

Appendix A  
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

COUNTY OF: LUZERNE

- 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>
<u>Robert C. [Signature]</u>	Date: <u>9/11/14</u>
_____	Date: _____
_____	Date: _____

## County Human Services Plan Template

### PART I: COUNTY PLANNING PROCESS

#### COUNTY PLANNING TEAM AND NEEDS ASSESSMENT

The Luzerne County Director of the Office of Human Services, along with the directors of Mental Health/Developmental Services, Children and Youth Services, Drug and Alcohol, the Area Agency on Aging, the Wyoming County Director of Human Services and their fiscal officers met several times to discuss the proposed budget and service recipients for the Human Services Block Grant. The proposed plan was based on information gathered from a variety of sources. Monthly meetings of the Mental Health Planning Committee and each of the Advisory Boards for the categorical agencies are composed of providers, consumers, family members, advocates and staff. Needs are identified and programs to satisfy those needs are proposed. Mental Health/Developmental Services and Drug & Alcohol provider meetings also supply input into community issues and how funds can best be utilized. This information was utilized in the formation of the plan.

Participation and input from the public was gathered through two public hearings specifically set to address the Human Services Block Grant. The meetings were advertised in the Times Leader and the Citizen's Voice, as well as, The New Age Examiner (a Wyoming County weekly publication). Notices were also sent via email to provider and stakeholder groups. Attendees were provided with information on the proposed budget, services and estimated clients. They were permitted to voice opinions on the plan, as well as, provide input into what they believed to be the needs of the community. Information was also utilized from public hearings held earlier in the year by Mental Health/Developmental Services and Children and Youth on their Needs Based Budget. Children and Youth also utilized input from the Integrated Children's Service Program (ICSP) in identifying needs and potential services.

The proposed expenditure budget was based on needs and expenses from fiscal years 2012-13 and 2013-2014. Those needs and expenses will be re-evaluated during the third quarter of fiscal year 2014-15.

A planning committee to review the current plan mid-year and identify whether the community is being provided the best services in the most efficient and effective manner through this plan has been established. This Human Services Planning Committee includes the Executive Director of Luzerne County Human Services, the Directors of all of the Luzerne County Categorical; The Director of Wyoming County Human Services; human services fiscal officers; consumers; human service agency directors, representatives from the Wyoming County Commissioners and the Luzerne County Manager's Office; and a representative of the courts.

PART II: PUBLIC HEARING NOTICE

PUBLIC HEARING NOTICE

MH/ID public hearings were held in Tunkhannock on April 9, 2014, Wilkes Barre on April 10, 2014, and Hazleton on April 16, 2014. Block Grant public hearings were held in Wilkes Barre on May 15, 2014, and in Hazleton on May 20, 2014. Copies of the newspaper ads are attached.

**Metrocast reaches agreement to keep Viacom networks**

Service Electric carrying channels

By Michael F. Burke Staff Writer

Area cable TV operator MetroCast reached an agreement late Monday to continue to provide Viacom networks on its channel lineups, just before a midnight deadline. Viacom, the parent of MTV, Comedy Central and Nickelodeon, had threatened to pull its programming when an agreement with the National Cable Television Cooperative expired at midnight. MetroCast is a member of NCTC but had been negotiating the renewal of its contract directly with Viacom. NCTC also reached an agreement with Viacom on Tuesday.

Service Electric Cable TV Inc., an area cable provider and NCTC member, had expressed optimism on Facebook and its website about a deal being reached and continued to carry Viacom networks during negotiations due to extensions from Viacom. Service Electric is a privately owned cable company.

Individuals served, families, advocates, and anyone interested in public mental health and developmental services are invited to provide input into planning for future services and programs.

**Annual Public Hearings**  
sponsored by Luzerne-Wyoming Counties  
Mental Health & Developmental Services

Tunkhannock: Wed., April 9, 2014 at 6:30 p.m.  
United Rehabilitation Services  
25 West Street, Tunkhannock, PA

Wilkes-Barre: Thurs., April 10, 2014 at 6:30 p.m.  
Luzerne-Wyoming Counties MH & DS  
111 N. Pennsylvania Avenue, Wilkes-Barre, PA

Hazleton: Wed., April 16, 2014 at 6:30 p.m.  
United Rehabilitation Services  
459 W. Broad Street, Hazleton, PA

Each of the meeting locations are accessible to persons with disabilities. Please phone 570-825-2441 or 1-800-816-1880 no less than 48 hours in advance if special accommodations are required.

**Massachusetts woman charged with forgery**  
A Massachusetts woman tried cashing a fraudulent check Friday at Luzerne Bank on Route 315 in Plains Township.

**Wilkes-Barre resident reports stolen vehicle**  
Wilkes-Barre police on Sunday said a 60-year-old city resident's motor vehicle was stolen.

**related offenses after police were called to the bank for a reported fraud.** Tulliver tried to get a \$780 check cashed, and when police caught her, they said she tried to destroy the fraudulent check.

**Tulliver was jailed at the Luzerne County Correctional Facility, unable to post \$7,000 straight cash bail set by Magisterial District Judge James Tupper.**

**Police said a woman lent her vehicle to a man on Friday and the man had not yet returned the vehicle.**

**Police described the suspect as a 5-foot-5-inch man, weighing about 220 pounds. The vehicle is a white 1996 BMW sedan bearing Pennsylvania registration A21-5894.**

- Compiled from staff reports

For breaking news, visit [www.citizensvoice.com](http://www.citizensvoice.com).

**Digital Technology Has Changed the World... Now let it Change the way you Hear!**

**OPEN HOUSE THURSDAY & FRIDAY!!!**  
When: **APRIL 10 & 11, 2014**  
Where: **100 Wilkes Street, Wilkes-Barre, PA 18201**  
Times: **10:00 AM - 5:00 PM**



With new digital technology, hearing aids are smaller and more sophisticated than ever. Today some are so small and so effective, even you won't realize you're wearing one. Neither will anyone else.

