This will serve as a community resource to the Supports Coordination Organization (SCO). The SCO will contact and coordinate trainings with this entity. This is an invaluable resource which can provide assistance to families and self-advocates and the consumers planning teams.

- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

In October of 2017 and in April 2018, it was reported at the annual Quality Council Retreat and Quality Council Meeting that individuals and families/caregivers are requesting information and training on how to be better prepared at the time of an emergency. This information has resulted in the early planning stages of a Systems Communication Training on this topic. Representatives of the County’s Emergency Management Agency (EMA), the Counties 911 Program, Anthracite Region Center for Independent Living, Health Care Quality Unit, American Red Cross and the counties’ local IM4Q Program, are some of the resources which will be invited to present at the training. We have earmarked the month of November 2018 to showcase this important event. Meetings have begun in the month of April 2018 with providers and families for input into the development of the program itinerary and areas to be addressed. The above quality initiative was shared with ODP at the April 25, 2018 Regional IM4Q meeting. It was also recommended to ODP and the State IM4Q Lead that this topic be a part of this year’s annual IM4Q Conference.

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .
- Describe how the county will support the provision of training to SCO’s, individuals and families on self direction.
- Are there ways that ODP can assist you in promoting/increasing self direction?

When an individual is found eligible with a diagnosis of Intellectual Disability (ID), Autism or Developmental Disability (DD) through the Intake Process and assigned to the Supports Coordination Organization (SCO), the supports coordinator (SC) reviews with the individual what needs they have and develop person-centered outcomes to determine what services may be

available to meet those needs/outcomes. Non-paid or generic resources should first be considered as options. In this discussion, it is shared with the individual what service options are available but is contingent on base/block funding availability.

When an individual is offered a Waiver Capacity slot, they must have Emergency PUNS status for need of services. The supports coordinator reviews not only traditional provider options but self-directed options, Agency with Choice (AWC) or Vendor/Fiscal (V/F) model. Our county developed a packet for the SCO to share with consumers/families during their initial linkage, at annual review time, or when the need arises to review.

It is explained for the self-directed financial management models how a family is “self-directing” and who they want to work with their individual who is eligible for waiver. They can hire family members/relatives/friends, which are screened to meet Office of Developmental Programs (ODP) regulations, in which a surrogate is named and functions as co-manager through the AWC Model.

The other self-directed model is the Employer of Record with VF Model through the state vendor agency.

Some of the challenges for both of these models are as follows:

1. If the individual is unable to assume the co-manager role or employer of record role, the challenge is finding a surrogate/employer of record to be responsible for hiring and training of the support workers hired. Most of our individuals/families, approximately 340, (both waiver and base funded) have selected to go with the AWC model, whereas the AWC agency assists them with their role. The AWC agency does periodic trainings and communicates updates with surrogates to be aware of their role and the monitoring function of the delivery of service, accountability of staff/progress note recording, and proper documentation to ensure that everyone knows that falsification of records/work hours is classified as Medicaid Fraud and reportable with consequences.
2. Another barrier with both these models, particularly if the individual has challenging behaviors, is finding support workers to be consistently working with the individual and not quitting without some notice until another worker is located.

The VF Model is not routinely selected by an individual or family due to being more involved, having more accountability and the individual or the family becomes the Employer of Record. We currently have six (6) individuals/family members participating in this model and the number just increased by one since last year.

However, more families have been aware of a support to them, Support Broker Service, which no longer is calculated within the Person/Family Directed Support (P/FDS) waiver annual cap. There have been more options available as being a resource, if the family is interested.

This service assists with the surrogate roles of hiring, training, etc. of the support workers. This currently is only offered to waiver funded consumers, due to the limited base/block funds which

our office uses for emergency services for in-the-home supports or out-of-home to secure safety/health of consumer and provide needed relief to a family.

The SCO has the responsibility to review these options, once an individual is offered a waiver capacity slot, which is able to fund these services, traditional or self-directed services, as well as annually or when a consumer is dissatisfied with current service options to change to another one.

Families and individuals are offered trainings on education on the AWC model for those active individuals with the AWC model at least annually.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

Luzerne-Wyoming Counties Mental Health and Developmental Services continues to work collaboratively with Supports Coordination Organization (SCO) that is responsible to oversee individuals in congregate settings who wish to return to the community. If a consumer wishes to return to the community, funding would be explored first to determine if block or base funds are available, waiver capacity availability, or if requested funding would be available from ODP. A transition plan would be developed to ensure all the person's needs can be met within the community. It has been difficult finding residential providers to develop homes for challenged individuals due mostly to difficulty retaining staff in their existing program settings, besides attempting to open new sites to find more staff. ODP has been working with residential providers statewide to engage them to develop more capacity within counties.

Although the rate structure changed and it is now geared on the individual's needs group level per the Supports Intensity Scale (SIS), providers are still struggling with paying direct support professionals a reasonable salary to maintain them.

We currently do not have base/block funds to support people out of State Centers or more restrictive settings into residential placements. However for State Centers, due to the Benjamin Class Action Suit, ODP does provide those individuals with a Consolidated Waiver Capacity to come into the community to have their needs met.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge Housing:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 18-19.
- If bridge housing services are not offered, please provide an explanation.

Domestic Violence Service Center's (DVSC) Bridge Housing Program is located on the first floor of 13 East South Street, Wilkes-Barre, Luzerne County, Pennsylvania. This site is ADA compliant. From this location, most program participants are able to access many major community resources, public schools, and shopping areas on foot. Public transportation also is available.

There are ten bedrooms, each with a capacity to house one woman and up to three children. Four of the bedrooms have adjoining interior doors so they can be converted to 2-room suites to accommodate families with more than three children. There is a very large living room and a large dining area. The kitchen is equipped with three complete work areas as well as private refrigerators and food storage cabinets for each resident. There is an exercise room, several storage areas, and two offices. A large playroom is centrally located with windows into the kitchen, living room, dining room, exercise room, teen room, and bedroom hallway so that mothers easily can keep an eye on their children. A separate teen room has been developed adjacent to the playroom. There are separate bathrooms for females and males with private toilet stalls and private shower/changing stalls. Each bathroom has ADA compliant features. A computer resource room and two individual counseling/private space areas are available on this floor. A laundry room with three washers and two dryers also is on site. In addition, a secure outdoor playground and smoking area are available.

The Bridge Housing Program shares this site with the DVSC Emergency Shelter program which is located on the second floor of the building. Other departments such as administration, education, community services, hotline, etc., also are located on the second floor. Residents of both programs share the use of the laundry room, the exercise room, the children's playroom, the teen room, the computer resource room, the secure outdoor playground and smoking area, and the individual counseling/private space areas and are encouraged to participate together, as appropriate, in educational programs and support groups. The Bridge Housing program will be monitored annually and additionally if

warranted. During the monitoring process, all facets of programming will be reviewed for efficacy. The results of monitoring visit will be evaluated by Human Services Director and reports reviewed by the HSBG Advisory Boards.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 18-19.
- If case management services are not offered, please provide an explanation.

