



LACKAWANNA COUNTY
HUMAN SERVICES BLOCK GRANT PLAN

FISCAL YEAR 2014 - 2015

LACKAWANNA COUNTY COMMISSIONERS

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FY 2014-15
Lackawanna County
Human Services Block Grant (HSBG) Plan

COUNTY PLANNING PROCESS

- The county planning and leadership team for Lackawanna County is comprised of the Executive and Assistant Director, Lackawanna County Department of Human Services, Chief Administrative Officer, Lackawanna County Department of Human Services, Acting Administrator, Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program and the Administrator, Lackawanna-Susquehanna Office of Drug & Alcohol Programs. While the categorical program leadership served as the core planning team, many other stakeholders were involved in the process. In Lackawanna County, the planning process, with the opportunity for input, is ongoing throughout the year and is not limited to a once a year planning cycle.

In addition to the core planning team, the Lackawanna County Human Services Task Force which meets quarterly also provides valuable information and coordination regarding unmet needs, funding levels and service utilization throughout the year. The members of this group include the core planning team in addition to the Executive Director, Lackawanna County Assistance Office, the Executive Director, Scranton Lackawanna Human Development Agency and the President, United Way of Lackawanna County.

Consumers, family members, consumer groups and community partners also have an opportunity through various committees, focus groups and categorical advisory boards to have input into planning and service coordination for the human service system.

The Lackawanna Susquehanna Behavioral Health/Intellectual Disabilities Program has an Advisory Board which meets six times a year and includes three committees of the Advisory Board-Behavioral Health, Intellectual Disabilities and Quality Council. All committees are represented by consumers, family members, providers and program staff. In addition, the Program conducts a Provider Quality Council that meets six times a year and serves as a forum for providers to develop quality management plans to enhance services. Annually, the Program conducts several focus groups to gather information from the community about services, which is a valuable tool for identifying strengths and gaps within the service delivery system for both BH and ID. Also, to assist with quality assurance the Program utilizes a Consumer/Family Satisfaction Team (BH) and Independent Monitoring for Quality (ID).

Similar to BH/ID, the Lackawanna Susquehanna Office of Drug & Alcohol Programs has an Advisory Board which also meets a minimum of six times a

year. The Program also actively participates in initiatives such as the Criminal Justice Advisory Board, the Lackawanna County Re-Entry Initiative and Family Team Conferences. These initiatives assist in service delivery, funding opportunities, community need and collaboration among local agencies. The Prevention Unit of the Program also conducts specialized focus groups and educational events throughout the year for consumers, family members, professionals, school districts and the provider network.

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

Representatives from the various human service categorical programs are also members of the Center for Family Engagement, Interagency Council, Continuum of Care and the Housing Coalition which meet at varying intervals throughout the year. In addition, the Executive Director of the Lackawanna County Department of Human Services is the Chair of the Northeast Behavioral Health Care Consortium (NBHCC), the Health Choices Managed Care Program for Lackawanna, Luzerne, Wyoming and Susquehanna Counties.

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

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

- In addition to the above ongoing opportunities for participation in the planning process, the stakeholders along with the general public were given the opportunity to provide input into the planning process at two public hearings. An announcement of the hearings was published twice in the legal section of the Scranton Times, a local general circulation newspaper.

Information on the hearing dates and the planning process was also sent to every categorical program's list of current service providers. For providers, consumers, family members, etc. who were unable to attend either of the hearings, the option was available for them to submit written comments via mail or email to the Lackawanna County Department of Human Services.

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

Screening and assessment tools are utilized by the Drug & Alcohol Program to align the most appropriate and least restrictive level of care with an individual's needs. Case/Care Management, Outpatient and Inpatient Non Hospital Services will be funded through the Block Grant to provide service options that are less restrictive than Inpatient Hospital Services.

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

- In FY 2013-2014, Lackawanna County was able to reallocate funds from the Children and Youth Specialty Grants to Drug & Alcohol to meet an increased demand for treatment services. For the FY 2014-2015 HSBG Plan, Lackawanna County is not initially making any substantial programmatic or funding changes based upon the previous fiscal year's outcomes. If during the course of this fiscal year, funds should become available due to administrative savings or underutilization in a particular service area, the Homeless Assistance Program and Drug & Alcohol Services have been identified as the prioritized areas of need for additional funding.

PUBLIC HEARING NOTICE

- Proof of publication of notice is included as an attachment.
- The public hearings were held on Friday, June 13, 2014 and on Tuesday, June 17, 2014.
- The sign in sheet and minutes from each public hearing are included as an attachment.

WAIVER REQUEST

Lackawanna County is not requesting a waiver for the FY 2014-15 HSBG Plan.

HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES/BEHAVIORAL HEALTH SERVICES

a) Program Highlights

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

The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program has been successful in engaging persons with serious mental illness, persons in recovery, family members, advocacy organizations, providers of behavioral health care services and other community stakeholders in successfully moving our Program forward and embracing the concept of "Recovery" for persons active within our system of care.

The Northeast Behavioral Health Care Consortium (NBHCC) annually conducts **focus groups within both Lackawanna and Susquehanna Counties** soliciting input from persons with mental illness and those in recovery. A complete copy of this report is available upon request. In anticipation of fiscal year 2013-2014, the program completed a focus group with persons with mental illness and those in

recovery. This process was completed in the Spring of 2014. In addition, the Lackawanna-Susquehanna BH / ID / EI Program participates in public hearings in Lackawanna County conducted by the Lackawanna County Department of Human Services for the purpose of soliciting input on service delivery efforts in Lackawanna County. The Lackawanna-Susquehanna BH / ID / EI Program conducts a **public hearing** annually soliciting input from the public at large related to the delivery of services within Susquehanna County.

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

The Program continues to promote the recruitment, training and ultimate hiring of Certified Peer Specialists throughout our Joinder Program. In collaboration with NBHCC (HealthChoices), the Lackawanna-Susquehanna BH / ID / EI Program was able to increase the reimbursement rate for agencies that employ Certified Peer Specialists, which has allowed more agencies to participate in the Peer Specialist initiative and may dramatically increase the employment of Peer Specialists over the next year. In addition to increasing the reimbursement rates, the Joinder has worked with the Northeast Behavioral Health Care Consortium (NBHCC) to expand local training opportunities for individuals who wish to become Peer Specialists. Currently, the Advocacy Alliance employs two (2) full-time peer specialists and Scranton Counseling Center (SCC) has hired six (6) certified peer specialists. Four (4) certified peer specialists staff the Decision Support Center which was initiated in October, 2011 and two (2) certified peer specialists work with individuals in recovery in community based settings.

The Program is highly engaged in planning for children in out-of-home placements or at risk of needing higher level through cross-systems planning with families, HealthChoices, Children and Youth Services, case management, school districts and other stakeholders. By embracing and applying Child and Adolescent Service System Program (CASSP) principles, the program has seen progress in reducing the number of out-of-home placements while linking children and families with community supports. Additionally, the Program has been participating in Family Team Conferences with the Lackawanna County Office of Youth and Families.

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

Program will continue to constantly reinforce the recovery vision and recovery system standards.

The Program developed and implemented an integrated health and wellness team designed to improve health outcomes for adults with serious mental illness and a co-existing chronic physical health disorder by combining the technological infrastructure, data management, and clinical expertise of a behavioral health managed care organization and a behavioral health provider-based care coordination model. Behavioral health providers serve as the health home for individuals with Serious Mental Illness (SMI) and will work to coordinate physical health needs to improve overall health. This project was approved by OMHSAS through a HealthChoices Reinvestment plan and is projected to impact approximately 300 consumers.

Through another HealthChoices reinvestment initiative, the Program implemented an Assertive Community Treatment (ACT) Team to serve adults with mental illness in Lackawanna and Susquehanna Counties. The ACT Team has greatly enhanced the community's ability to support individuals with serious mental illness, by utilizing intensive support services including, psychiatry, nursing, peer supports, housing and employment specialist.