**Dr. David Barras and Dr. Dean Clerico are proud to offer the finest in hearing services. With a highly trained and caring staff, we are committed to improving the quality of your life.**

During this event you will receive the following complimentary services by our audiologists:

- FREE HEARING TEST
- MOST ADVANCED TECHNOLOGY
- 30 DAY RISK-FREE TRIAL PERIOD
- FREE QUARTERLY CLEANING AND ADJUSTMENTS

**RSVP for your appointment at**  
**(570) 283-0524**

**PHONAK**

**OPEN HOUSE SPECIAL**  
**\$400 OFF**  
a pair of Phonak Digital Hearing Instruments.  
(Offer expires April 15, 2014 and is not valid on previous purchases.)

### SUMMARY OF 2014 ANNUAL PUBLIC HEARINGS

The 2014 Annual Public Hearings for Luzerne-Wyoming Counties Mental Health and Developmental Services were held on the following dates and locations:

- Wednesday, April 9, 2014 at United Rehabilitation Services in Tunkhannock where approximately 36 individuals were in attendance.
- Thursday, April 10, 2014 at Luzerne-Wyoming Counties Mental Health and Developmental Services in Wilkes-Barre where approximately 28 individuals were in attendance.
- Wednesday, April 16, 2014 at United Rehabilitation Services in Hazleton where approximately 50 individuals were in attendance.

Testimony was offered regarding the following:

- Concerns for the possible closure of United Rehabilitation Services.
- The need for additional, affordable transportation services.
- The need for additional Mobile Crisis Services.
- The need for additional community services for transitional age population and increased youth engagement within policy making and committees.
- Satisfaction with the services provided at the Greenhouse Center.
- The need for additional community services for individuals discharged from Clark Summit State Hospital.
- The need for additional services for the mentally ill who are homeless such as the Housing First Program.
- The need for teacher sensitivity training to better understand students living with mental illness.
- The need for hospital staff to assure that the mental health needs of the patient be of prime importance in order to assure a comfortable hospital stay for the patient and hospital staff.
- The need for day programming for older individuals.
- The need for extended 211 Warm Line hours.

### PART III: WAIVER REQUEST

The Luzerne/Wyoming Counties MH/DS Administrator's Office has requested waivers to increase payments of Crisis Residential to match the level of reimbursement offered by HealthChoices partners.

We have also requested waivers to increase the Mobile Crisis Individual and Mobile Crisis Team delivered services to exceed those rates currently reimbursed by Medical Assistance in an effort to more closely match those rates offered by HealthChoices.

3/10/15:  
NOTE: County previously included MH waiver request on revised plan of 3/6/15. These waivers do not relate to minimum expenditure requirement and were previously approved by the department through separate correspondence. K. U

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

Mental Health Services described in the consolidated Human Services Plan will continue to be administered under the Luzerne-Wyoming Counties Mental Health/Developmental Services Department and will continue to assure the availability of comprehensive, Recovery/Resiliency-oriented treatment and support to residents of both Luzerne and Wyoming Counties. The narrative description of existing and planned services contained in this document is largely based on the OMHSAS approved Mental Health Services 2013-2017 Plan and reflective of Recovery-oriented transformation already underway and planned for the future of the two-county joinder. The current and proposed evolution of services described is, we believe, consistent with broad-based stakeholder input and moves the mental health system toward greater choice, consumer empowerment, and increased opportunities for Mental Health Recovery and full community membership for consumers of service.

### **CONSUMER/FAMILY/STAKEHOLDER INVOLVEMENT IN PLANNING PROCESS**

The Community Mental Health system, comprised of three comprehensive Community Mental Health Centers, and a variety of residential, rehabilitative, support services, and advocacy providers/stakeholder groups, has established and continues to work closely with partnering county agencies inclusive of Children and Youth Services, Area Agency on Aging, and the Single County Authority Drug and Alcohol Services to evolve, sustain, and improve health and wellness services across the life-span which supports local residents in meeting and successfully addressing illnesses, disabilities, and social challenges which present risk factors to individuals and our community as a whole. Planning of mental health services has consistently involved collaboration and input from consumers and families, advocacy organizations (NAMI), the Mental Health/Developmental Services Advisory Board, Health Choices representatives, County Children and Youth, Aging, and Drug and Alcohol representatives, and our provider system to assure the opinions, desires, and advice of this larger stakeholder group remains the basis for system transformation. To accomplish this, we have and continue to conduct hearings and meetings in multiple locations to provide access to input without the burden of travel for consumers and families. In addition, our office has established and maintains several ongoing committees including, but not limited to a Suicide Prevention Committee, Employment Task Force, and Mental Health Planning Committee, all of which have broad stakeholder membership to assure community input. Additionally, to assure the broadest consumer representation possible in our planning process, consumer “focus groups” were conducted by community mental health center staff in outpatient and day programs to assure input from consumers who are not typically involved in ongoing planning committees, and the results of these “focus groups” are contained in our annual plan as are minutes of the groups conducted. Notably, the Mental Health Planning Committee has been active in providing input and holding our system accountable for inclusion of input in planning/service development for over ten years, and, during the past year, has transitioned leadership of this monthly forum to a Certified Peer Specialist and a consumer acting as co-chairs of this important planning body.

The 2013-2017 Plan, the reference point for this planning update, as well as the ongoing planning of the MH/DS Department, relies heavily on data to support stakeholder input and

provide greater depth and validation to identify unmet needs and plan and implement opportunities to refine local services to reflect a true commitment to principles of least restrictive services and mental health Recovery. Local planning has and continues to incorporate service volume and outcome data from providers as well as our Health Choices partners to assure parallel, accessible quality services are developed and maintained for persons with Medical Assistance/other insurance as well as persons who are largely or completely funded by Mental Health Base dollars.

**a) Program Highlights:**

As a result of the multiple levels of stakeholder input and data review already described, significant consideration of the Recovery Oriented System Initiative (ROSI), and the work of the Clarks Summit State Hospital Service Area Plan Committee, our County MH/DS Program has established our Top Five Transformation Priorities for the foreseeable future. These include

- Reduce the number of people with mental illness currently incarcerated in the County jails through the implementation of a Mental Health Court.