The Commission on Economic Opportunity's Case Management Program provides staff to assist the homeless and near homeless population of Wyoming County with coordination of housing supportive services necessary to obtain a permanent suitable living environment for those who may be homeless or to help with prevention activities to retain a current residence.

The target population is the adult residents of Wyoming County over the age of 18 who are single individuals or families with children that meet the financial eligibility below 150% of poverty and are homeless or near homeless, about to become homeless. The CEO's Case Management Program will be monitored annually and additionally if warranted. During the monitoring process, all facets of programming are reviewed for efficacy. The results of monitoring visits will be evaluated by Human Services Director and reports reviewed by the HSBG Advisory Boards. Case Management will be made available to any individual, adult couple, or family with children receiving services in the Homeless Assistance Programs. Case Management services will begin once an individual or family is determined eligible for HAP services. This eligibility will consist of persons, homeless or near homeless, who have an income at or below 150% poverty level while providing for a maximum income eligibility guideline up to 200% of poverty for additional families in need in consult with the Wyoming County Office of Human Services. Individuals under 17 years of age not living as part of a family unit or not emancipated are not eligible for HAP services. The program outcomes will include the participants who have develop a housing/supportive services goal plan who move from homelessness to permanent housing; participants who develop a housing plan to retain existing housing (prevention activities); linkages to supports for financial assistance and other community supportive services.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.
- If rental assistance services are not offered, please provide an explanation.

The program used with Homeless Assistance Services funding is the Rental Assistance Program provided by the Commission on Economic Opportunity, Wyoming County Division. The program addresses the critical housing needs faced by low-income individuals and families who are currently homeless or as a means to prevent the tragedy of homelessness. It was determined by the Wyoming County Human Services to fund Bridge Housing, Case Management, Emergency Shelter, or Other Housing Supports with this funding source. These other services may be provided with partnerships with other providers such as The Salvation Army and the Emergency Food and Shelter Program.

The provider is using Clarity for the Homeless Management Information System.

The Rental Assistance Program enables participants to acquire, improve, or maintain permanent housing, thus reducing the potential for homelessness. The program also bridges the gap between emergency and/or transitional living arrangements and long-term housing. It provides direct financial assistance such as rent, security deposits, and mortgage arrearage for homeowners and utility payments to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. Emphasis will be placed on families with children. All payments on behalf of participants are made payable to the landlord and/or utility company or fuel vendor. The Rental Assistance program will be monitored annually and additionally if warranted. During the monitoring process, all facets of programming will be reviewed for efficacy. The results of monitoring visits will be evaluated by Human Services Director and reports reviewed by the HSBG Advisory Boards. Rental Assistance can include assistance to prevent homelessness or near homelessness by intervening in cases where an eviction is imminent. The program can also be used to expedite the movement of homeless people out of shelters into existing housing. This program is extremely cost effective relative to avoiding foster placement of children due to lack of adequate housing. Rental Assistance Program (RAP) participants applying as repeat clients for financial aid after the two year service period has expired are reviewed on a case by case basis. The program outcomes will include the participants who have develop a housing/supportive services goal plan who move from homelessness to permanent housing; participants who develop a housing plan to retain existing housing (prevention activities) with payments of mortgage assistance, back rent or utility arrears; linkages to supports for financial assistance and other community supportive services.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 18-19.
- If emergency shelter services are not offered, please provide an explanation.

Catholic Social Services' Mother Teresa's Haven (MTH) provides emergency shelter and supportive services to homeless adult males within Luzerne County. The program utilizes churches throughout Luzerne County on a weekly rotating schedule to provide overnight shelter to this population. Transportation for clients to and from the designated shelter site is provided seven days per week. Transportation to the McKinney Clinic for medical screenings and follow-up appointments is provided three days per week. The drop-in center, located at 68 Davis Place, serves as the pick-up and drop off location for shelter transportation, as well as a place where supportive services are provided. These services include, but are not limited to, intake and assessment, job search and employment, referrals/assistance for transitional and permanent

housing and counseling. These services are provided either directly by the project or through referral. The Catholic Social Services' Mother Teresa's Haven (MTH) program will be monitored annually and additionally if warranted. During the monitoring process, all facets of programming are reviewed for efficacy. The results of monitoring visits will be evaluated by Human Services Director and reports reviewed by the HSBG Advisory Boards.

Ruth's Place Women's Shelter, a program of Volunteers of America of Pennsylvania's, provides an actively supportive, caring, and safe 24-hour emergency shelter for women experiencing homelessness. The shelter is designed to be a structured environment that provides homeless women with much needed stability, and a springboard for finding employment and permanent housing.

Ruth's Place provides extensive individual case management and group services, as well as showers and meals for all guests. Round the clock staffing is also provided to ensure the security of the women. In cases where emergency services in these facilities are not available, Wyoming County Human Services will utilize the Human Service Block Grant funds to pay for a temporary shelter at the Skyline Motel until a shelter bed becomes available. The Ruth's Place Women's Shelter program will be monitored annually and additionally if warranted. During the monitoring process, all facets of programming will be reviewed for efficacy. The results of monitoring visits will be evaluated by Human Services Director and reports reviewed by the HSBG Advisory Boards.

Other Housing Supports:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 18-19.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

The Commission on Economic Opportunity(CEO), Wyoming County Division utilizes Clarity for the Homeless Management Information System.

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

SUBSTANCE ABUSE SERVICE SYSTEM

The Luzerne-Wyoming Counties Drug and Alcohol Program continues to assess, plan for, and manage the coordination of a comprehensive delivery of services system in Wyoming County through contractual agreements with providers who offer all levels and types of care in the areas of Prevention, Intervention, Treatment (including Inpatient Hospital and Non-hospital Detoxification, Rehabilitation, Halfway House, Partial Hospitalization, Outpatient, Intensive Outpatient, Methadone services), and Case Management services largely in part through resources available from the Department of Drug and Alcohol Programs and the Department of Human Services.

The Administration continues an active involvement with other drug and alcohol, mental health, and human service administrators from Luzerne, Wyoming, Lackawanna, and Susquehanna Counties in order to maintain the Commonwealth's behavioral health managed care project known as Healthchoices. The SCA Administrator serves on the NBHCC Board of Directors. These counties developed NBHCC to oversee this project since July 1, 2006. In addition to oversight of the delivery of treatment services provided under Healthchoices, the Board also explores expanded services available through reinvestment funds.

The Administration continues to collaborate with other community partners such as the Drug Court Steering Committee, Systems of Care, and the Criminal Justice Advisory Board (CJAB) to coordinate, enhance, and increase the efficiency of the services delivered.

Prevention

The SCA maintains oversight of DDAP funded prevention services throughout Wyoming County. Through regularly scheduled prevention meetings and periodic objective reviews, the SCA assures provider compliance with the DDAP Performance Based Prevention System. The Luzerne-Wyoming County prevention providers are steadily attempting to expand the evidence based programs in both the schools and the community.