Listed in BH Table #1 is a comprehensive breakdown of behavioral health services provided by the Program, the estimated number of clients to be served and the planned expenditures for each service area including Base Funds and HealthChoices Funds:

BH Table 1 – Total Estimated Behavioral Health Served By Funding

LACKAWANNA AND SUSQUEHANNA COUNTY				
SERVICE	TOTAL PERSONS	LACKAWANNA SUSQUEHANNA COUNTY¹	HEALTH CHOICES²	TOTAL DOLLARS
Administrator's Office		\$150,200		\$150,200
Administrative Management	4,002	\$464,400		\$464,400
Children's Evidence Based Practices	36	\$29,021	\$171,749	\$200,770
Community Employment	49	\$287,159		\$287,159
Community Residential Services	131	\$1,245,768		\$1,245,768
Crisis Intervention	2,749	\$190,200	\$248,615	\$438,815
Emergency Services	2,414	\$440,846		\$440,846
Facility Based Vocational Rehab	6	\$51,499		\$51,499
Family Based Services	204	\$47,400	\$1,239,458	\$1,286,858
Family Support Services	176	\$478,000		\$478,000
Housing Support	232	\$2,613,839		\$2,613,839

Outpatient	8,561	\$697,000	\$3,984,988	\$4,681,988
Partial Hospitalization	455	\$84,001	\$2,076,176	\$2,160,177
Psychiatric Rehabilitation	189	\$278,400	\$627,029	\$905,429
Social Rehab Services	13	\$234,600		\$234,600
Targeted Case Management	1,718	\$439,430	\$2,977,942	\$3,417,372
Inpatient Psych	684	*	\$6,061,934	\$6,061,934
BHRS (other than MST)	1,369		\$14,646,684	\$14,646,684
RTF Accredited	38		\$2,560,266	\$2,560,266
RTF Non-Accredited	10		\$952,562	\$952,562
Ancillary Support	82		\$12,860	\$12,860
Certified Peer Support	17		\$14,610	\$14,610
Other Medical Services	1,524		\$924,606	\$924,606
Transitional and Community Integration	220	\$236,813		\$236,813
TOTAL BH SERVICES	24,879	\$7,968,576	\$36,499,479	\$44,468,055

¹ County funds include Human Services Development Funds (HSDF)

² HealthChoices reflects fiscal year 2012-2013 claims

³ Clients may have received more than one service (duplicate count)

* The Lackawanna-Susquehanna Behavioral Health / Intellectual Disability / Early Intervention Program reviews each request for funding for inpatient psychiatric services for a non-MA or non-HealthChoices member on a case by case basis. Should an individual need this level of care and not have a funding source the County Program would use base funds to pay for their services.

The Program received \$65,152 in Human Services Development Funds (HSDF) to support 136 consumers receiving behavioral health services. The funds were used to support 130 individuals through Family Support Services and an additional 6 individuals received intensive case management services.

BH Table 2 – Human Services Development Fund

Service	Amount	Unduplicated Clients
Family Support Services	\$60,000	130
Intensive Case Management	\$5,152	6
Total	\$65,152	136

b) Strengths and Unmet Needs:

Target population groups to be served within fiscal year 2014-2015 by the Lackawanna -Susquehanna BH / ID / EI Program are as follows:

Older Adults (ages 60 and above): The Lackawanna-Susquehanna BH / ID / EI Program has a close working relationship with both the Lackawanna and Bradford, Susquehanna, Sullivan and Tioga (BSST) County Area Agency on Aging program offices. The Lackawanna-Susquehanna BH / ID / EI Program maintains a written agreement which includes services provided by both the mental health program as well as the aging program. In addition, the agreement identifies agency liaison staff and protocols for conflict resolution.

In addition to maintaining a working agreement between the parties, training opportunities have been developed between both agencies as well as joint trainings for other community agencies. In fiscal year 2013-2014, the Lackawanna-Susquehanna BH / ID / EI Program, in cooperation with the Lackawanna County Area Agency on Aging, conducted a training on the Mental Health Commitment Act and the Adult Protective Services Act. Quarterly meetings are conducted between the Mental Health Program and the Aging Program in an effort to discuss mutual cases, training needs and gaps in services.

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

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

Adults (ages 18 and above): The Lackawanna / Susquehanna BH / ID / EI Program provides a wide range of services to adults with mental illness and those in recovery throughout the Joinder Program. Specifically, services include, but are not limited to the following: Case Management, Inpatient, Outpatient including evaluation and medication management, Partial Hospitalization Services, Psychiatric Rehabilitation, Crisis including, telephone, walk-in, mobile and residential, housing support, community residential and Peer Support.

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

Transition-Age Youth (ages 18 through 26): Targeted case management services are used to connect transition aged youth with adult services including but not limited to: housing supports, treatment services, employment services and social and recreational services. Housing and employment services for this population continue to be an area of need for this population group. Typically, housing services for this population are provided through supported housing

initiatives which provide assistance in seeking and securing safe and affordable housing options as well as financial assistance in the form of furniture acquisition, rental and utility cost assistance. Employment services are limited for transition aged youth. Typically, supported employment providers serve an older population but do provide employment services for transitional aged youth once a referral for service is initiated. The Lackawanna-Susquehanna BH/ID/EI Program will be working closely with contracted employment providers to identify specific training needs for staff who will be identified to work with transition aged youth referred for employment services.

A gap exist within the Joinder Program related to the availability of non-treatment options including but not limited to psychiatric rehabilitation services for transition aged youth. The program will work closely with contracted providers within the joinder Program to develop non-treatment alternatives for this population in fiscal year 2014-2015. Finally, social and recreational services for transitional aged youth are very limited and will need to be developed in fiscal year 2014-2015. The Program will work closely with the targeted case management service provider within Lackawanna County to specifically identify the transition age youth in the County and develop an individualized service plan to meet their needs.

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

Children (under 18)

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

The Joinder Program recognizes the need to further develop mental health evidence-based practices including but not limited to Multi-Systematic Therapy (MST) and Parent Child Interactive Therapy (PCIT). Efforts are underway through the Northeast HealthChoices Program to expand PCIT services during fiscal year 2014-2015.

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

The following table lists the schools in Lackawanna and Susquehanna counties and the number of student assistance program referrals for each specific school for fiscal years 2011-2012 and 2012-2013. In fiscal year 2011-2012 eleven (11) schools made one-hundred seventy-five SAP referrals. In fiscal year 2012-2013 twenty-one (21) schools made two-hundred and nine (209) SAP referrals.

Across both fiscal years, seventeen (17) schools made three-hundred and eighty-four (384) SAP referrals. The Program experienced an eight (8) percent increase in SAP referrals between fiscal year 2011-2012 and fiscal year 2012-2013.

BH Table 3 – SAP Referrals by School District

	Total SAP Referrals Fiscal Year 2011-2012	Total SAP Referrals Fiscal Year 2012-2013	Total SAP Referrals Fiscal Years 2011-2013
Abington Heights	24	15	39
Dunmore	0	0	0
Holy Cross	0	9	9
Lackawanna Trail	3	5	8
Mid-Valley	3	0	3
North Pocono	0	26	26
Old Forge	11	16	27
Riverside	7	8	15
Scranton	8	13	21
Jefferson School	0	0	0
Career Technical Center	0	10	10
Blue Ridge	0	26	26
Carbondale	3	5	8
Elk Lake	0	0	0
Forest City	0	0	0
Lakeland	46	0	46
Mid-Valley	38	0	38

Montrose	0	12	12
Mountain View	21	26	47
Susquehanna	11	37	48
Valley View	0	1	1
Total SAP Referrals	175	209	384

Student Assistance Program referrals are reviewed by the SAP Team and should a need be identified to warrant an evaluation for mental health services an appointment is scheduled with a mental health professional.

Special / Underserved Populations:

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

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

The Joinder Program has prepared and submitted a CHIPP Proposal to the Office of Mental Health and Substance Abuse Services (OMHSAS) to facilitate the placement of six (6) patients from Clarks Summit State Hospital to community based options. The cornerstone of this proposal is the expansion of housing options in both Lackawanna and Susquehanna Counties. Safe affordable housing has consistently been identified as need within the local mental health system.

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

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

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

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

In May 2014, the Program facilitated a Cross Systems Mapping exercise in collaboration with the Lackawanna County Criminal Justice Advisory Board and The Pennsylvania Mental Health and Justice Center of Excellence. The event to promote progress in addressing criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system. As part of the workshop, the Center of Excellence was requested to provide assistance to: (1) Create a map indicating points of interface among all relevant Lackawanna County systems; (2) identify resources, gaps, and barriers in the existing systems; and (3) develop priorities to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system. The participants in the workshops included 38 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. The final report will include an Action Plan that will continue to advance services and supports within the Joinder.

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

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

Lesbian / Gay / Bisexual / Transgender / Questioning / Intersex (LGBTQI)

Consumers: The Joinder Program needs to continue to promote access to mental health services and supports to this population group. Efforts will be initiated with the local mental health advocacy organization to develop an outreach strategy to engage LGBTQI consumers.

Racial / Ethnic / Linguistic minorities: The Joinder Program needs to continue to promote access to mental health services and supports to this population group. Efforts will be initiated with the local mental health advocacy organization to develop an outreach strategy to engage individuals. The Program has had preliminary discussions with community stakeholders about expanding access to Spanish speaking clinicians.

c) Recovery-Oriented Systems Transformation

The Lackawanna-Susquehanna BH / ID / EI Program received a flat allocation from the Office of Mental Health and Substance Abuse Services (OMHSAS) for fiscal year 2013-2014. This “no growth” allocation for fiscal year 2013-2014 follows a program allocation in fiscal year 2012-2013 which experienced a reduction of ten (10) percent or approximately \$700,000.