PROGRESS REPORT—A Mental Health Court was established in 2010 and is currently serving approximately 24 and has had 12 people successfully graduate. Many of these people would otherwise have been subject to incarceration if the mental health court did not operate.

- The establishment of an Assertive Community Treatment Team (ACT) in 2014 to reduce psychiatric Inpatient utilization and subsequent State Hospital transfer for people suffering from serious and persistent mental illness.

PROGRESS REPORT-This team is currently serving approximately 40 people and has been a collaborative effort between the County MH/DS Office, Community Care Behavioral Health, Northeast Behavioral Healthcare Consortium, NAMI consumers and provider agencies. This team is expected to serve approximately 80 people/year once it is fully operational.

- Increase the availability of Supported Employment programs for people with mental illness.

PROGRESS REPORT—This continues to be a planning priority and additional Supported Housing staff have been added as a result of CHIPP funding in 2014.

- Increase Supported Housing options for Transition-aged youth.

PROGRESS REPORT—The planned Reinvestment strategy to develop a residential program for this population has been cancelled due to lack of support. There is

continued collaboration with various community agencies to reevaluate appropriate services to fill this gap.

- Implement a co-occurring training and certification initiative, in cooperation with the Drug and Alcohol Single County Authority, to increase the number of treatment staff certified in provision of effective co-occurring disorder treatment.

PROGRESS REPORT—Health Choices has sponsored and supported several training opportunities ranging from co-occurring “informed” brief training to full certification programs which have resulted in a significant increase in availability of co-occurring counseling at the local community mental health centers and other Health Choices providers.

The Luzerne-Wyoming Counties MH/DS 2013-2017 plan also provides a list of the Top Five New Funding Requests for Recovery-Oriented System Transformation Priorities. As our County moves in to participation in the Block Grant, the MH/DS Program has reviewed and maintains that these requested service enhancements remain a priority and, within the confines of funds available through efficiencies achieved in Block Grant administration, we will continue to plan and direct financial support to the following areas:

- Expand the Mental Health Court to divert mentally ill defendants from the Criminal Justice System to the Mental Health System;
- Establish an Assertive Community Team (ACT) to serve 80 consumers(implemented 2014)
- Create Supported Employment opportunities to assist 100 individuals to seek and maintain gainful employment;
- Develop prevention and early stages of problems/symptom development services such as Outreach Case management for special populations including older adults, forensic consumers, individuals with co-occurring MH/D&A disorders, and for intellectually disabled persons with significant mental health needs.
- Increase Supported Housing Services for 40 transition-aged youth and adults with significant mental illness

There are many program developments that have occurred since the last submission of this plan:

- Master-Leasing creating safe and affordable housing options targeted to serve persons being released from our local prison was established in 2011 and has been expanded as a result of CHIPP funding in 2014. This program has been specifically targeted to serve people involved in the MH court because of the high housing needs for this population.

- A Decision Support Center allowing consumers to use computer-based pre-appointment reporting to promote greater input by consumers during visits with CMHC psychiatrists has been established at Northeast Counseling Services to assist consumers and clinical staff engages in more meaningful conversations about treatment and recovery.
- Commonwealth Health System was awarded a \$1 million contract through Reinvestment to develop an eight bed Inpatient Diversion facility at Wilkes-Barre General Hospital, the location where nearly half of all persons seeking after-hours crisis services are served across the four counties (Luzerne, Wyoming, Lackawanna, Susquehanna). This service has opened in mid-2013.
- Through the CASSP Coordinator, the MH/DS program attends, and is actively involved in, Individual Education Plan (IEP) development for children/adolescents with behavioral health needs at several local school districts, coordinates with local Base Service Units and participates in the development and approves plans set forth through the Intensive Service Planning Team (ISPT). In cooperation with Children and Youth, the CASSP Coordinator is a vital part of Multi-Disciplinary Teams (MDT), the Integrated Family Resource Team (IFRT), and 10-day concurrent reviews required by Children and Youth regulations. Notably, both the CASSP Coordinator, as well as other staff of the Mental Health Department of the MH/DS Program, has played a significant role in developing and writing our local Integrated Children's Services Plan (ICSP).
- The CASSP Coordinator has primary contract monitoring and service coordination responsibility administration of funds under the Garrett Lee Smith youth suicide prevention grant and chairs our local Suicide Prevention Committee which extends its scope to suicide prevention efforts across the age continuum.
- Specific to services existing and proposed for transition age youth aging out of BHRS and Residential Treatment Facilities, our system, as previously indicated, has steadily moved toward evidence-based service offerings including Family-Based services, Functional Family Therapy, and Multi-Systemic Therapy, services which remain available to adolescents/transitional youth up to the age of 21. These services will allow us to focus intervention on skill-building, strength-based interventions and promoting Resiliency for adolescents and their families and should prove useful tools in reducing repetitive inpatient episodes, clearly a precursor to referral and admission to restrictive settings such as Residential Treatment Facilities.
- A training was held in March 2012 which was a success, and there was overwhelming support to create a CIT in Luzerne-Wyoming Counties. Luzerne County formed a CIT Board to begin the process and received help from Lackawanna County who had an existing CIT and agreed to provide instructor training for Luzerne County participants. The training

was expanded to all first responders to include Police, Fire, EMS, Ambulance Services, 911, Corrections, Probation and Hospital and College Security Officers.