Prevention services provided include services in the areas of Information Dissemination, Education, Alternative Activities, Problem Identification & Referral, Community-Based Process, and Environmental.

The SCA continues to work with Wyoming Valley Alcohol and Drug Services, Inc. to ensure that Prevention/Education Services are provided in the school districts in Wyoming County. Prevention Services provided include but are not limited to:

1. Health Promotions
2. Printed /Electronic Information Dissemination
3. Speaking Engagements
4. Educational Services (Classroom and Community)
5. Parenting/Family Management Services
6. ATOD Free Activities
7. SAP Services
8. Multi-Agency Coordination and Collaboration

Intervention

Help Line of Family Service Association continues to provide 24 hour daily service which allows our clients access to drug and alcohol services 24 hours a day, seven days a week. This information, referral, and crisis intervention service is a vital link for our clients after hours and it enables our system to be responsive to client needs as they surface 24 hours a day. Through Helpline (570-829-1341 or 1-888-829-1341) our clients have access to detoxification services and referral information immediately.

The pressing needs of our adolescent population are successfully addressed through the SAP (Student Assistance Program) teams established in our school districts and many of the area parochial schools. The Single County Authority supported this effort by funding drug and alcohol staff from Wyoming Valley Alcohol and Drug Services who are members of the teams. SAP consultations and assessments continue in our area school districts.

Treatment

Treatment services include Outpatient, Methadone, Intensive Outpatient, Partial Hospitalization, Halfway House, Inpatient Detoxification, and Inpatient Rehabilitation (short and long term) services.

Outpatient services are primarily provided by five contracted agencies that have offices in eight locations within Luzerne County and one in Wyoming County.

Outpatient Methadone services are provided by two contracted agencies in Luzerne County.

Intensive Outpatient services are provided by three contracted agencies that have four locations within Luzerne County and one within Wyoming County.

Partial Hospitalization services are provided by two agencies. These services are available to both adults and adolescents.

Halfway House services are provided by a variety of licensed contracted providers in Luzerne County and outside the county as well.

Inpatient services including Detoxification and Short-Term and Long-Term Rehabilitation are provided by a variety of licensed contracted providers within Luzerne County and outside the county as well. Lengths of stay vary dependent upon factors such as client needs.

Our clients continue to have access to a full continuum of treatment services to address their unique needs.

Case Management

The Case Management Unit is a functional unit of the Single County Authority. The Case Management Unit is comprised of a supervisor, four case managers, and a clerk typist. Clients in need of Inpatient services are referred to the Case Management Unit through a variety of ways, including but not limited to self-referrals, Probation Department, court related, or by one of our contracted Outpatient providers. A Screening is performed on the clients that are referred which includes the gathering of basic client data which results in determining whether an assessment is needed or whether the client is in need of some other service. Clients who are assessed have a bio-psycho social completed on them. At the completion of that assessment, the client is either admitted for inpatient placement if deemed in need

of that service, or is referred to the appropriate Level of Care per the PCPC. At times, clients being screened may appear to be in need of immediate detoxification services. These clients would be immediately referred to a detoxification provider and an imminent placement would occur. The Case Management Unit also provides intensive case management services to assist our clients in achieving self-sufficiency by providing them with supports and assisting them in various needs including housing, education, training, medical and mental health.

Current Initiatives

Through partnering with our local managed care organization, reinvestment dollars were used to implement CRS services within Wyoming County. With the reinvestment period for those services ending June 30, 2018, the SCA will be implementing fee-for-service CRS services into our contracts with our contracted providers for SCA funded clients. We believe the CRS initiative is a vital piece to helping our clients maintain recovery once they have found it.

Another current initiative in place with our managed care initiative is using reinvestment funds to fund a Recovery Support Center in each of the four counties in the Northeast as another ROSC initiative to strengthen the recovery movement. One of the successful bidders was Trehab in Wyoming County who will be opening a Recovery Support Center in Wyoming County within FY 18/19.

Another accomplishment was the creation of the Wyoming County Opiate Coalition with assistance from the TAC at PERU from the University of Pittsburgh. Realizing that tackling the Opiate Crisis in Wyoming County was going to require both short and long term initiatives, as well as bring the whole community together, the Opiate Coalition was created which is comprised of a stakeholder committee represented all facets of the community. A three year strategic plan has been developed in moving forward to have the greatest impact on battling the effects the Opioid Epidemic has had on Wyoming County.

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	4	0 Days
Non-Hospital Rehab Services	11	3-5 Days
Medication Assisted Treatment	0	N/A
Halfway House Services	1	5-7 Days
Partial Hospitalization	0	N/A
Outpatient	0	5-7 Days

**Use average weekly wait time

2. Overdose Survivors' Data: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

Through the SCA Agency Model, the Luzerne/Wyoming Counties SCA has communicated to all four Emergency Rooms in Luzerne County and the one located in Wyoming County to notify them of the Warm Hand-off Policy the SCA has in place.

The Warm Hand-off policy at the SCA is in place to be operational twenty-four hours a day, seven days a week.

The Luzerne/Wyoming Counties SCA defines an overdose survivor as an individual in a state requiring emergency medical intervention as a result of the use of drugs and/or alcohol.

If during normal business hours of Monday-Friday, 8:00 a.m. – 4:30 p.m., an overdose client presents at the Emergency Room, the Emergency Room can call the Case Management Unit at 570-826-3035 who in turn will do a screening over the phone and then attempt to secure a detox bed at one of our contracted inpatient providers so that arrangements can be made to have the client go directly from the Emergency Room to the inpatient facility. Once at the inpatient facility, arrangements are made to have one of our Case Managers complete a LOC assessment to determine further treatment needs and/or options.

Outside of normal business hours, the SCA has a contract for after-hours crisis/intervention with Helpline. If after-hours an overdose client presents at the Emergency Room, the Emergency Room can contact Helpline at 570-829-1341 who will in turn complete a screening over the phone and attempt to secure a detox bed at one of our contracted inpatient providers so that arrangements can be made to have the client go directly from the Emergency room to the treatment facility. The SCA’s Case Management Unit would then be contacted the next business day at which point arrangements are made to have one of our Case Managers complete a LOC assessment to determine further treatment needs and/or options.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
*	*	*	*

*No Warm Hand-off referrals were made directly to treatment from the Emergency Room in Wyoming County utilizing the SCA Warm Hand-off protocols between 7/1/17-3/31/18. Wyoming County lost 14 residents to Overdose Deaths in 2017. The number of Overdose Survivors as well as the number who refused treatment is not attainable by the SCA due to a variety of obstacles such as not having access to hospital data, EMS data, or reversals that may happen in the home setting.