The program worked hard in conjunction with a local provider network to reduce allocations and at the same time to minimize the impact of those reductions on services and supports to children with mental illness and their families and adults with mental illness.

With this financial backdrop, the Lackawanna-Susquehanna County BH / ID / EI Program is proposing the following Recovery-Oriented Systems Transformation Initiatives:

1. **Peer Support Services** – Efforts will be initiated to expand the number of Certified Peer Specialists within Lackawanna and Susquehanna Counties.
 - **Timeline** – The timeline for the completion of this recovery initiative is twelve (12) months.
 - **Fiscal Resources** – Total Cost anticipated to complete this recovery-oriented systems transformation initiative is \$20,000. The Lackawanna-Susquehanna BH / ID / EI Program will work with the Northeast Behavioral Health Care Consortium (NBHCC) and the Luzerne / Wyoming County MH / ID / EI Program to fund this initiative. The proposed cost sharing option to be pursued will be \$10,000 dollars from NBHCC and \$5,000 dollars through each county Joinder Program.

- **Initiative Tracking** – The funding partners will track the number of individuals trained and the number of individuals trained who are employed.
2. **Supported Housing** – The Joinder Program will seek to expand supported housing options for an additional twelve (12) individuals within the Program.
- **Timeline** – The timeline for the completion of this recovery initiative is twelve (12) months.
 - **Fiscal Resources** – The Lackawanna-Susquehanna BH / ID / EI Program has been engaged in the implementation of a FY 2013-2014 CHIPP Initiative to facilitate the movement of eight (8) individuals from Clarks Summit State Hospital to community based alternatives. It is anticipated that \$146,000 dollars from this allocation will be earmarked to expand the Joinder Programs Supported Housing Program by twelve (12) individuals.
 - **Initiative Tracking** - Since supported housing services will be reimbursed through a fee-for-service arrangement, the Joinder will be tracking this initiative through claims reported on a monthly basis to the Administrator's Office.
3. **Parent Child Interactive Therapy (PCIT)** – The Joinder Program is looking to further expand an evidence based practice to serve children with mental illness and their families.
- **Timeline** – The timeline for completion of this initiative is twelve (12) months.
 - **Fiscal Resources** – The Joinder Program will budget approximately \$10,000 dollars to expand this initiative to children and families not eligible for Medical Assistance or HealthChoices funding.
 - **Initiative Tracking** – Since PCIT services will be reimbursed through a fee-for-service arrangement, the Joinder will be tracking this initiative through claims reported on a monthly basis to the Administrator's Office.

INTELLECTUAL DISABILITY SERVICES

1. Overview

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program served approximately eleven hundred (1100) children and adults with an intellectual disability in fiscal year 2013-2014. The Program implemented a breadth of base and waiver-funded services to eligible participants including: residential services, lifesharing, adult day services, vocational services, transitional employment services, supported employment, respite care, home and community habilitation, companion services, nursing services, transportation, behavioral support, home and vehicle accessibility adaptations, Family Support Services (FSS) and supports coordination.

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

In addition to the valuable feedback provided during **public hearings**, the Program receives information from service recipients and their families in a number of ways, including:

- The Program's continuous quality monitoring activities, individuals and families receive a supports coordination **satisfaction survey** at least annually. In addition to overall satisfaction, respondents provide feedback regarding access to services.
- On an annual basis, the Program conducts **focus groups** which solicit feedback from the community about the overall service delivery system. Groups were convened for families and individuals with intellectual or developmental disabilities in Lackawanna and Susquehanna Counties. Summaries of each of the focus groups are available upon request.
- The Program **responds to calls and e-mails from family members** and surrogates regarding access and availability to services. The Program takes action when warranted to address inquiries regarding service access.
- Another system safeguard for ensuring individuals and their families gain access to the services they need is ongoing participation in The **Provider Council** of Lackawanna-Susquehanna Counties. By maintaining an

ongoing relationship with the local provider network, the Program is poised to more readily address gaps in services when they are identified by stakeholders.

Based on feedback and input from the above listed processes, the following areas impact individuals access to services: (1) high turnover rates for Supports Coordinators, (2) limited access to transportation in rural settings, (3) limited competitive employment opportunities and (4) limited choices of service providers in rural settings. Despite these limitations in the abundance of services, the Program remains committed to increasing access in a cost effective manner and continues to provide the full breadth of waiver services to people in Lackawanna and Susquehanna Counties.

In addition to the above listed, the Program is receiving an increase in requests for community-based residential services to individuals with intellectual and developmental disabilities with complex behavioral health diagnoses including Autism Spectrum Disorder (ASD). Some families are requesting additional systems supports for children beyond the array of available in-home supports through Health Choices and Home and Community Based Services. Based on the increasing propensity for ASD and the shortage of appropriate residential options for individuals, the Program recommends ODP consider the appropriation of resources through future initiatives.

2. Services to be Provided

The Program plans to expend \$4,644,088 to support 608 individuals in Lackawanna County fiscal year 2014-2015. Listed below in ID Table 1 is a breakdown of intellectual disabilities services provided by the Program, the number of individuals that were served in FY 13-14 and the projected number of individuals to be served in FY 14-15 each service area:

ID Table 1 – Base Funded Services

SERVICE	ESTIMATED/ACTUAL INDIVIDUALS SERVED IN FY 13-14	PROJECTED INDIVIDUALS TO BE SERVED IN FY 14-15
Supported Employment	10	21
Vocational Facilities (Chapter 2390)	14	14
Adult Training Facilities (Chapter 2380)	20	20
Base Funded Supports Coordination	158	158
Community Homes (Chapter 6400)	10	10
Family Living Homes (Chapter 6500)	1	1
Person Directed Services /Agency With Choice	5	5
Person Directed Services /Vendor Fiscal	Waiver Only Service	Waiver Only Service
Family Driven Family Support Services	125	125

The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program, in accord with the Administrative Entity Operating Agreement, completed the authorization of base and waiver services and the approval of each Individual Support Plan throughout the fiscal year. In addition to the management of base funded services, the Program managed approximately \$40 million in waiver funding (Consolidated and Person/Family Directed Waiver) in fiscal year 2013-2014, which provided essential services and supports to residents within the Joinder.

a) Supported Employment

The Program has implemented a Quality Management initiative for 2013-2015 to develop a local **Employment Coalition**, comprised of various community stakeholders including: service recipients, families, supported employment providers, advocates, representatives from the Office of Vocational Rehabilitation, the Lackawanna Office of Families and Youth Services (transition aged-youth), school districts, Intermediate Unit, the Office of Developmental Programs, business champions and the BHIDEI Program. This coalition will serve as a forum to discuss community-based planning to advance competitive employment opportunities in the Joinder. The Employment Coalition will work to identify local training needs to promote competitive employment opportunities.

Additionally, the Program will be evaluating the results of a local **employment study** completed in fiscal year 2013-2014. This study will provide a descriptive overview of the current supported employment system, assess areas for development and recommend changes to enhance services. This study will guide future planning activities within the Joinder Program.

b) Base-Funded Supports Coordination

The Program served 158 individuals in Lackawanna County via base-funded supports coordination. This service provides for a continuity of care for individuals that are temporarily ineligible for waiver or medical assistance funded supports coordination and is a primary service for ensuring the health and safety of individuals with an intellectual disability. Supports coordination is a service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for individuals with intellectual disabilities. Locating services and supports consists of assistance to the participant and his or her family in linking, arranging for, and obtaining services specified in an Individual Support Plan (ISP), including needed medical, social, habilitation, education, or other needed community services.

The Program anticipates an increase in the number of individuals eligible for base-funded supports coordination. We continue to identify eligible individuals transitioning from the Early Intervention Program, previously not identified high school graduates and individuals diagnosed with Autism-Spectrum Disorder.

The Program, via Supports Coordination, currently monitors nine (9) individuals who reside in State ICFs/ID and approximately one hundred eight (108) individuals who reside in private ICFs/ID. Supports Coordinators will continue to ensure that these individuals are offered choice of facility based or community based living arrangement, and will facilitate transition to community living arrangements, if requested by the individual, as capacity and/or funding becomes available.

c) Lifesharing Options

The Lackawanna-Susquehanna Program has a strong provider network for the delivery of Lifesharing services. In fiscal year 2012-2013, the Program served 33 individuals in Lifesharing options through 3 different providers. The Program utilizes the Lifesharing screens available in HCSIS when planning for individuals long term care. Supports coordinators assist individuals and families in determining presenting need and help locate the appropriate care while supporting choice of service and service provider. Supports coordinators discuss Lifesharing as an option with all individuals in need of residential care.