- In September 2012, Luzerne County sent ten (10) individuals to a 40-hour training to become CIT Instructors. The individuals selected to attend by the board were made up from several police agencies, corrections, 911 and social service agencies. Luzerne County began CIT Training in 2013 to educate 20 first responders from both Luzerne and Wyoming Counties. The first training occurred in March 2013 and there have been 3 training since that time.
- Highlights of the Olmstead Plan include a listing of treatment services, supports, and infrastructure needed to support individuals in the community that are currently at the state hospital, a description of significant progress already made/underway in transformation to Recovery-oriented evidence based service delivery, specific targeted service requests including the development of an Assertive Community Treatment (ACT) Team, and an increasingly challenging need to develop and maintain an effective continuum of housing supports ranging from highly structured residential programs to increased availability of Supported Housing to continue support of persons as they grow and become more independent in their journey of Recovery.
- The development of an ACT Team is a significant part of our Olmstead Plan and should prove invaluable to consumers with serious and persistent illnesses. This Team has begun serving people being discharged from the state hospital and people in the community suffering severe mental illness.
- Our 2013-2017 Housing Plan section of the Mental Health Plan does describe our efforts to partner with other human service system components to build housing capacity. Our program is represented through chairing the Local Housing Option Team (LHOT) and participating on various committees including the Luzerne County Homeless Coalition and these relationships are helpful, but inadequate to create housing capacity and support for complex need persons such as those being discharged from the state hospital. In fact, some local cooperatively developed programs, such as our local Shelter Plus Care Program administered by the Office of Human Services and a contract with the Commission on Economic Opportunity, stand as examples of programs and funding unavailable to state hospital residents since, despite great need, these persons do not meet the Federal definition of “homeless” under HUD guidelines.
- A four-county consortium, through NBHCC, has developed a QM Plan which includes a Comprehensive Provider Evaluation Process (CPEP), Adverse Incident review, Consumer and Provider Satisfaction, treatment outcomes, Provider Network capacity, Telephone access, complaint, grievance reviews, coordination with other

agencies, administrative compliance, education and prevention programs. Mental Health department staff of the MH/DS program has and will continue to play an active role in this process.

- Consistent with the state CCRS-POMS Enterprise Initiative, our MH/DS program selected a vendor and software program (EZ-Cap), conducted staff training, and converted to electronic claims adjudication. This initiative captures data required by the state to justify allocation expenditures and also is able to provide a wealth of consumer specific and aggregate data. As the MH/DS program becomes increasingly skilled in the use of EZ-Cap software, we will use the information to further develop goals, outcomes, and accurate ways to assess these by incorporating the EZ-Cap data at our disposal. In terms of Block Grant pilot funding and administration, the MH/DS program is convinced that the available EZ Cap system may be expanded to handle claims adjudication and build consumer management data across all Block Grant categorical agencies to achieve greater efficiency and reduce administrative costs for the entire human service system.

#### **b) Strengths and Unmet Needs:**

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

###### **Strengths:**

- Office of Human Services oversees and coordinates all Human Services Agencies to assure collaboration in serving older residents.
- Luzerne County is a Block Grant participant which allows application of funding as needed to fill service gaps
- Identified MH staff to provide interagency collaboration with Area Agency on Aging
- Agencies are co-located to improve communication and cooperation

###### **Needs:**

- Increased community outreach to assist older citizens at risk for mental illness
- Increased community education about mental illness suffered by older citizens

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

###### **Strengths:**

- Service application relies upon data collection to assure accurate application of funding
- Establishment of Assertive Community Treatment to assist adults remain in the community
- Establishment of contingency funding to assist with rent, utility payments, household needs.

###### **Needs:**

- Improved availability of safe affordable housing

- Increase Supported Housing staff to assist people with serious mental illness maintain housing

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

#### **Strengths:**

- Improved data collection and interagency coordination to identify special needs of this population
- CASSP Coordinator has daily interaction with child serving agencies(C&Y, JPO, MH, Schools) to identify needs of each person as they transition to adulthood

#### **Needs:**

- Safe affordable housing with supports

### **Children (under 18)**

#### **Strengths:**

- CASSP Coordinator employed by MH/DS to work with schools, Children and Youth, Juvenile Probation and other service system to coordinate service provision.
- Student Assistance Services available in schools throughout the area
- Establishment of School Based Behavioral Health in conjunction with Health Choices partners
- Available Respite programs to assist families

#### **Needs:**

- Increase availability Evidenced based services to support youth and families in their own homes.

### **Individuals transitioning out of state hospitals**

#### **Strengths:**

- Development of Assertive Community Treatment Team to assist people with serious mental illness.
- Development of housing contingency funds to assist with everyday housing costs of people with serious mental illness.

#### **Needs:**

- Increase home based services to assist people in their living environment

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

#### **Strengths:**

- Establishment of Co-occurring case manager to assist people with co-occurring disorders
- D/A and MH provider agencies pursuing dual licenses

#### **Needs:**

- Service integration
- Data to examine outcomes

### **Justice-involved individuals**

#### **Strengths:**

- Establishment of Mental Health Court circa 2010
- Establishment of Master Leasing to support people participating in MH Court obtain and maintain housing

#### **Needs:**

- Improved Stages of Intercept to assist people with serious mental illness and legal difficulties

### **Veterans:**

#### **Strengths:**

- Improved cooperation with VAMC staff located in Wilkes Barre to serve people returning veterans.
- Services are available at community mental health centers for veterans regardless of insurance type.
- Improved education on disorders suffered by returning veterans

#### **Needs:**

- Improve data collection to identify specific needs of veterans.
- Identify housing needs of returning veterans.
- Identify specific mental health needs of returning veterans

### **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**

#### **Strengths:**

- Improved community education by a participating agency (Family Service Association of NEPA) about needs of LGBTQI consumers.

#### **Needs:**

- Improve data collection of number of people requesting service
- Increase focus groups with LGBTQI community

### **Racial/Ethnic/Linguistic minorities**

#### **Strengths:**

- Agencies are hiring or seeking to hire staff who is multi lingual.

#### **Needs:**

### **c) Recovery-Oriented Systems Transformation:**

#### **1. Reduce the number of people with mental illness currently incarcerated in the County jails by implementing a Mental Health Court.**

The Mental health Court was implemented circa 2010 and has assisted many people graduate with improved health. The number of people involved has been relatively small compared to the number of people with serious mental illness in

the jail. We are developing plans to expand the number of people served by the MH court and increase Supported Housing capability.