3. Levels of Care (LOC): Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	0	0	
Inpatient Hospital Rehab	0	0	
Inpatient Non-Hospital Detox	14	0	Adolescent, Pregnant Women, IDU,
Inpatient Non-Hospital Rehab	19	0	Adolescent, Pregnant Women, IDU, Co-occurring
Partial Hospitalization	2	0	Adolescent, Pregnant Women, IDU
Intensive Outpatient	6	1	Adolescent, Pregnant Women, IDU
Outpatient	8	1	Adolescent, Pregnant Women, IDU
Halfway House	8	0	Adolescent, Pregnant Women, IDU

** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health

issue.

4. **Treatment Services Needed in County:** The SCA is currently in the process of conducting a Needs Assessment and looking at expanding treatment options to address battling the Opioid Crisis and how it has impacted our Counties. We have Pyramid Healthcare opening a new Inpatient facility in our county early in FY 18/19. It will be a 100 bed facility providing 20 detox beds and 80 rehab beds including both short and long-term and a focus on MAT. In addition, the SCA will be contracted with two additional outpatient providers beginning in July to assist with providing timely quality care to our residents. The SCA is also looking to contract in FY 18/19 for MAT services beyond the Methadone component. We are currently working with two Outpatient providers who will be including Suboxone and/or Vivitrol services within their program where the medication assistance and the accompanying treatment are done at the same facility to ensure best practices when it comes to this modality of treatment.
5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan. The SCA in FY 17/18, as in the past three years, has supplied the Wilkes-Barre Fire Department with \$15,000.00 of Narcan who supplies Narcan to the Wyoming County EMS to aid in their overdose reversal efforts.

In terms of Education, the SCA has two contracted Prevention providers, one who offers a free Narcan training to the public on the first Tuesday of the month, and the other on the third Thursday of the month. Other specific Narcan training requests are available by contacting the SCA directly. The SCA also works very closely with the PA Department of Health, Northeast District Office who conducts Narcan trainings to a variety of groups such as the prison, Geo-Rentry Services, Probation Departments, Community Crime Watch groups, community events, etc. The SCA has also developed an Opioid Overdose Fact Sheet containing information about Narcan and where to find Narcan trainings in our County that it has circulated to the community, legislators, schools, senior centers, pharmacies, etc. as well as posting it on the Drug and Alcohol page of the County Website.

6. **ASAM Training:** Through partnership with our local MCO, reinvestment funds are being utilized to pay for and provide training for all in network or contracted in county Drug and Alcohol providers who need to be ASAM trained. Trainings have already taken place in April, 2018 with additional trainings scheduled for 6/4-6/5, 2018, and 6/13-6/14, 2018.

7.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	7	7*
Provider Network	122	122*

All 129 above identified which service either Luzerne or Wyoming Counties have had or are scheduled for upcoming trainings so that all 129 will be ASAM trained by 6/14/18.

The Wyoming County Office of Human Services in conjunction with the Luzerne-Wyoming Counties Drug and Alcohol Case Management Unit have identified an increasing need for drug and alcohol treatment dollars for those individuals who have low-income, but are not eligible for medical assistance. This increase in the low-income/non MA eligible population is due to the high rate of unemployment in Wyoming Counties. The goal of the Luzerne-Wyoming Counties Drug and Alcohol Program is to evaluate and assess residents' needs for drug and alcohol services, and to identify resources available to assure those needs are met for those residents seeking help for their substance use disorder.

The flexibility of HSBG funds to be used for non-MA/BHSI eligible individuals will assure that those individuals who are working with low-incomes, and/ or receiving unemployment benefits have the opportunity to access care as needed. This flexibility will allow greater access to more levels of care, thus better meeting the clients' needs. We appreciate your consideration for this waiver request.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). *Dropdown menu may be viewed by clicking on "please choose an item".*

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Wyoming County's Human Services Development Fund supports three programs. Under Adult Services are Housing, Chore and Home Delivered Meals provided by the Commission on Economic Opportunity Wyoming County Division. Under Generic Services/Specialized Services is Shared Ride Transportation provided by Susquehanna/Wyoming County Transportation Department and Help Line.

Adult Services: Please provide the following:

Program Name: Housing

Description of Services: The Housing service provides the primary means of preventing homelessness within Wyoming County. The program uses a wide variety of resources to effectively address the problems of low-income individuals and families in securing and maintaining adequate housing. Room and board is not a service provided. The services are provided to all eligible Wyoming County residents who meet the eligibility criteria of Adult Services. The CEO Wyoming County Housing Services assists families and individuals to attain a permanent housing arrangement as they move from a situation of homelessness or inadequate, unsafe housing or to retain their housing if they are currently facing a near homeless episode such as magisterial eviction, fire victims, or some other event caused by poor economic conditions.

The goals of the Housing Services Program are to:

- Assist clients residing in inadequate housing to locate, obtain and move into adequate housing.

- Assist clients residing in adequate housing to retain such housing.
- Assist clients in dealing with landlords, utility companies, realtors and lending institutions.
- Assist clients with paperwork involved in financial matters relating to Home Ownership Mortgages and Rehabilitation Loans.
- Assist clients in obtaining needed material resources such as food, fuel, clothing, utility deposits and furniture.
- Advise on Fair Housing Law and dangers of Predatory Lending through education and outreach.

Affordable units are secured on a first-come, first served basis and those able to pay more have a distinct advantage. Staff must continue to work more diligently and each successful placement requires more time and resources than ever before.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Adult Services: Please provide the following:

Program Name: Chore

Description of Services: The Chore service provides for maintenance tasks, usually done by family members, necessary to enable the client to remain in his/her home. Chore is provided to maintain the client's safety in the home. Chore Service does not include either Homemaker Service or major home repairs such as house re-wiring or extensive painting. Specific activities provided will vary according to individual needs. The target population for the HSDF Chore Services Program are households with an adult who is between the ages of 18 to 59 and who have a household income below 125% of poverty income guidelines. Consideration will be given to households up to 250% of poverty dependent upon program funding and type of request. CEO Wyoming County staff will complete the necessary intake and eligibility information. The proposed program will meet the need for minor home repairs to assist in housing retention for the target population. Specific activities provided vary according to individual needs of the consumer and the condition of the home environment. Chore Services are available to all residents of Wyoming County between the ages of 18-59 who meet the financial eligibility and need determination requirements of the Adult Services Program.

Service Category: Chore - Provides for the performance of unskilled or semi-skilled home maintenance tasks, normally done by family members, and needed to enable a person to remain in his own home, if the person or family member is unable to perform the tasks.

Adult Services: Please provide the following:

Program Name: Home Delivered Meals

Description of Services: The program provides meals for homebound disabled Wyoming County residents, age 18 through 59 who are attempting to maintain their independent living and are considered at risk nutritionally. The program provides at least one nutritious, well balanced meal per day delivered on a weekly basis along with supplementary groceries (bread, milk, margarine, and juice) to the homebound adult population who otherwise primarily due to geographic location, low income, or special diet are not able to access other nutritional feeding programs.