Through a quality management initiative, the Program continues to schedule routine meetings with Lifesharing providers to address barriers to expanding services, discuss capacity and develop community supports to bolster providers ability to manage complex cases (behavioral and medical), ultimately making this service available to more individuals.

d) Cross Systems Communications and Training

The Program has partnered with the local HealthChoices agency (Northeast Behavioral Healthcare Consortium) to address the service needs of individuals with a dual diagnosis (behavioral health and intellectual disability). Specifically, a DD problem solving workgroup has been identifying consumers who are dually diagnosed, receiving case management and other services through multiple systems and currently in out-of-home placements (local and statewide). The workgroup functions as a forum to: encourage cross system collaboration, enhance staff training, ensure quality care for dually diagnosed youth and adults, reduce overutilization of more restrictive settings and facilitate access to housing, employment, and other community based services

The Program has successfully managed to support individuals with an intellectual disability from entering a higher level of care (ie. State Center or State Hospital). This has been accomplished through the efforts of the Program's staff and community partners. The Program will continue to take a philosophical approach that promotes home and community integration and avoids institutional care. The Lackawanna Area Agency on Aging and the Lackawanna-Susquehanna BHIDEI Program facilitated cross systems case reviews for older individuals with complex support needs. The Program will continue to work with the Lackawanna AAA to promote effective support and better health for individuals with intellectual disabilities and behavioral health needs.

The Program participates in a collaborative with the Lackawanna Office of Youth and Families to promote cross systems communication when planning for transition-aged youth. By engaging a cross-section of the community which includes: behavioral health, intellectual disabilities, employment, housing and education; this group is establishing fundamental strategies for supporting youth as they transition to young adulthood. In addition to creating systemic progress in how agencies work across systems when a youth is transitioning to adulthood, this collaborative is developing a growing network of resources which will promote individual health.

e) Emergency Supports

Individuals receiving Intellectual Disability services have access to after-hours emergency crisis services through after-hours answering services at both Supports Coordination Organizations (SOCs). Emergencies are responded to and issues requiring follow-up are responded to by the individual’s Supports Coordinator.

The Program routinely engages individuals, families, providers and other county and state agencies to plan for emergency supports for individuals in need. The Program utilizes precious base resources to address health and safety concerns; while coordinating services and supports between providers, the local Area Agency on Aging, the Lackawanna Office of Youth and Families, the Northeast Behavioral Health Care Consortium and the Office of Developmental Programs. The Program monitors the amount of encumbered base funding on a weekly basis and responds to requests for emergency services and supports relative to the availability of unencumbered base funding. In addition the Program follows the Office of Developmental Programs established protocol for Unanticipated Emergencies.

The Program utilizes ODP’s Prioritization of Urgency of Need for Services (PUNS) process to triage the needs of individuals who are waiting for service when waiver capacity is not available. Individuals are placed in one of three categories depending on need: 1. *Emergency* - Person needs services immediately, within the next six (6) months, 2. *Critical* - Person needs services more than six (6) months but less than two (2) years from now, 3. *Planning* - Person needs services more than two (2) but less than five (5) years from now. Individuals who are in Emergency PUNS status are considered a top priority when funds are available.

Increasing Capacity

During FY 13-14 the Lackawanna-Susquehanna BH/ID/EI Program completed eighteen (18) new waiver enrollments through initiatives available through the Office of Developmental Programs. Twenty –two (22) individuals were enrolled in waiver funding utilizing existing capacity.

FY 13-14 New Capacity	Consolidated	PFDS
Individuals with Aging Caregivers	3	

Graduates		14
Emergency	1	
Total	4	14
FY 13-14 Existing Capacity	Consolidated	PFDS
Total	8	14

The Program has identified nine (9) individuals that will require waiver funded supports upon graduation from high school in FY 14-15. An additional five (5) individuals will require residential supports due to an aging caregiver, three (3) will require residential supports upon aging out of a Residential Treatment Facility (RTF) and three (3) individuals will require residential support due to complex needs associated with a diagnosis of Autism Spectrum Disorder.

Projected Needs FY 14-15	Consolidated	PFDS
Individuals with Aging Caregivers	5	
Graduates		9
RTF Age Out	3	
Autism Spectrum	3	
Total	11	9

f) Administrative Funding

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program strives to provide exceptional administrative oversight of both base and waiver-funded services. The Program conducts several activities to ensure compliance with the execution of the Administrative Entity Operating Agreement with the Department of Public Welfare; including: the annual Administrative Entity Oversight Monitoring Process, waiver and residential capacity management, monitoring of delegated administrative functions, provider monitoring/provider qualification and provider capacity management.

The Program works collaboratively with various community stakeholders to complete the **Independent Monitoring for Quality (IM4Q)** process each year. Individuals, family members, advocates and professionals complete approximately 150 surveys each fiscal year. The information collected is analyzed and reported to the Program’s Quality Council and ultimately to the Program’s Advisory Board.

The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program is the lead county for the **Northeast Health Care Quality Unit (NE HCQU)**. The NE HCQU provides training, technical assistance and supports to eight counties including: Bradford-Sullivan, Lackawanna-Susquehanna, Luzerne-Wyoming, Tioga and Wayne County. In 2012-2013, the NE HCQU trained 9,164 direct support professionals (DSP) in classroom settings and an additional 5,581 DSPs through online training; for a total of 14,745 trained

opportunities. The NE HCQU responded to 4,162 requests for technical assistance from provider agencies, which included providing additional information on a variety of topics like behavioral and medical supports. The NE HCQU is an integral part of the local delivery system and helps to ensure individuals with intellectual disabilities gain access to medical and dental services through county and stakeholder planning.

On an annual basis the Program plans with young adults, families, case management, and the Office of Developmental Programs to support **graduates**. In 2012-2013 the Program transitioned eight (8) graduates from base to waiver funding. In FY 13-14 the Program has transitioned fourteen (14) graduates to waiver funding through a 2013 waiver initiative. In addition, the Program continues to identify individuals with an intellectual disability who have an aging primary caregiver. In fiscal year FY 2012-2013 the Program supported two (2) individuals with an aging caregiver and three (3) individuals in FY 2013-2014.

HOMELESS ASSISTANCE SERVICES

Our county works very efficiently to educate our providers so they are aware of all the resources available for our homeless and nearly homeless clients. Lackawanna County’s Continuum of Care’s goal is to optimize self-sufficiency and to quickly re-house these clients to minimize trauma and dislocation associated with their situations. Our providers are members and participate in the Continuum of Care meetings and collaboratively continue to educate on new services. We welcomed a “new” shelter to our County in FY 13-14. It was an existing shelter that had to close a few years ago due to lack of funding. We are pleased they have re-secured the funds to re-open their doors and help fill the need for Emergency Shelter services, as we experienced a much greater need due to the frigid winter we encountered. Our Family Support Program, which offers supportive and emergency services to non-sheltered women and children, had a greater number served from last year. Additionally, the Bridge Housing Program has seen a consistent need for longer stays (up to one year) as it is harder to transition because of the high unemployment rate. Permanent Supportive Housing is provided for chronic homeless families as well as chronic homeless adults with BH/ID issues. This program helps these clients who have been homeless for at least one continuous year or have had four episodes of homelessness in the last 3 years by providing secure, safe, affordable housing while working on setting long term goals for independence, self-sufficiency and living on their own. Our providers assist by working with the clients to provide life skills, counseling, intensive case management and assist, if needed, in applying for public benefits, housing, energy assistance, etc. Our need for Rental Assistance has grown tremendously in the last few years as our employment rates have dropped. We strive for improvements to services by continuing to meet to educate and work collaboratively on new services and funding sources. The lack of affordable housing and steady, viable employment in our area continue to be our biggest challenges.

	Estimated/Actual Individuals	Projected Individuals to
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	served in FY 13-14	be served in FY 14-15
Bridge Housing	14	8
Case Management	450	450
Rental Assistance	238	463
Emergency Shelter	0	0
Other Housing Supports	0	0

Bridge Housing

The agency that serves our County in Bridge Housing caters to a specific demographic of women and children only. It was determined the population they served were eligible for additional/separate monies from another source and that the County was able to have available to them almost double, (including the HAP funds) the funding they received in FY 13-14. We are assured this will enable them the opportunity to provide service to even more clients than they were with just the HAP funding that was available to them in FY 13-14.