We recently funded a full time attorney to assist people with mental illness to have timely legal assistance if they are incarcerated at the jail. This attorney has been working with inmates to identify legal resolution and also assist with locating proper mental health treatment.

**2. The establishment of an Assertive Community Treatment Team is vital to reducing psychiatric IP utilization and subsequent State Hospital transfer for many people suffering severe and persistent mental illness**

The ACT was established in 2014 and is operational. Funding is provided from a mix of Reinvestment funding obtained from Northeast Behavioral Healthcare Consortium, HealthChoices funding from Community Care Behavioral Health and County CHIPP allocation.

**3. Increase the availability of Supported Employment Programs for people with mental illness.**

We have recently experienced the closure of a long established facility based workshop in 2014 and have established contracts with various supported employment providers to assist people with disabilities to locate competitive paid employment. We expect to see increasing number of people take advantage of these new services throughout FY14/15. We continue to track referrals and monitor provision of Supported Employment services each month.

**4. Increase Supported Housing options to Transition Aged Youth**

We continue to work on the issue for this population. Our original plan to use Reinvestment money to establish a transitional living facility did not go as planned and has been abandoned. We continue to seek appropriate community services to assist young adults to remain in supportive environments where they can continue to pursue education and emotional development.

**5. Implement a co-occurring training and certification initiative in cooperation with L/W SCA to increase the number of treatment staff certified in effective co-occurring disorder treatment.**

We continue to pursue an integrated service system where people with co-occurring disorders can more easily access treatment. There have been trainings about motivational interviewing offered to mental health, aging, children and youth and drug and alcohol staff in an effort to cross train staff on useful techniques that may benefit consumers. We are aware many consumers use services in various social service agencies and we began offering training that staff in any agency could offer a positive impact on consumers and their families. We will continue to offer training throughout the next year to continue this effort.

## **INTELLECTUAL DISABILITY SERVICES**

The Luzerne-Wyoming initial point of access for service enrollment is through the Intake with Administrative Entity of Luzerne-Wyoming Counties Mental Health and Developmental Services. Referrals for services/eligibility determination originate from a broad range of referral sources throughout the community, with most frequent referral sources including families, physicians, other health care providers, human service agencies, and the education system in local school districts. The Administrative Entity also refers consumers to Luzerne –Wyoming Counties Support Coordination Organization (SCO) when consumer meets eligibility criteria.

Intake staff continues to adhere to the MH/MR Act of 1966 and follow prevailing regulations of the Office of Developmental Programs in order to establish service eligibility and subsequent enrollment of consumers for Intellectual Disability services. This process typically requires gathering information from the consumer, family, caregivers, informal supports, referral sources, and others to secure a wide range of information required and valuable in both establishing eligibility and in subsequent needs identification/service planning. When/if further assessment and/or testing is needed to determine service eligibility, the MH/DS Program maintains a contract with a doctoral level licensed Psychologist for this necessary consultation. On the average, the Intake Unit processes approximately 18 referrals of individuals per month, with an average actual enrollment of eligible persons of about 6 persons per month, resulting in about 72 newly enrolled consumers annually. On an annual basis, the MH/DS program maintains an annual active consumer enrollment between 1,500 and 1,700 persons, presently numbered at 1,596 consumers.

When an individual has been determined eligible for Intellectual Disability services, they are enrolled for services with the County program and expanded planning/information gathering results in an Individualized Service Plan (ISP). ISP development invariably involves consumer/family input in identifying the services and supports required for each individual to maintain community membership. Particular focus is maintained to assure each consumer opportunities to experience personal growth and satisfaction through their life experiences and personal choice, and to be assured that all service offerings represent the least restrictive options available to each individual.

Upon completion of the ISP, this plan is forwarded to the staff of the Administrative Entity (AE) for review, approval, and service authorization within the confines of both funding and service choice availability for each consumer. The AE is operated by the County Program and administers services in accordance with an AE Operating Agreement required by both the state Office of Developmental Programs and the Federal Center for Medicaid Services (CMS) and follows guidelines of the Operating Agreement as a guide to individual plan approval, service funding authorization, and determination of priority of consumer needs based on state guidelines (PUNS) in determining severity and immediacy of the needs of each consumer. The

following is the most recent (May 2014) PUNS reporting data based on the needs of Luzerne-Wyoming eligible individuals:

EMERGENCY (immediate need) -----180 persons

CRITICAL (needs within the next 2 years) -----162 persons

PLANNING (needs within the next 5 years) -----148 persons

TOTAL: 490

Based on the needs of each individual, funding may be sought, secured, and utilized in one of three funding categories: Consolidated Waiver (typically utilized and reserved for persons with complex needs and for who services are typically more costly, as in the case of persons in residential placement) Person and Family Directed (PFDS) Waiver, a funding stream most typically used by consumers and families with moderate needs (Capped this year at \$30,000 annually); and Base funds, those dollars allocated by the state, with non-Block Grant Joinder funds as 100% state funds and others which require 10 % “match” funds from county government, which are intended for operating costs, a variety of services, and for services not funded by waiver .

For Luzerne-Wyoming Counties, the state allocation of Base funds for the 2014-2015 Fiscal Year is \$4,384,131 which includes all maintenance, categorical funds, and funding available to support SCO activities. This is consistent from the previous year. Our current capacity and consumer assignment to each of the aforementioned funding categories is as follows:

*Consolidated Waiver*-----374 persons

*PFDS*-----346 persons

*Base funding*-----819 persons (this number does not include approximately 46 persons served at state centers and 56 persons in ICF-ID facilities for whom the County has monitoring responsibilities)

Using the 819 persons for whom Base funds remain the primary source of service financial support, our office, as part of planning and funding disbursement considerations, established the following average annual local costs for the following frequently required consumer services:

Community Residential Home/per person-----\$200,000

Lifesharing/Family Living/per person-----\$60,000

Day Program/ per person-----\$27,000

Transportation/per person-----\$16,000

Home & Community Habilitation (unlicensed)--\$30,000

The importance of our focus on the current financial constraint of the current Base fund allocation to our MH/DS Program, we believe, can be seen in the consumer Base enrollment

numbers when compared against the average costs of the services listed above. Additionally, remembering that Base funds are used for Base consumer needs, large and small, during the last four months of Fiscal Year 2013/14, the county program has been faced with funding high cost residential placements for eight consumers who have experienced unanticipated emergencies which truly could not have been predicted. As these emergencies have occurred, we have remained at capacity in our Waiver enrollment, making the use of Base funds the only method of meeting the needs of those involved. The total annual combined costs for needed services for these eight consumers and other consumers with emergency service needs is estimated at \$1,035,000, further illustrating the strain on base funding and our ability to serve greater numbers of consumers, as is our mission.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment		
Sheltered Workshop	195	165
Adult Training Facility	175	175
Base Funded Supports Coordination	158	158
Residential (6400)	300	305
Life sharing (6500)	26	24
PDS/AWC	275	300
PDS/MF	4	4
Family Driven Family Support Services	0	0

**Supported Employment:** Luzerne Wyoming Counties supported employment services include appropriate workplace skills, resume writing, job finding, as well as supported employment. Our county joinder has a great relationship with the school districts as well as the office of Vocational Rehabilitation as we work to assist young high school graduates become better integrated into work activities.

Our county currently has 101 individuals working in the community with and without supports with more than 70% working independently. As part of the Quality Management plan, our goal is to increase employment in the community by 10 individuals each year. With the new monitoring process implemented by ODP each individual who receives supported employment services require a 6 month review to determine if the level of services they are currently receiving can be reduced and/or eliminated. The support coordinators play a significant role in referring individuals we serve to obtain employment rather than attend a typical day program. In addition our county Training Council provides trainings to the community to attract individuals to work rather than attend a traditional day program. Our county is currently participating in the block grant and the funding that we received in the past is now part of that grant. Last year the amount was approximately \$3000. Individuals in Luzerne/Wyoming counties who want to work are supported through the waiver, base dollars, and OVR.

**Base Funded Supports Coordination:** The Supports Coordination services assist people with intellectual disability gain access to various community resources. The plan for the SC services are to continue to serve people with multiple needs to assure each person has immediate opportunities to live in their community and to become independent to their capabilities. The SC continues to serve people residing in Residential Treatment Facilities, ICF/ID, State Centers and State Hospitals. The plan for each SC is to assist each consumer to become familiar with their community and to develop appropriate services that will assist them as they transition to a residence of their choice consistent with their capabilities and service coordination.

Supports Coordinators will assist each consumer and family to understand the breadth of community services that can assist them to move from various institutions to the community. The developments of ISP's are integral to providing team planning for each person.

**Life sharing Options:** Life sharing / Family Living is a service where individuals are able to live in a host life share home and encouraged to become contributing members of the host life sharing unit. At this time we have 4 providers offering Life sharing services to 26 different people. We propose to encourage growth in Life sharing by assuring that SCO staffs discuss Life sharing as a first option for consumers seeking residential placement and by continuing to explore possible candidates who are currently being served in Community Homes (6400) settings.

**Cross Systems Communications and Training:** The Luzerne/Wyoming Counties MH/DS Office has been working with other human services agencies to coordinate care to people receiving service from various systems. There is a Human Services Training Committee that seeks to identify common themes across all agencies and then develop and implement trainings that serve to support people in their homes in the community. The Human Services within Luzerne County are located in shared vicinity that supports timely communication and information sharing in efforts to better integrate services for residents in the area.

**Emergency Supports:** Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)

**Administrative Funding:** The Block Grant funding distribution is overseen by the Office of Human Services in Luzerne County. The Executive Director along with the Directors of Drug and Alcohol, Children and Youth, Area Agency on Aging, and Mental Health Developmental Services work together to identify the needs of local residents and coordinate serve development and funding.

The Block Grant has allowed the various agencies in Luzerne County to identify and fund necessary services that were difficult to fund under the traditional categorical funding streams that, if underspent, were returned to the State. This unspent balance has allowed the redistribution of funding to other social serve agencies to support people in the community.

There are regular meetings held with the Program Directors and Fiscal Officers to identify anticipated needs and possible funding distribution.

## **DATA USED IN PLAN DEVELOPMENT**

The data analysis incorporated in our 2013-2017 has considered local indicators such as the steady, incremental growth in Health Choices membership during the past seven years, increasing levels of poverty, high rates of unemployment, changing population diversity, service access by age groups (CCRS-POMS Data), inpatient admissions/readmissions, state hospital utilization, including persons in state hospital care greater than two years, prevalence of persons with mental illness in local jails, reduction in safe and affordable housing and homelessness, and growing numbers of local citizens seeking services through the public mental health system (now in excess of 16,000 unduplicated persons annually). The referenced multi-year plan that remains the basis for service development also incorporates county generated data, consumer and stakeholder interviews, data provided by our local county Board of Assistance, ongoing data collection by the Clarks Summit State Hospital Service Area Plan Committee, and information provided by OMHSAS for planning purposes. This multi-dimensional data review has given the MH/DS Program a better understanding of the relational nature of evolving local trends which present mental health risk to local citizens, thereby allowing us to better anticipate necessary existing, and to-be-developed services, designed to assure our community with opportunities to overcome obstacles and achieve healthy, satisfying, and productive lives.

As an outgrowth of consumer, family, and stakeholder input, combined with a comprehensive data review, sub-populations with the highest need in Luzerne and Wyoming Counties identified following priority groups in the MH/DS portion of the County Human Services Plan:

- Adults with serious and persistent mental illness;
- Adults with co-occurring mental health/substance abuse disorders;
- Adults with serious mental illness and intellectual disabilities;
- Older adults suffering from or at risk of psychiatric illness;
- Persons with serious mental illness who are incarcerated/at risk of incarceration;
- Transitional youth ages 18-24 at risk or suffering from mental illness including youth “aging out” of restrictive settings such as RTF’s or juvenile justice placements;
- Homeless persons with serious mental illness and/or co-occurring MH/D&A disorders;
- Lesbian, gay, bisexual, transgender persons seeking culturally competent services;
- Returning military personnel and their families.