Access to service will be through referral from physicians, hospitals, nursing homes, social and community service organizations or agencies and by family or self-referral. Upon receipt of a referral, program staff will conduct a complete needs assessment to obtain pertinent information, establish program eligibility and to formulate an overall case plan. Program eligibility will be determined

according to the established Adult Services procedures and guidelines. Diet plans will be determined by the consumer's personal physician who is responsible for providing this information to the program manager. Upon receipt of the necessary diet information, and in conjunction with the case plan, meals are ordered and a regular delivery schedule is initiated. The CEO Home Delivered Meals Program is an integral component of an overall in-home services system where persons with multiple needs can receive necessary services in an efficient and coordinated manner.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name: Shared Ride Transportation

Description of Services: Shared Ride Transportation is provided to county residents utilizing county owned vehicles and county drivers. Rides are provided from the client's residence to MH/ID workshops, occupational therapy, physical therapy, speech therapy, hemodialysis, drug and alcohol programs and needed medical appointments.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Help Line

Description of Services: Help Line is a 24/7 telephone information and referral and after-hours crisis first responder serving residents, communities and service providers of Luzerne County. Help Line can be accessed by dialing "211" and access is provided toll free for those individuals without 211 services. A telephonic translator service is available as well. Help Line is the provider of a free telephone reassurance service to assist frail adults who have chosen to remain in their home.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)

Program Name:

Description of Services:

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below. Only HSDF-allowable cost centers are included in the dropdowns.

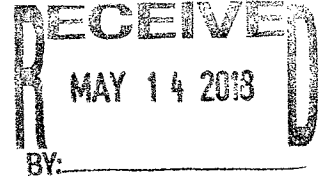
Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (non-block grant counties onl

Proof of Publication

THE TIMES LEADER

(Under Act of No. 587, approved May 16, 1929)



STATE OF PENNSYLVANIA,
COUNTY OF LUZERNE

SS:

Linda Byknes, being duly sworn according to law, deposes and says that he/she is the bookkeeper of The Times Leader, a daily newspaper published in the City of Wilkes-Barre, County and State aforesaid, by Civitas Media, LLC, that said The Times Leader was established in 1939, and that the printed notice or publication hereto attached is exactly as printed in the regular edition of The Times Leader on the following date(s):

May 9, 2018

At
of
in
ar
ch

**PUBLIC HEARING NOTICE
HUMAN SERVICES BLOCK
GRANT PLAN**

Wyoming County Human Services will hold two public hearings on the proposed Human Services Block Grant Plan for fiscal year 2018 / 2019. A meeting will be held on Monday, May 14, 2018 from 10:00 A.M. to Noon in the Wyoming County Emergency Operations Center, 3880 SR 6 East, Tunkhannock, PA 18657. A second meeting will be held Tuesday, May 15, 2018 from 6:00 - 8:00 P.M. at the same location. The purpose of these meetings is to provide an opportunity for any interested parties including families and individuals who receive services to testify about the plan. The meetings are accessible to persons with disabilities.

By Order of The Wyoming County Commissioners

s and says that The Time Leader is a daily newspaper and that neither the affiant nor The Times Leader is ect matter of the aforesaid notice of advertisement, is in the foregoing statement as to time, place and n are true.

Linda Byknes
Sworn to before me this 9 day
of May, 2018
Renee Sager

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Renee Sager, Notary Public
City of Wilkes-Barre
Luzerne County
My Commission Expires 11-14-2020

The Wyoming County Press Examiner (Under act P.L. 877 No 160. July 9, 1976)
Commonwealth of Pennsylvania, County of Wyoming

WYOMING CO HUMAN SERVICES
PO BOX 29
ATTN: MARIE ANDERSON TUNKHANNOCK PA 18657

RECEIVED
MAY 18 2018
BY: _____

Account # 587127
Order # 82206708
Ad Price: 58.68

PUBLIC HEARINGS NOTICE HU

Ann Marie Fortese

Being duly sworn according to law deposes and says that (s)he is Billing clerk for The Wyoming County Press Examiner, owner and publisher of The Wyoming County Press Examiner, a newspaper of general circulation, established in 1978, published in the borough of Turkhannock, county and state aforesaid, and that the printed notice or publication hereto attached is exactly as printed in the regular editions of the said newspaper on the following dates:

05/09/2018

Affiant further deposes and says that neither the affiant nor The Wyoming County Press Examiner is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as time, place and character or publication are true Ann Marie Fortese

Sworn and subscribed to before me
this 9th day of May A.D., 2018

Sharon Venturi

(Notary Public)

Commonwealth of Pennsylvania - Notary Seal
Sharon Venturi, Notary Public
Lackawanna County
My commission expires February 12, 2022
Commission number 1254228
Member, Pennsylvania Association of Notaries

**PUBLIC HEARINGS NOTICE
HUMAN SERVICES BLOCK
GRANT PLAN**
Wyoming County Human Services will hold two public hearings on the proposed Human Services Block Grant Plan for fiscal year 2018/2019. A meeting will be held on Monday, May 14, 2018 from 10:00 A.M. to Noon in the Wyoming County Emergency Operations Center, 3880 SR 6 East, Tunkhannock, PA 18657. A second meeting will be held Tuesday, May 15, 2018 from 6:00 - 8:00 P.M. at the same location. The purpose of these meetings is to provide an opportunity for any interested parties including families and individuals who receive services to testify about the plan. The meetings are accessible to persons with disabilities.
By Order of The
Wyoming County Commissioners

Wyoming County HSBG Meeting

May 14, 2018 at 10:00 AM

Agenda

- I. Welcoming and Opening Comments**
- II. County Planning Process**
- III. Open Discussion**
- IV. Adjournment**

WYOMING COUNTY HUMAN SERVICES

PUBLIC HEARING on the

PROPOSED HUMAN SERVICES BLOCK GRANT PLAN

Monday, May 14, 2018 10:00 AM to 12:00 PM

EMERGENCY MANAGEMENT OPERATIONS CONFERENCE ROOM

Wyoming County Human Services conducted a Public Hearing regarding the planning process for the Human Services Block Grant on Monday, May 14, 2018 at 10:00AM in the Emergency Management Operations Conference Room.

WELCOME/ OPENING COMMENTS: Michael Donahue-Executive Director

Mr. Donahue opened the meeting by thanking everyone for attending the first scheduled public hearing for the second year Human Services Block Grant fiscal year 18/19. The agenda was handed out to each attendee. Mr. Donahue gave a brief history of the agencies who provided input for the Block Grant's initial plan for fiscal year 17/18. They included Luzerne/Wyoming MH/ID, Luzerne/Wyoming Drug and Alcohol, Housing and Homeless Assistance Program Providers, as well as input from the public hearings to develop the HSBG Plan. In part because of the Waiver in place Luzerne/Wyoming Drug and Alcohol began with approximately a \$96,000 base with a supplemental of \$5,600 because of the Opioid Epidemic. Luzerne/Wyoming MH/ID will use all the funding available to them plus any additional that can be transferred from other programs. The HSBG is set up to allow funds to be transferred from one categorical to another when there is a surplus in one program and a deficit in another. Today begins our work on developing our plan for fiscal 18/19. Our completion goal for the plan is May 31st, 2018.