Case Management

Case Management is an ongoing and important part of this grant. As our providers see many clients coming through their doors for assistance, they are to evaluate and screen the client and then proceed to accept those clients that meet the requirements and offer proper Case Management. We are going to be tracking the case management very closely going forward to ensure the follow through with clients and track their utilization of the resources offered them. These include basic life skills training, employment programs, financial management and general assistance/independence programs for better living. We are working together with the Continuum of Care, Housing Coalition and Independent Living Committee members to collaboratively work on the cross systems training that educates direct service professionals and line staff to best provide Case Management services. Our providers conduct a 90 day follow up with clients to determine their status after receiving Rental Assistance and Case Management and although they face challenges of contacting clients at times (no phone service, responses to emails, or not returning calls) they are able to provide statistics consistent with 75% of the consumers still stably housed. The outcomes are sometimes harder to determine for homeless or nearly homeless clients as they are sometimes harder to contact depending on their financial situation also. They do track, however, in the HMIS system, whether they are repeat clients or looking for another resource such as the food pantry, shelters or temporary housing.

Rental Assistance

The client receives both monetary and supportive help including advocacy, referral and guidance to ensure this is a onetime barrier to keeping their housing. We see an ongoing, greater need in our County for Rental Assistance and have adjusted our allocations going forward to hopefully reach an increased number of people as well as providing a larger amount of Rental Assistance per client. Our providers conduct a 90 day follow up with clients to determine their status after receiving Rental Assistance and

Case Management and although they face challenges of contacting clients at times (no phone service, responses to emails, or not returning calls) they are able to provide statistics consistent with 75% of the consumers still stably housed. The outcomes are sometimes harder to determine for homeless or nearly homeless clients as they are sometimes more difficult to contact depending on their financial situation also. They do track, however, in the HMIS system, whether they are repeat clients or looking for another resource such as the food pantry, shelters or temporary housing.

Emergency Shelter

Due to limited HAP funding, Emergency Shelter will not be funded in FY 14-15. HAP funding was allocated to Bridge Housing, Case Management and Rental Assistance with a focus on preventing homelessness and providing supports to assist clients in transitioning to living independently in stable housing.

Other Housing Supports

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

HMIS Implementation

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

Administration

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

**Lackawanna County has an open 'Request for Qualification' process and received responses from 2 agencies in addition to the 3 providers that served the homeless population through the HAP Grant for FY 13-14. We have evaluated the agencies and where the funds would be best utilized for FY 14-15. One of the submitters formally withdrew their RFQ request as they made an error and submitted to the wrong county. From the 4 requests that remained, it was found that 2 of these agencies serve a specific population of only women and children. We have determined that the new applicant, as well as our existing BH provider agency is eligible for another funding source that would be more specific to their needs that is available through our DHS-Office of Youth and Family Services. Our existing BH provider will still receive partial HAP funds. The 2 remaining agencies that have no restrictions on the population they serve would be awarded the balance of the HAP grant to split accordingly and focus some of these extra monies available on Rental Assistance which was determined had the greatest need in our county at a recent HAP workshop that was held by our Human Services office.

OFFICE OF YOUTH and FAMILY SERVICES (CHILDREN and YOUTH SERVICES)

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

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

OYFS selected outcomes regarding decreasing length of out of home placement, decreased re-entry, increased placement stability, decreased number of out-of-home placements generating family service plans that address substantive needs with individualized services rather than generic plans through increased family engagement - including the increased engagement of fathers, are all effected by the practices directly and indirectly in the ways described to better suit positive outcomes.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Decreasing length of out of home placement.	Monthly QA reports	<u>PCIT, FTC, FGDM, Promising Practice, Housing</u>
Decreased re-entry into placement.	Monthly QA reports	<u>PCIT, FTC, FGDM, Promising Practice, Housing, Alternatives to Truancy</u>
Increased placement stability.	Monthly QA reports	<u>PCIT, FTC, FGDM, Housing</u>
Decreased number of out-of-home placements.	Monthly QA reports	<u>PCIT, FTC, FGDM, Housing, Alternatives to Truancy</u>

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

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

modeling, reinforcement, and selective attending in their coaching to shape the parent's behaviors.

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

The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org>) was used to select the model.

	13-14	14-15
Target Population	0	2-7 years of age
# of Referrals	0	10
# Successfully completing program	0	
Cost per year	0	\$14,000
Per Diem Cost/Program funded amount	0	\$155 per session
Name of provider	0	Friendship House

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

FTC is a critical component of family engagement for the Child Welfare Demonstration Project (CWDP) for all participating counties. Family Team Conferencing (FTC) is a solution-focused method that draws on the family's strengths in solving problems, determines circumstances when the family is currently able to solve the problem and helps develop the family's vision for a preferred future. FTC can work to strengthen

families to find immediate solutions to needs and provide long-term solutions for issues related to safety, permanence and well-being. FTC will occur within 30 days of every new placement. OYFS will continue to use and will likely increase the use of the voluntary Family Group Decision Making (FGDM). Mandatory FTC's will become the first point of team engagement. The FGDM coordinator is present at all FTC's and will be educating and recruiting families for FGDM. The expenditure is related to the facilitator contracted through OYFS. OYFS is developing metrics to measure family engagement as the project continues.

The model was selected from:

https://www.childwelfare.gov/famcentered/overview/approaches/family_group.cfm

	13-14	14-15
Target Population		
# of Referrals	72	72
# Successfully completing program		
Cost per year	\$35,000	\$40,000
Per Diem Cost/Program funded amount		
Name of provider	Gold/OYFS	Gold/OYFS

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

The IV-E waiver project uses a standardized treatment method which identifies youth needs based upon more comprehensive assessment tools. Utilizing assessments through such tools as the CANS, it is believed that youth will be better served with services that directly meet their individualized identified needs. Currently, youth are not

being referred to MST even if the behaviors are equivalent and may be referred to other services. The funds are being redistributed to individualized evidenced based services.

	13-14	14-15
Target Population		
# of Referrals	34	0
# Successfully completing program		
Cost per year	73,340	0
Per Diem Cost/Program funded amount	\$78.50	0
Name of provider	Lourdesmont	

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

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

Expectation is for an increase in referrals due to the mandatory FTC's. The FGDM coordinator attends all FTC's and is able to recruit families to participate in FGDM

conferences. It is believed referrals will be more successful due to the earlier family engagement by the FGDM coordinator.

	13-14	14-15
Target Population		
# of Referrals	90	90
# Successfully completing program	45	45
Cost per year	\$99,864	\$99,204
Per Diem Cost/Program funded amount		
Name of provider	OYFS	OYFS
Program Name:	Housing	

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

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

First, through IRTH (Intensive Reunification Court Transitional Housing) the agency intends to prevent out of home placements for families participating in the program and to move them into permanent stable housing in under six months. This is accomplished through the families working intensely with the court, OYFS staff, service providers, and United Neighborhood Centers. The agency and participating providers will review the cases weekly in court, staff the current waiting list and new referrals monthly, and review statistical data quarterly.

Secondly, Post Foster Care will provide a transitional living environment to youth exiting foster care with no other family or housing resources. The program will focus on life

skills, employment, money management, and positive community connections. Case management will be provided directly by UNC and each individual will be assessed for After Care Services through county Independent Living Services. The agency and UNC will review cases monthly and discuss all pending referrals. UNC will submit quarterly reports to ensure progress is being made.

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

	13-14	14-15
Target Population	46	46
# of Referrals	22	<u>45</u>
+		
Cost per year	\$166,001	<u>\$186,001</u>
Per Diem Cost/Program funded amount		
Name of provider	UNC	UNC

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

The agency has a Clinical Unit which encompasses facilitated and supportive visitation, parenting and visitation assessments, and mothers and fathers psycho-educational support groups as well as parenting education. Since the Clinical Unit is being staffed

to increase visitation as well as provide assessments and groups, the duration of placement has been tracked. Within the past twelve months the unit has received one hundred and seventy two referrals, has serviced 85 adults and 106 children through visitation alone. The agency believes that this clinical approach to visitation is largely responsible for the reduction in the average length of placement for cases referred in the past year, i.e., 7 months vs. 21months for the entire agency. Further analysis is ongoing to determine other factors that have led to this statistic.

	13-14	14-15
Target Population		
# of Referrals	<u>191</u>	<u>191</u>
# Successfully completing program		
Cost per year	\$177,300	\$177,300
Per Diem Cost/Program funded amount		
Name of provider	OYFS	OYFS

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

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

Truancy filings will be maintained or reduced from the current rate since the introduction of the 4 truancy workers (renamed School Liaisons for 2012-13). Four thousand eight hundred and seventy five children/youth were served in fiscal year 2012-2013. Throughout the SFY on a monthly basis, the number and type of referrals from the school will be monitored by the QA department to determine if there is a statistically significant change from the previous year.