The priority populations identified in our ongoing planning process are inclusive of transitional youth aging out of BHRS and RTF services, persons being diverted and released from correctional facilities, and individuals who are currently residents of Clarks Summit State Hospital (CSSH), which are also groups for which specific information is requested in the Block Grant narrative instructions. These and the other identified priority populations continue to challenge our system to adapt in terms of service development for complex needs individuals while accomplishing systemic transformation to the growing number of persons (in excess of 16,000 persons each year) who access public mental health services, and to accomplish these goals with diminishing availability of State and Federal funding.

As a result of the multiple levels of stakeholder input and data review already described, significant consideration of the Recovery Oriented System Initiative (ROSI), and the work of the Clarks Summit State Hospital Service Area Plan Committee, our County MH/DS Program has established our Top Five Transformation Priorities for the foreseeable future. These include

- Reduce the number of people with mental illness currently incarcerated in the County jails through the implementation of a Mental Health Court.

PROGRESS REPORT—A Mental Health Court was established in 2010 and is currently serving approximately 24 and has had 12 people successfully graduate. Many of these people would otherwise have been subject to incarceration if the mental health court did not operate.

- The establishment of an Assertive Community Treatment Team (ACT) to reduce psychiatric Inpatient utilization and subsequent State Hospital transfer for people suffering from serious and persistent mental illness.

PROGRESS REPORT—The ACT has begun implementation with Northeast Counseling Services being the successful bidder. This team is expected to serve approximately 80 people within 18 months of operation and has been a collaborative effort between the County MH/DS Office, Community Care Behavioral Health, Northeast Behavioral Healthcare Consortium, NAMI consumers and provider agencies. Increase the availability of Supported Employment programs for people with mental illness.

PROGRESS REPORT—This continues to be a planning priority; and an Employment Task Force, chaired by MH/DS Advisory Board members, has conducted meetings to review options for both the MH and ID adult populations.

- Increase Supported Housing options for Transition-aged youth.

PROGRESS REPORT—We have worked closely with Health Choices staff to prepare and submit a Reinvestment proposal for the establishment of an eight-bed Transitional Living Facility to provide opportunities for transition-age youth to acquire skills necessary for assuming their role as satisfied, productive adults. This proposal has been approved and Children’s Service Center in Wilkes Barre has been awarded the contract to start this service. This is expected to begin during 2014.

- Implement a co-occurring training and certification initiative, in cooperation with the Drug and Alcohol Single County Authority, to increase the number of treatment staff certified in provision of effective co-occurring disorder treatment.

PROGRESS REPORT—Health Choices has sponsored and supported several training opportunities ranging from co-occurring “informed” brief training to full certification programs which have resulted in a significant increase in availability of co-occurring counseling at the local community mental health centers and other Health Choices providers.

The Luzerne-Wyoming Counties MH/DS 2013-2017 plan also provides a list of the Top Five New Funding Requests for Recovery-Oriented System Transformation Priorities. As our County moves in to participation in the Block Grant, the MH/DS Program has reviewed and maintains that these requested service enhancements remain a priority and, within the confines of funds available through efficiencies achieved in Block Grant administration, we will continue to plan and direct financial support to the following areas:

- Expand the Mental Health Court to divert mentally ill defendants from the Criminal Justice System to the Mental Health System;
- Establish an Assertive Community Team (ACT) to service 75 consumers;
- Create Supported Employment opportunities to assist 100 individuals to seek and maintain gainful employment;
- Develop prevention and early stages of problems/symptom development services such as Outreach Case management for special populations including older adults, forensic consumers, individuals with co-occurring MH/D&A disorders, and for intellectually disabled persons with significant mental health needs.
- Increase Supported Housing Services for 40 transition-aged youth and adults with significant mental illness

## **EXISTING SERVICES, SERVICE TRANSFORMATION, AND PROPOSED SERVICE DEVELOPMENT**

As we enter our 9<sup>th</sup> year of participation in the Health Choices program, our county MH/DS office has found highly effective partners through OMHSAS and the Health Choices program in supporting the development of Recovery-oriented services which have been enthusiastically received by consumers, families, advocates, and our provider network. The expansion of Psychiatric Rehabilitation, Peer Specialist Assertive Community treatment, Transition aged housing, serves as a positive illustration of a highly effective partnering of consumers, families, OMHSAS, Health Choices, the provider network, and the MH/DS Program in moving toward service options which embody self-determination, hope, and the real promise that Recovery is possible. A hallmark service encouraged in the <sup>1</sup> OMHSAS Blueprint for Recovery, Psychiatric Rehabilitation services began locally by serving 270 persons in FY 2010 and has continued to expand to serve more people concurrent to the reduction of Partial Hospitalization Services.

In addition to “traditional” service availability and the evolution of Psychiatric Rehabilitation as a dynamic and consumer-preferred alternative to Partial Hospitalization, services available to adults throughout Luzerne and Wyoming counties now include:

- Warmline services staffed by consumers and NAMI members;
- Significant growth in Certified Peer Specialists, Supported Housing, Supported Employment;

<sup>1</sup> *Office of Mental Health and Substance Abuse – Supporting the Journey: Transforming Pennsylvania’s Behavioral Health System - 2012*

- Master-Leasing creating safe and affordable housing options targeted to serve persons being released from our local prison;
- A Decision Support Center allowing consumers to use computer-based pre-appointment reporting to promote greater input by consumers during visits with CMHC psychiatrists,
- Consumer/Family Satisfaction Teams (C/FST), and self-help/advocacy services through a contract with our local NAMI chapter.
- Notably, as a result of our positive partnership and dialogue with Northeast Behavioral Health Care Consortium (NBHCC), a local provider, Commonwealth Health System, was awarded a \$1 million contract through Reinvestment to develop an eight bed Inpatient Diversion facility at Wilkes-Barre General Hospital, the location where nearly half of all persons seeking after-hours crisis services are served across the four counties (Luzerne, Wyoming, Lackawanna, Susquehanna). This service has opened in mid-2013 and has proved instrumental in diverting adults from unnecessary inpatient admission and promises rapid access and involvement in extended crisis management and linkage with case management and Recovery-based service options.