PUBLIC COMMENTARY SUMMARY:

Cathy Franko-HANDS of Wyoming County

Parents as Teachers (PAT) sees a high failure rate with parents/adults who leave treatment centers and go directly back home into the same environment they left. There needs to be a reentry system to assist these individuals. Cathy asked if the HSBG could fund such services to the families as well. Cathy asked about the children involved. Is there any type of after-school services for children? Cathy asked how a child enters the School Based Behavioral Health (SBBH) program. Is it a referral? Is it voluntary? Cathy expressed gratitude for the increased services.

Steve Ross-Luzerne/Wyoming SCA

TREHAB will begin to provide support services to those who are recovering from addiction within the next year. Northeast Behavioral Health County Consortium (NBHCC) has dedicated enough money for the first year of the recovery center. The recovery center must be self-sustaining after the first year. Certified Recovery Specialists (CRS) and Certified Peer Specialists (CPS) will have to bill out and other funding sources explored for sustainability. Steve received several proposals for outpatient services for July 2018-June 2020. He

acknowledges the delicate balance in distributing funds for worthy programs. Opioid prevention needs to extend to the medical community. All the community prevention services, all the counseling, all the Narcan, won't work if doctors are still writing scripts at an alarming rate.

Mike Hopkins-Children's Service Center

There are CRS's available now. They are mobile and can go to the home. CSC is working towards developing a 3rd choice for those seeking D&A counseling. CSC has the psychiatrist upstairs, putting the D&A downstairs in the same building seems to be a natural progress of services. One school, in particular, saw students age 14 and above had more self-referrals than expected when the program was designed for elementary aged students. Certified Recovery Specialists and Certified Peer Specialists can often connect better with clients having had a 'lived experience'. It is important the County support the expansion of these programs

Tom Henry-Wyoming County Commissioner

Tom began by saying he appreciates we are all working together on this project. TREHAB's facility will be near the Courthouse, closing on the building is soon. Wyoming County has a major substance use disorder. Every Monday he hears the weekend statistics on overdoses and reversals, etc.

Mike Donahue-Executive Director, Wyoming County Human Services

TREHAB has worked very quickly, the Recovery Center will be centrally located and provide a safe place for people to go. This will support the family as well. Mike knows choice is needed in the county. There will be a discussion with Steve about funding these programs, but the money is finite. All providers will be acknowledged and the proper process will be followed to determine funding. There is a growing group of children whose needs are not being met by the school-based program. If the SBBH needs in Tunkhannock are presenting differently than those of other schools, let's identify what Tunkhannock's needs are and develop programs to meet the schools' needs. As administrators we need to be aware of this issue. We need to meet the needs of kids now before they become adults. Perhaps promoting the CRS's and CPS's to the community would be a good idea. We do need Prevention but we also need Intervention processes as well. Intervention can happen before drug & alcohol has taken over a kid's life. We need to bring back Intervention because our kids are struggling. We need to look at Intervention as we once did. Children are struggling more than ever. We need to do better with Intervention services for adolescents and adults.

Lori Bennett-Wyoming County Special Needs Association

Asked if TREHAB would be establishing a meeting with community agencies and school districts in the county to explain the referral process. ID services are very established, but there are many hurdles surrounding our MH services. We refer to the Robinson Center, but in general Wyoming County is lacking mental health services. People who are in crisis but can't be 302'd are not comfortable picking up the phone to dial 211 and speaking to a complete stranger. They are looking for a friend instead of a structured program.

Barb Landon-CARES of Wyoming County

There will be a committee formed before any doors are opened at the TREHAB recovery center to be sure everyone is aware of what is going on and what will be provided and available. Barb

stated as of now, for D&A, Wyoming County has A Better Today and TREHAB, located up by the hospital. Now TREHAB will be starting the recovery center. TREHAB also purchased a home near the courthouse for women recently released from jail that are in Treatment Court. Barb would like to see people be able to choose where to go in Wyoming County for rehab. She would like to see county dollars available to people who do not have medical assistance to help pay for their choice of program. Spouses often don't want to go the same provider. Children who are involved in traumatic situations like Gene Dziak described are then expected to go to school, do their classwork, and behave. When they don't, they get into trouble. The kids don't know what to expect when they get home.

Heather McPherson-Superintendent T ASD

In response to Cathy Franko, acknowledges the complexity of these issues. Heather is associated with the National Association of School Leadership. They have the Nine Building Blocks and one of their focus' is the need for pre-k services. PAT is a wonderful example. Currently, Tunkhannock partners with HANDS, Early Intervention and Head Start. But we need more touch points with these families before the kids come into our schools in order to break down the barriers that are already huge. Tunkhannock and all schools need to do a better job offering support to kids who come from traumatic settings. There needs to be therapeutic support. Until we fix this system kids will continue to be disenfranchised for a number of reasons. We are not supporting kids who come from trauma with a therapeutic setting. Outside groups have developed a model, without our input, stuck it in our schools and expected it to work on our kids. It doesn't. Heather wants to create an in district therapeutic support for kids who need it instead of shipping them out. Addressing the needs of the adults, as is being done here, is important, but if the children are not taken care of there will be a whole new generation of disfunction. Next year a curriculum of 'social and emotional learning' will be implemented in grades K through 6. If we can't get the neediest kids the services they need when they need them most then we are wasting our resources. We are not being intentional enough for our kids. Our neediest kids get pushed into a system that was never intended to handle their needs just because that is all we have to service them with. The school-based system is valuable but is now overburdened. It should be used preventatively to help kids before it becomes a crisis. Just like a quiet place removed from the chaos of drug or alcohol use is important to a recovering adult, a quiet, calm place for kids with mental health issues is equally important. Heather disagrees that this is a provider issue, she feels it is a systemic issue. The program is more successful when the parents are willing. The children that Heather sees come across her desk are beyond the help of the SBBH program, this makes it a system failure not a model failure.

Jackie Simmons-Wyoming County Special Needs

Agrees with the points Heather made. She and Lori have been going into the schools to assist families in understanding the IEP process. They are currently working with 15 families. She notes a lack of understanding even among parents with high school students about the SBBH program. One size fits all models do not work anymore. Mental health needs to be individualized. How are CRS and CPS accessed for support for these individuals? Children from traumatic situations become desensitized, they are the 'toughest ones in school'...often saying...'I got this'... There is a push from the government on down to get folks with ID out into the community, but the community is not ready for our folks. Employers don't have the training to deal with ID folks.

Tara Vallet-Luzerne/Wyoming County MH/DS

If the needs of the kids are not being met with the school-based program it could be a provider issue. This does work in other districts because it is individualized. They are mandated to keep kids in their natural environment (classroom) with support. It should be individualized.