	13-14	14-15
Target Population		
# of Referrals	1044	1044
# Successfully completing program	980	980
Cost per year	\$220,500	\$220,500
Per Diem Cost/Program funded amount	\$235	\$235
Name of provider	OYFS	OYFS

DRUG and ALCOHOL SERVICES

a) Program Highlights

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

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

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

The Lackawanna-Susquehanna Office of Drug and Alcohol Programs is the single point of entry for uninsured individuals and who may require/desire access to treatment. Individuals who seek Program funding must demonstrate that they are uninsured and income insufficient while meeting the clinical guidelines for a particular level of care, as specified by the Pennsylvania Client Placement Criteria (PCPC II) for adults and the American Society of Addiction Medicine (ASAM) Criteria for adolescents. A standardized Level of Care assessment and a Liability Determination is administered by the Program's Case Management Unit in order to effectuate access to treatment services. The liability scales, provided by DDAP, are county specific and may differ for persons in Lackawanna and Susquehanna Counties. According to their income, individuals may be required to pay a designated percentage of the cost of treatment services they receive.

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

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

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

linked to appropriate supportive services in the school and community. Four annual SAP trainings are conducted each school year.

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

The opioid epidemic (i.e. prescription opioid and heroin abuse) is a major challenge for the Lackawanna-Susquehanna Office of Drug and Alcohol Programs. The Program observes the alarming trend of individuals who transition from prescription opioid to heroin abuse. The Lackawanna-Susquehanna Office of Drug and Alcohol Programs will continue to enhance efforts to implement a comprehensive and coordinated approach that addresses key risks involved in opioid abuse. The major objectives of these efforts include: cultivating key relationships and sustained dialogue with primary care administrators and stakeholders; providing prescribers with appropriate information as it relates to patients' problems with opioid prescriptions; reducing access to opioids, increasing access to substance abuse treatment. The Program's efforts in combating opioid abuse are centralized around the education and promotion of Medically Assisted Treatment (MAT). When prescribed and monitored appropriately, MAT's have proved effective in assisting individuals with recovery. The Lackawanna-Susquehanna Office of Drug and Alcohol Programs full range of resources are needed to counter measure the insidious nature of opioid abuse and to restore individuals on a pathway to recovery through substance abuse treatment services.

b) Target Populations

Target population groups to be served within fiscal year 2014-2015 by the Lackawanna -Susquehanna Drug and Alcohol Program are as follows:

Older Adults (ages 60 and above): The Lackawanna -Susquehanna Drug and Alcohol Program works closely with the Lackawanna and Susquehanna Counties Area Agencies on Aging and community organizations that serve the aging population. Identified staff from the Lackawanna-Susquehanna Drug and Alcohol Program are assigned to work with AAA's as gaps in services arise. The Prevention Unit, routinely, conducts joint presentations at Personal Care Homes

and Nursing Facilities on the risk factors associated with gambling and alcohol consumption, as these are the two most significant associated risk areas for the aging and elderly populations. Quarterly meetings are conducted between the Program and the Lackawanna and Susquehanna Aging Program in an effort to discuss mutual cases, training needs and gaps in services.

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

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

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

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

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

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

Adolescents (under 18): The Lackawanna-Susquehanna Drug and Alcohol Program provides a wide range of services to adolescent youth with substance

use disorders and those in recovery throughout the Joinder Program. Specifically, services include, but are not limited to the following: outpatient counseling, intensive outpatient counseling, partial programming, halfway house, non-hospital detoxification, non-hospital inpatient rehabilitation, hospital based detoxification, hospital based rehabilitation, medication assisted treatment, case management and recovery support.

The Joinder Program considers adolescents (age 18 or under) as priority populations and also gives service preference to them. The Joinder program contracts with three adolescent inpatient treatment programs.

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

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

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

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

Criminal Justice Involved Individuals: Individuals with substance use disorders who are involved with the criminal justice system in Lackawanna County have access to the Problem Solving Court system. The Joinder Program, in cooperation with the Lackawanna County Judicial System, developed a Drug Treatment Court, a DUI Problem Solving Court and a Co-Occurring Problem Solving Court. Annually, more than forty (160) unduplicated individuals participate in each Problem Solving Court Program. Drug and Alcohol supports for the Problem Solving Courts are provided through case management staff who are members of the Court Team. In addition to the case management

staff, clinical staff participates in Court Team meetings which are used to staff each individual involved within the Program. The Joinder Program works closely with Lackawanna County's network of Problem Solving Courts, especially the Adult Drug Treatment Court. LSODAP provides shortened time frames for assessment and placement of Drug Court clients and performs weekly level of care assessments at the Lackawanna County prison.

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

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

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

c) Recovery-Oriented Services

A movement is underway within the Commonwealth of Pennsylvania to transition into a Recovery Oriented System of Care (ROSC). The ROSC model embraces and promotes recovery from alcohol and other drugs and effectively shifts the current acute care model of treatment to a chronic care model. In order to do this, the entire system must embrace a recovery management approach to support those with substance use disorders and to expand the present continuum of care.

The Joinder Program intends to utilize the recovery community in all aspects of systems transformation thus ensuring authenticity of services and that the needs of individuals in recovery and family members are met at every stage of the system in order to achieve long-term recovery. In addition, the Joinder Program will work closely with the Court system, District Attorney's Office, and the provider network to unify a ROSC service delivery method.

The Joinder Program will follow the conceptual framework, guiding principles, and multi-faceted elements of the ROSC as set forth by the Recovery-based Issues Committee of the Pennsylvania Drug and Alcohol Coalition.

Administration

\$79,596 has been allocated to the County Block Grant Administration for Lackawanna County.

HSDF Funding

\$19,567 has been allocated in HSDF funding for Other Interventions to serve 89 clients in the Drug and Alcohol system.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	48	45
Aging Services	0	0
Generic Services	8,943 (contacts)	8,900 (contacts)
Specialized Services	0	0

Adult Services

In Fiscal Year 2014-15, three Adult Services will be funded through the Human Services Development Fund. As in the previous fiscal year, Counseling, Homemaker and Home Delivered Meals, will be provided with no changes proposed for the current fiscal year.

Counseling Service consisting of non-medical, supportive or therapeutic activities based upon a service plan developed with the person, or the person and his or her family, to assist in problem solving and coping skills, intra-or inter- personal relationships, development and functioning will be provided to an estimated 20 clients with an allocation of \$4,877.00. Individuals receiving this service will be adults who meet HSDF eligibility criteria and have no alternate source of funding for counseling service.

Homemaker Service provides activities in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide such services or to provide occasional relief to the person regularly providing such service. Activities included in this service are the basic

care and management of the home to ensure safe and sanitary conditions, non-medical personal care services and instructional care to the individual or family members. Clients receiving homemaker service will be adults who meet HSDF eligibility criteria and due to physical disabilities are unable to maintain their home or perform personal care. The provision of this service will allow these individuals to remain independent in their own home. Service will be provided to an estimated 5 clients with an allocation of \$7,341.00.

Home Delivered Meals Service provides meals, prepared in a central location, to homebound individuals in their own home. Each client will receive one meal daily, five days per week. Individuals receiving home delivered meals service will be adults who meet HSDF eligibility and need for service criteria. Service will be provided to an estimated 20 clients with an allocation of \$25,321.00.

Aging Services

No HSDF funds are allocated to Aging Services as in the previous fiscal year.

Generic Services

As in the previous fiscal year, Information and Referral Service will be allocated \$33,373.00 to provide service to an estimated 8,900 contacts. This service consists of the direct provision of information about social and other human services, to all persons requesting it before any intake procedures are implemented. Service activities include a brief assessment, provision of information on or referral to community resources and follow up as appropriate. Information and Referral Service will be provided by the designated I&R agency for Lackawanna County.

Specialized Services

No HSDF funds are allocated to Specialized Services as in the previous fiscal year.

Interagency Coordination

As in the previous fiscal year, funding in the amount of \$21,540.00 has been allocated to Interagency Coordination.

Funding in the amount of \$20,181.00 will be used as partial reimbursement of the salary and benefits for the position of Assistant Director, Human Services. This position will work with all categorical programs, provider agencies, service recipients, public and private organizations in the planning and management of services to design a responsive, cost efficient and effective delivery system.

Funding in the amount of \$1,359.00 has been allocated as membership dues for the Lackawanna County Department of Human Services in PACHSA. The membership in this professional organization will assist the county in the planning and management of human services.

Other Services

Mental Health Services

As in the previous fiscal year, funding has been allocated to Mental Health Services. Family Support Services will be provided to an estimated 130 clients with an allocation of \$60,000.00. Targeted Case Management (Intensive Case Management) will be provided to an estimated 6 clients with an allocation of \$5,152.00.

Drug & Alcohol Services

As in the previous fiscal year, funding has been allocated to Drug & Alcohol Services. Other Intervention will be provided to an estimated 89 clients with an allocation of \$19,567.00.