Tunkhannock was part of the design, but perhaps it needs to be redesigned. SBBH works nights and weekends with the kids and their families. Family sessions are scheduled around parent schedules. Families must be supported for a healthy child. Parents sometimes resist or feel forced to be engaged and prefer to come to see the worker. It takes time to build trust with the parents. Tara responded the SBBH is a voluntary program. Most providers have a satellite office in the high school complete with doctor. Tara suggested sending those MH individuals to the Drop in Center, which will open May 26, 2018. There are actually more services available in Wyoming County now than there has been in years past.

Mary Gene Eagan-TASD

The school-based provider in other districts when faced with a difficult student does not just throw up their hands, say I don't know what to do, walk away leaving the school and the child hanging. They figure it out.

Howard Heise-Administrator, Wyoming County Children and Youth

There must be a strong follow through with SBBH from school to home. Children and Youth has not seen SBBH in any of the homes we have been involved in. The majority of kids coming into C&Y are the kids that Gene Dziak is talking about. When C&Y goes we have to pick and choose what services to bring into the home, whether we remove the kids or not. The more services we have to choose from the better. With all the D&A issues going on' don't lose sight, from a C&Y stand point of all the other bad stuff going on in our communities and schools.

Jeff Ramey-CCBH

SBBH is designed to follow from school to home and work with the whole family. Case managers include families in development of treatment plan. The program is designed to meet any needs within the home.

Cammie Anderson-D&A Prevention, TASD

When the school receives a referral regarding a child with a parent involved in D&A there are programs in place for that child. Referrals can come from the parents, grandparents, C&Y, and even the child himself. If the school knows then they can help. With regard to the opioid crisis we need to look at prevention for this next generation. Prevention works, but it doesn't happen quickly. It doesn't have to a big-ticket thing for example, Lacrosse Senior Night. Kids do appreciate the efforts behind community prevention programs. For example, the recent Mock Car Crash at the high school. The emergency personnel were familiar faces to the kids. Because of that the kids know that that they matter to those emergency workers. More money is needed for prevention. We also need to educate people letting them know they can ask their doctors not to prescribe opioids. We have received 'unofficial' referrals regarding children caught up in situations like Mr. Dziak is talking about. How many kids are there that we don't know about?

Gene Dziak-Director, Emergency Management Agency

When an over dose happens in the home and he needs to administer Narcan or CPR often there are children watching, witnessing, despite the best efforts of the EMTs the children are traumatized by the events. What happens to those kids? How do we help those kids with the trauma that just happened and the life that they are living? With regard to the community garden; there are green space areas owned by municipalities that could be used for a garden.

Kristie Baker-Keystone Community Resources

While what I do is somewhat disconnected from what everyone else does, with the opioid crisis the MH/ID population will grow. Mothers and soon to be mothers are still getting high and causing delays in their children. Legislation is coming down, they don't want the MH/ID folks in day treatment they want them out in the community at least 25% of the time. To fulfill that requirement, we would love to have a community garden. The big push is community employment, but the community is not quite ready. Day treatment services are considered the last institutional services. Several groups could benefit from a community garden. Susquehanna County's garden bounty is given to the homeless or soup kitchen.

Many more ideas regarding the community garden were voiced. All thought it a positive way to engage our MH/ID community and perhaps other groups not yet ready to mainstream fulfill the government's 25% mandate.

Mr. Donahue asked if there were any other public concerns to report. Hearing none, Mike Donahue asked for a motion to adjourn. Barb Landon made the motion, Howard Heise seconded the motion. The motion was so moved. The meeting was adjourned at 11:35 AM.

Respectfully Submitted



Mark Phillips
Fiscal Officer
Wyoming County Human Services
Wyoming County Children and Youth

10:09 am

Sign-in Sheet

HSBG Public Meeting

Date May 14, 2018

Signature	Print Name	Organization	Email	Phone Number
<i>Lori Bennett</i>	Lori Bennett	WCSNA	wsbna@ptd-net	570 840 7507 / 570 996 6222
<i>Tracie Simmons</i>	Tracie Simmons	WCSNA	jsimmons@wsna.org	996-6222
<i>Leif Ramsey</i>	Leif Ramsey	CEAH	R Ramsey@ceah.org	496-1315
<i>Tara Vallet</i>	Tara Vallet	WZLLOYD MINDS	tara.vallet@wzlv.com	570-488-1331
<i>Steven Ross</i>	Steven Ross	WZLLOYD SCA	Steven.Ross@wzlv.com	570-826-8731
<i>Cathy Franks</i>	Cathy Franks	HANDS	cathyfranks@hands-wyco.org	570-833-2350
<i>Heise</i>	Heise	WyCo. Co. Co	heise@wyco.org	570-836-3131
<i>Kristie Baker</i>	Kristie Baker	Keystone Comm. Resources	kbaker@keystonecommres.com	570-604-2952
<i>Mike Koprius</i>	Mike Koprius	CSC	MKOPRIUS@CSC.ORG	570-855-4665
<i>Cammie Anderson</i>	Cammie Anderson	TAHS	cammie.anderson@tdnet	570-881-5015
<i>Barb Lador</i>	Barb Lador	ARES	barb_lador@phoe.com	8363612
<i>Gene Dziak</i>	Gene Dziak	WyCo. Co. Co	wcedm1@wyco.org	570-836-2828
<i>Mary Margaret Morrison</i>	Mary Margaret Morrison	TA50	marguere.morrison@tdnet	570-536-7030
<i>Heather M. Spenser</i>	Heather M. Spenser	TA51D	heather.mspenser@tdnet	570-536-3111
<i>Michael Donohue</i>	Michael Donohue	WY County Human Serv.	mdonohue@wyco.org	(570) 836-3131
<i>Thomas Healy</i>	Thomas Healy	WY State Commissioner	Therage@wyco.org	570-996-2228
<i>Mark Phillips</i>	Mark Phillips	WY County Human Svc	MPhillips@wyco.org	(570) 836-3131

Wyoming County HSBG Meeting

May 15, 2018 at 6:00 PM

Agenda

I. Welcoming and Opening Comments

II. County Planning Process

III. Open Discussion

IV. Adjournment

WYOMING COUNTY HUMAN SERVICES

PUBLIC HEARING on the

PROPOSED HUMAN SERVICES BLOCK GRANT PLAN

Tuesday, May 15, 2018 6:00 PM-8:00 PM

EMERGENCY MANAGEMENT OPERATIONS CONFERENCE ROOM

The Wyoming County Human Services conducted a Public Hearing regarding the planning process for the Human Services Block Grant on Tuesday, May 15, 2018 at 6:00 PM in the Emergency Management Operations Conference Room.

WELCOME/ OPENING COMMENTS: Michael Donahue-Executive Director

Mr. Donahue opened the meeting by thanking everyone for attending the second scheduled public hearing for the second year Human Service Block Grant fiscal year 18/19. The agenda was handed out to each attendee. He explained where we are in the writing process of the plan. He reported our part of the plan is complete. We received the plan from Commission on Economic Opportunity. We are still waiting for a couple other pieces. We need to have the plan completed by May 31, 2018. It does not appear we will need an extension.

PUBLIC COMMENTARY SUMMARY:

Lori Bennett-Wyoming County Special Needs Association

Lori expressed concern about the cost of advocacy and the amount of time gathering intake paperwork before sending it on to their intake specialist. This is not billable. We already gather the documents from going into the schools. We have releases signed to cover confidentiality. Dr Finn will come to Wyoming County if we can get 3 people scheduled on the same day. Luke is also mobile, he comes to the office and goes into the home. The support coordinators will either meet at the office or at the consumers house. We now do outpatient therapy. We work closely with the Robinson Center. We have received referrals from Robert Packer and we can see people within 3 days. We are in need of another LSW therapist. The Drop In Center is located at 69 Bridge Street in Tunkhannock, next to the Italian Restaurant, across from the Mayflower. There will be a SMART Recovery Program 1 night a week, NAMI support group will be there 2 nights per month. Wyoming County Agencies are invited to come in and set up.

Tara Vallet-Luzerne/Wyoming County MH/ID

It is the intake specialist's job to gather the paperwork. There maybe a confidentiality issue if you send on that paperwork on to intake.

Mike Donahue-Executive Director, Wyoming County Human Services

Mr. Donahue felt that doing the intake should be part of doing business. It should be included as part of the rate. There are requests for a MH First Aid Class here in Wyoming County. Also, please make sure the Narcan class is advertised. We cannot rely on Gene Dziak, as he is going through it too fast on his own. Human Services would like to see if local medical systems could

fund the purchasing of Naloxone to have on hand at local meeting places and business to use when needed. We cannot really on Gene Dziak, as he is going through it too fast on his own. We will ask Jeff Mitchell, the DA to see if he can obtain Naloxone and become the county's Centralized Coordinating Entity (CCE). On the day of Not One More's rally there were 2 others in in NEPA. No one could have foreseen the fentanyl issues as widespread as it is. Even with the prescription drug monitoring this will get worse before it gets better. But these are our kids and we will continue to find ways to meet their needs related to substance use disorder.

Liz DeWolf-Not One More

There is a Narcan Training coming up at the library. There will be Naloxone handed out. Not One More is looking into hosting a Mud Run as a fund raiser/community education event. The rally was a lot of work but there wasn't a lot of participation. Perhaps people are getting rallied out.

Steve Ross-Luzerne/Wyoming SCA

Every county in the state will have a Centralized Coordinating Entity to distribute Naloxone to first responders. The definition of first responders is expanding to include librarians, life guards. Wyoming County still needs to establish our CCE. We supply Gene Dziak with what we can. We would like to put the information about Not One More's Mud Run on our website.

Mr. Donahue asked if there were any other public concerns to report. Hearing none, Mike Donahue asked for a motion to adjourn. Howard Heise made the motion, Lizz DeWolfe seconded the motion. The meeting was adjourned at 6:50 PM.

Respectfully Submitted,



Mark Phillips
Fiscal Officer
Wyoming County Children and Youth
Wyoming County Human Services

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

<p>Directions:</p>	<p>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.</p>
<p>1. ESTIMATED INDIVIDUALS SERVED</p>	<p>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.</p>
<p>2. HSBG ALLOCATION (STATE & FEDERAL)</p>	<p>Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).</p>
<p>3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)</p>	<p>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.</p>
<p>4. NON-BLOCK GRANT EXPENDITURES</p>	<p>Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.</i></p>
<p>5. COUNTY MATCH</p>	<p>Please enter the county's planned match amount in the applicable cost centers.</p>
<p>6. OTHER PLANNED EXPENDITURES</p>	<p>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.</p>
<p>■ Please use FY 17-18 primary allocation plus the supplemental state PATH funds received during the year. If the county received a supplemental CHIPP allocation during FY 17-18, include the annualized amount in the FY 18-19 budget.</p>	
<p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 18-19 are significantly different than FY 17-18. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

APPENDIX C-1 : BLOCK GRANT COUNTIES

HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. 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
Wyoming						
MENTAL HEALTH SERVICES						
ACT and CTT	1		\$ 27,500			
Administrative Management	57		\$ 121,000		\$ 50,611	
Administrator's Office			\$ 75,000			
Adult Developmental Training			\$ -			
Children's Evidence-Based Practices			\$ -			
Children's Psychosocial Rehabilitation			\$ -			
Community Employment			\$ -			
Community Residential Services	11		\$ 250,100			
Community Services	2		\$ 18,000			
Consumer-Driven Services			\$ -			
Emergency Services	110		\$ 53,000			
Facility Based Vocational Rehabilitation	5		\$ 40,000			
Family Based Mental Health Services	3		\$ 1,500			
Family Support Services	5		\$ 13,750			
Housing Support Services	2		\$ 44,402			
Mental Health Crisis Intervention	67		\$ 26,000			
Other			\$ -			
Outpatient	24		\$ 84,500			
Partial Hospitalization			\$ -			
Peer Support Services			\$ -			
Psychiatric Inpatient Hospitalization	1		\$ 2,000			
Psychiatric Rehabilitation	2		\$ 1,000			
Social Rehabilitation Services			\$ -			
Targeted Case Management	71		\$ 9,000			
Transitional and Community Integration			\$ -			
TOTAL MENTAL HEALTH SERVICES	361	\$ 920,442	\$ 766,752	\$ -	\$ 50,611	\$ -

INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 100,100		\$ 22,819	
Case Management	3		\$ 2,000			
Community-Based Services	15		\$ 155,167			
Community Residential Services	2		\$ 120,000			
Other	2		\$ 250			
TOTAL INTELLECTUAL DISABILITIES SERVICES	22	\$ 356,191	\$ 377,517	\$ -	\$ 22,819	\$ -

**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
Wyoming						
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	10		\$ 5,000			
Case Management	150		\$ 35,330			
Rental Assistance	150		\$ 50,000			
Emergency Shelter	8		\$ 1,500			
Other Housing Supports						
Administration			\$ 9,000			
TOTAL HOMELESS ASSISTANCE SERVICES	318	\$ 18,784	\$ 100,830	\$ -	\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	16		\$ 11,358			
Inpatient Hospital						
Inpatient Non-Hospital	16		\$ 71,124			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration			\$ 14,508		\$ 8,149	
TOTAL SUBSTANCE USE DISORDER SERVICES	32	\$ 96,990	\$ 96,990	\$ -	\$ 8,149	\$ -

HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	595		\$ 83,318			
Aging Services						
Children and Youth Services						
Generic Services	8		\$ 8,000			
Specialized Services						
Interagency Coordination						
Administration			\$ 9,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	603	\$ 50,000	\$ 100,318	\$ -	\$ -	\$ -

GRAND TOTAL	1,336	\$ 1,442,407	\$ 1,442,407	\$ -	\$ 81,579	\$ -
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