County Block Grant Administration

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

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

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

Account # 65045
Order # 81531089
Ad Price: 503.40

ANNOUNCEMENT OF PUBLIC HE

Gina Krushinski

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

06/08/2014 06/08/2014 06/11/2014

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

Sworn and subscribed to before me
this 11th day of June A.D., 2014

Sharon Venturi
(Notary Public)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Sharon Venturi, Notary Public
City of Scranton, Lackawanna County
My Commission Expires Feb. 12, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

RECEIVED

JUN 23 2014

LACKAWANNA COUNTY DEPT.
OF HUMAN SERVICES

ANNOUNCEMENT OF
PUBLIC HEARINGS

The Comprehensive Human Services Task Force, on behalf of the Lackawanna County Board of Commissioners, is developing the HUMAN SERVICES BLOCK GRANT PLAN and budgets for human services for the Fiscal Year 2014-2015. In order to assist the County in completing this task, the Lackawanna County Department of Human Services in cooperation with the Lackawanna - Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program, Lackawanna-Susquehanna Office of Drug and Alcohol Programs, Lackawanna County Area Agency on Aging, Lackawanna County Office of Youth & Family Services, Special Services, i.e., Human Service Development Fund and Homeless Assistance Program, Lackawanna County Juvenile Court Services, are requesting input from all interested residents and/or from agency representatives of Lackawanna County for this Plan.

Public hearings will be held as follows:
Friday, June 13, 2014 at 2:30 P.M.
at United Neighborhood Centers,
425 Alder Street, Scranton, PA
18505 and Tuesday, June 17, 2014
at 11:00 A.M. at the Lackawanna
County Administration Building,
200 Adams Avenue, 5th Floor,
Scranton, PA 18503.

All residents of Lackawanna County are encouraged to participate in the development of the plan for services.

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

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

DEPARTMENT OF HUMAN SERVICES
BLOCK GRANT PLAN 2014-2015
PUBLIC HEARING

JUNE 13, 2014 2:30 P.M.
UNITED NEIGHBORHOOD CENTERS
425 Alder Street, Scranton, PA 18505

William Browning, Executive Director of Lackawanna County Department of Human Services opened the hearing by welcoming all in attendance.

He then read the following into the minutes:

June 13, 2014

In compliance with the planning guidelines, the Lackawanna County Department of Human Services will be hosting two public hearings to solicit input on the plan for services. This represents the first of the two hearings. The second hearing will be held Tuesdays, June 17, 2014 at 11 A.M. at the Lackawanna County Administration Building, 200 Adams Avenue, 5th Floor, Scranton, PA.

On May 20, 2014, the Commonwealth of Pennsylvania, Department of Public Welfare issued the FY 2014-15 County Human Services Plan Guidelines. These instructions and guidelines will assist the county in the completion of our consolidated County Human Services Plan. Service areas included in the plan are Mental Health Community Base Funded Services, Behavioral Health Services Initiative (both MH and D&A), Intellectual Disabilities Community Base Funded Services, Child Welfare Special Grants, Act 152 Funding (D&A), Homeless Assistance Program Funding and Human Services Development Funds.

As in the current fiscal year, Lackawanna County will continue to be a Block Grant county for FY 2014-15. The designation as a Block Grant county allows the county some flexibility in allocating service dollars, after meeting minimum expenditure requirements, based upon identified need as opposed to solely upon categorical funding levels. In the current fiscal year, this flexibility has enabled us to reallocate a minimum of \$150,000.00 to the drug and alcohol system for an increased need in treatment services.

For purposes of completing the county plan and budget, we have been advised to use Lackawanna County's primary allocation for FY 2013-14 with the addition of a supplemental Community Hospital Integration Projects Program (CHIPP) allocation (\$367,500) under Mental Health State Base Funds. With the inclusion of the supplemental CHIPP allocation annualized for

FY 2014-15, Lackawanna County's total allocation will be \$11,809, 337 comprised of \$10,405,758 State funds and \$1,403,579 Federal funds. The county share for this State portion of the allocation is \$466,178.

Based upon the current flat level funding for FY 2014-15, it is not anticipated that there will be significant changes in the categorical allocations from the current fiscal year. For your reference, attached is a chart detailing the categorical allocations from the current FY plan. Any reallocation of service dollars would be made during the fiscal year based upon recognized administrative savings or an underutilization of services. However, this may change based upon the effect that the publicized state deficit may have upon human services, which at present is unknown.

Written comments will be received by the Lackawanna County Department of Human Services by mail at 200 Adams Avenue, 4th Floor, Scranton, PA 18503 or by email to humanservices@lackawannacounty.org no later than Friday, June 20, 2014.

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

Sincerely,
William J. Browning
Executive Director

Questions were then taken:

Question: Mike Hanley asked about the revised I&R for the HAP Grant and whether the changes are extensive?

Answer: Gayle Sensi answered that we are not sure as of yet because they have not been released. The State is scheduled to release the I&R for FY 14-15 on June 19, 2014.

Bill Browning said that we have a HAP workshop scheduled for that day and we can go over the changes that are listed on the webinar at that time.

Question: Kathy Wallace asked if there is an abundance of BH and D&A monies available.

Answer: Bill stated that there is an 'explosion' of need lately in those areas and what a huge challenge it poses for our area in all aspects. He told the group that on July 1, 2014 a Planning Council Model will be effective where D&A will now fall under the BH/ID/EI Program office and that they will be sharing some of the administrative functions between those offices. He stated that D&A issues are now going to be treated as a disease as they should be.

Kathy spoke about her agreement with Bill's statement and that D&A should fall under BH and that she has stats rating that people with D&A issues have a 20% higher risk for suicide.

Bill then introduced Bo Hoban to the group as the new Executive Director of the DHS Lacka/Susq. Office of Drug & Alcohol Programs. He stated that Bo just started in this position the beginning of June and is settling in nicely.

Kathy asked that Bo preach suicide prevention in the D&A community. Bill added that chemical dependency is a disease and we cannot afford any more cuts to the program. We are going to continue to advocate and bring awareness to the Community.

With no further questions, the meeting was adjourned.

In attendance were:

William Browning, Lacka. County Dept. of Human Svcs./OYFS
Maryann Colbert, LS-BH/ID/EI Program
Tara Finnerty, Community Intervention Center
Michael Hanley, United Neighborhood Centers
Alex Hazzouri, The Advocacy Alliance
Bo Hoban, LS-Office of Drug & Alcohol Programs
Peg Kopko, The United Way
Adrian Maillet, Lacka. Co. Office of Youth & Family Services
Joe Monczewski, CONCERN
Judy Nauroth, Lourdesmont B.H.S.
Patricia Sack, Lacka. Co. Department of Human Services
Gayle Sensi, Lacka. Co. Department of Human Services
Kathy Wallace, NorthEast Suicide Prevention
Alison Woody, United Neighborhood Centers

DEPARTMENT OF HUMAN SERVICES
BLOCK GRANT PLAN 2014-2015
PUBLIC HEARING

JUNE 17, 2014 11:00 A.M.
OYFS-5TH FLOOR LEARNING CENTER
200 Adams Avenue, Scranton, PA 18503

William Browning, Executive Director, Lackawanna County Department of Human Services opened the hearing by welcoming all attending and asking for introductions around the room.

He then read the following into the minutes:

June 17, 2014

In compliance with the planning guidelines, the Lackawanna County Department of Human Services is hosting two public hearings to solicit input on the plan for services. This represents the second of the two hearings. The first Hearing was held Friday, June 13, 2014, at 2:30 PM at United Neighborhood Centers, 425 Alder St., Scranton, PA.

On May 20, 2014, the Commonwealth of Pennsylvania, Department of Public Welfare issued the FY 2014-15 County Human Services Plan Guidelines. These instructions and guidelines will assist the county in the completion of our consolidated County Human Services Plan. Service areas included in the plan are Mental Health Community Base Funded Services, Behavioral Health Services Initiative (both MH and D&A), Intellectual Disabilities Community Base Funded Services, Child Welfare Special Grants, Act 152 Funding (D&A), Homeless Assistance Program Funding and Human Services Development Funds.

As in the current fiscal year, Lackawanna County will continue to be a Block Grant county for FY 2014-15. The designation as a Block Grant county allows the county some flexibility in allocating service dollars, after meeting minimum expenditure requirements, based upon identified need as opposed to solely upon categorical funding levels. In the current fiscal year, this flexibility has enabled us to reallocate a minimum of \$150,000.00 to the drug and alcohol system for an increased need in treatment services.

For purposes of completing the county plan and budget, we have been advised to use Lackawanna County's primary allocation for FY 2013-14 with the addition of a supplemental Community Hospital Integration Projects Program (CHIPP) allocation (\$367,500) under Mental Health State Base Funds. With the inclusion of the supplemental CHIPP allocation annualized for FY 2014-15, Lackawanna County's total allocation will be \$11,809, 337

comprised of \$10,405,758 State funds and \$1,403,579 Federal funds. The county share for this State portion of the allocation is \$466,178.

Based upon the current flat level funding for FY 2014-15, it is not anticipated that there will be significant changes in the categorical allocations from the current fiscal year. For your reference, attached is a chart detailing the categorical allocations from the current FY Plan. Any reallocation of service dollars would be made during the fiscal year based upon recognized administrative savings or an underutilization of services. However, this may change based upon the effect that the publicized state deficit may have upon human services, which at present is unknown.

Written comments will be received by the Lackawanna County Department of Human Services by mail at 200 Adams Avenue, 4th Floor, Scranton, PA 18503 or by email to humanservices@lackawannacounty.org no later than Friday, June 20, 2014.

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

Sincerely,

William J. Browning
Executive Director

Bill explained that prior to the Block Grant allocations were categorical (specific to service). This grant allows us to move funds around, if and when needed, to better serve the needs.

He went on to speak directly about an increase of epidemic proportions of D&A issues in our County and the demand for more funding. D&A issues effect Child Welfare, Homelessness, as well as many other factors and is now considered a Behavioral Health concern.

He informed the group that as of July 1st there is a Planning Council Model in effect and D&A will be under the LS-BH/ID/EI Program as it has been determined that D&A issues are a BH concern.

Questions were then taken:

Question: Sarah Drob asked where the \$150,000. was moved from to help fund the 'increased need of treatment services in D&A', as stated in the above letter.

Answer: Bill said it was from the Child Welfare Special Grants. He stressed that D&A's budget compared to its need is very small- we need to supplement it.

Question: Sr Janet Jeffers stated that D&A is a huge component of homelessness and the need to get more D&A help is definitely there. Also the need for education about this issue is important.

Answer: Bill agreed again saying we know it is a disease, and that is one of the greatest reasons we put the Planning Council Model in place to have it fall under Behavioral Health.

Question: Sr. Janet Jeffers then asked how the County match for the Block Grant was determined.

Answer: Patricia Sack informed the group that 4.48% of the State allocation is the County Match.

Question: Sarah Drob asked do all programs have a Federal Match and with the BH/ID/EI Program what part is Federal?

Answer: Jeremy Yale answered, no, not all programs have a Federal Match and that the ID Admin office which includes the HealthCare Unit of ID is Federal.

Bill said we are very flexible with the Federal Monies.

Question: Sarah Drob was wondering if there are ever any leftover funds in the Intellectual Disability programs, wanting the group to keep in mind that ID funding is fully used/needed in our County.

Answer: Jeremy Yale said there are rarely any funds at all left in that area and that they are consistently drawn down in their entirety.

Bill addressed the group and stated that we always do our best to utilize all funds efficiently and appropriately. The new Human Services Advisory Board we have put in place will be reviewing all data concerning the Block Grant and will ensure we are using funding properly.

Sandy Hannick, a consumer with the Deutsch Institute for over 10 years took the opportunity to speak on behalf of the Deutsch Institute and herself stating how important the programs the Deutsch offer are to her and her quality of life. She asked that we continue to support the Deutsch Institute as it provides great services to a lot of people.

She also asked about the evening and weekend transportation program that the County used to have in place and if that opportunity of the vans would be available again. Bill Browning thanked Sandy for her words and Patricia Sack said unfortunately, the vans were a County funded program and not available anymore. Bill reassured her he would keep that issue on his radar for the future.

Nancy Perri of the WRC addressed the group saying that she is in full agreement with the D&A assessment spoken about earlier and that on behalf of the WRC they appreciate the County's support and opportunity to apply for HAP funding.

With no further questions, the meeting was adjourned.

In attendance were:

Tara Borgna, Deutsch Institute
William Browning, Lacka. County Dept. of Human Svcs./OYFS
Sarah Drob, United Cerebral Palsy of NE PA
Sandy Hannick, Deutsch Institute
Bo Hoban, LS-Office of Drug & Alcohol Programs
Colin Holmes, Lacka. Co. DHS-Area Agency on Aging
Sr. Janet Jeffers, Catholic Social Services
Adrian Maillet, Lacka. County Dept. of Human Svcs./OYFS
Kevin McLaughlin, Drug & Alcohol Treatment Services
Shari L. Menichello, Family Care for Children & Youth
Nancy Perri, WRC
Patricia Sack, Lacka. Co. Department of Human Services
Gayle Sensi, Lacka. Co. Department of Human Services
Jeremy Yale, BH/ID/EI

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LACKAWANNA

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	JIM WANSACZ	Date: 7-7-14
	COREY D. O'BRIEN	Date: 7-7-14
	PATRICK J. O'MALLEY	Date: 7-7-14

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

Directions: Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated expenditures.

HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).

HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures **must equal** the HSBG Allocation.

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

County Match - Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

***Use the FY 13-14 Primary Allocations for completion of the Budget* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			117,236	25,838	7,126	
Administrative Management	4,002		372,156	80,600	11,644	
Adult Developmental Training						
Children's Evidence Based Practices	6		22,809	5,191	1,021	
Children's Psychosocial Rehab						

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Community Employment	49		199,879	28,921	58,359	
Community Residential Services	131		1,016,388	222,753	6,627	
Community Services						
Consumer Driven Services						
Crisis Intervention	1,508		139,138	35,263	6,941	
Emergency Services	2,414		330,471	92,831	17,544	
Facility Based Vocational Rehab	6		39,118	9,548	2,833	
Family Based Services	24		36,882	8,788	1,730	
Family Support Services	159		434,187	79,203	27,298	
Housing Support	232		2,051,875	505,216	71,695	
Other						
Outpatient	1,370		590,743	71,987	34,270	
Partial Hospitalization	63		65,361	15,574	3,066	
Peer Support						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	54		216,625	51,615	10,160	
Social Rehab Services	13		198,299	47,203	9,098	
Targeted Case Management	411		347,286	81,250	16,277	
Transitional and Community Integration	220		187,130	41,300	8,383	
TOTAL MH SERVICES	10,662	6,300,431	6,365,583	1,403,081	294,072	0

INTELLECTUAL DISABILITIES SERVICES

Admin Office			1,766,400	304,705	12,826	
Case Management	158		74,141	15,105	3,477	
Community Residential Services	11		576,662	116,767	23,371	
Community Based Services	439		1,199,545	347,354	128,182	
Other			40,213	4,911	1,802	
TOTAL ID SERVICES	608	3,656,961	3,656,961	788,842	169,658	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	8		29,330			
Case Management	450		102,653			
Rental Assistance	463		102,653			
Emergency Shelter						
Other Housing Supports						
TOTAL HAP SERVICES	921	243,257	234,636		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	<u>172</u>		<u>153,204</u>		7,760	
Promising Practice	<u>191</u>		<u>177,300</u>		7,943	
Alternatives to Truancy	<u>1,044</u>		<u>220,500</u>		9,878	

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

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Housing	45		186,001		7,437	
TOTAL C & Y SERVICES	1,452	737,005	737,005		33,018	0

DRUG AND ALCOHOL SERVICES

Inpatient non hospital	200		345,145	68,571	19,028	
Inpatient Hospital	4		4,150	850	186	
Partial Hospitalization	1		1,660	340	74	
Outpatient/IOP	230		89,186	18,267	3,996	
Medication Assisted Therapy	15		25,730	5,270	1,153	
Recovery Support Services	50		4,150	850	186	
Case/Care Management	410		110,656	22,664	4,957	
Other Intervention	91		34,121		1,529	
Prevention						
Administration (Non-Block Grant)				19,284	13,000	
TOTAL DRUG AND ALCOHOL SERVICES	1,001	674,827	614,798	136,096	44,109	0

HUMAN SERVICES AND SUPPORTS

Adult Services	45		37,539			
Aging Services						
Generic Services	8,900		33,373			
Specialized Services						
Children and Youth Services						
Interagency Coordination			21,540			
TOTAL HUMAN SERVICES AND SUPPORTS	8,945	196,856	92,452		0	0

COUNTY BLOCK GRANT ADMINISTRATION			107,902		15,921	
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GRAND TOTAL	23,589	11,809,337	11,809,337	2,328,019	556,778	0
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Behavioral Health - County Match

*Susquehanna County	\$ 41,397	Lackawanna County	466,178
*Lackawanna County	\$ 252,675	Susquehanna County	90,600

Intellectual Disabilities - County Match

*Susquehanna County	\$ 36,203
*Lackawanna County	\$ 133,455

D&A - County Match

*Susquehanna County	\$ 13,000
*Lackawanna County	\$ 31,109