The 2013-2017 Mental Health Plan for our county joinder proposed the growth and enhancement of the service lines described above and looks forward to adding an evidence based Assertive Community Team to serve 50-75 complex-needs persons (approved by SSRC for development through Reinvestment while this document was being prepared), as well as a Transitional Living residential program with a capacity for eight persons to better address the needs of 18-24 year old transitional youth (pending SSRC approval) who so frequently struggle with the necessary elements key to success as healthy and productive adults. The ACT Program has begun implementation, while the Transitional Living residential program and is expected to be operational in late 2014. Notably, we have worked very closely with our Health Choices partners to assure prudent use of both Health Choices and MH Base funds to create an effective, reliable, and fiscally responsible platform for systemic transformation to Recovery-based, consumer directed services for adults as well as evidence-based, Resiliency focused service options including, but not limited to, Family-Based Services, School-Based Behavioral Health (SBBH), Functional Family Therapy (FFT), and Multi-Systemic Therapy (MST) for children, adolescents, and their families which will be discussed further in this document.

We invite the reader(s) to view a more expanded version of data collection and analysis contained on pages 18-44 of the Luzerne-Wyoming Counties OMHSAS approved 2013-2017 Mental Health Plan available on our website ([www.mhmr.luzerne.pa.us](http://www.mhmr.luzerne.pa.us)) or we would be happy to forward an electronic copy of this plan in support of the Block Grant application.

## **CHILD, ADOLESCENT/FAMILY SERVICES AND SERVICES/ PLANNING FOR TRANSITIONAL YOUTH**

The Luzerne-Wyoming MH/DS Program maintains active multi-system service coordination through our CASSP Coordinator. The CASSP Coordinator maintains an active role at the interagency/intersystem level, as well as being the point person for the MH/DS Program in areas of identifying unmet needs and new program development in concert with providers and the Health Choices Program.

Through the CASSP Coordinator, the MH/DS program attends, and is actively involved in, Individual Education Plan (IEP) development for children/adolescents with behavioral health needs at several local school districts, coordinates with local Base Service Units and participates in the development and approves plans set forth through the Intensive Service Planning Team (ISPT). In cooperation with Children and Youth, the CASSP Coordinator is a vital part of Multi-Disciplinary Teams (MDT), the Integrated Family Resource Team (IFRT), and 10-day concurrent reviews required by Children and Youth regulations. Notably, both the CASSP Coordinator, as well as other staff of the Mental Health Department of the MH/DS Program, has played a significant role in developing and writing our local Integrated Children's Services Plan (ICSP).

The CASSP Coordinator has primary contract monitoring and service coordination responsibility administration of funds under the Garrett Lee Smith youth suicide prevention grant and chairs our local Suicide Prevention Committee which extends its scope to suicide prevention efforts across the age continuum. In a like manner, the CASSP Coordinator serves as the local administrative person for outreach efforts to the homeless population funded through PATH dollars, an effort involving contracts with two local providers who perform significant local outreach to the homeless, many of whom are MH transitional youth ages 18-24. Both of these efforts are illustrative of stakeholder involvement and interagency/intersystem collaboration. In the instance of Garrett Lee Smith funds, our many collaborative partners include, but are not limited to, local physicians and group practices, the local NAMI chapter and the Northeast Pennsylvania Advocacy Alliance, OMHSAS, Health Choices, and our local community mental health centers. PATH efforts and expenditures locally are guided by input of NAMI, the Commission on Economic Opportunity, the Luzerne County Office of Human Services, local shelter and soup kitchen management and staff, and the two local providers involved in service delivery.

Specific to services existing and proposed for transition age youth aging out of BHRS and Residential Treatment Facilities, our system, as previously indicated, has steadily moved toward evidence-based service offerings including Family-Based services, Functional Family Therapy, and Multi-Systemic Therapy, services which remain available to adolescents/transitional youth up to the age of 21. These services, we believe, will allow us to focus intervention on skill-building, strength-based interventions and promoting Resiliency for adolescents and their families and should prove useful tools in reducing repetitive inpatient episodes, clearly a precursor to referral and admission to restrictive settings such as Residential Treatment Facilities. Additionally, one local provider is in discussion with our Health Choices partners to develop “in-home” inpatient diversion services as an extension of existing Crisis/Emergency services. Our County program has engaged in dialogue with Health Choices management in support of this service development and believes that these services will prove very useful in preventing inpatient episodes which may otherwise be preventable with the inclusion of these supports to adolescents and their families.

Service additions, like those described above, have already shown early indications of having an impact on referral and admission of young persons to Residential Treatment Facilities, and we continue to work in concert with the Health Choices program to broaden access to evidence-based services which will benefit children and their families and pre-empt multiple crisis episodes which result in recommendations for restrictive placement. In fact, while there remains much work to be done in reducing restrictive placement of children and adolescents locally, the collaboration of our office, Children and Youth, Health Choices management, and our committed providers has resulted in a significant decrease in use of RTF’s as indicated in the following graph provided by NBHCC:

<b>Luzerne/Wyoming</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>
	73	61	59
RTF – JCAHO	12,425 \$3,430,410	10,419 \$2,968,255	10,320 \$2,961,514
	36	43	41
RTF – non-JCAHO	5,599 \$1,390,178	6,200 \$1,540,964	6,164 \$1,540,964
	98	97	100
Total	18,024 \$4,820,588	16,619 \$4,509,219	16,484 \$4,502,478

## **. EXISTING, IN PROCESS, AND PROPOSED SERVICE DEVELOPMENT FOR FORENSIC POPULATION**

While service development described in our 2013-2017 plan is already underway, there continues to be a need to maintain a strong forensic plan to address the needs of persons with Serious Mental Illness (SMI) currently incarcerated in both the Luzerne and Wyoming County Prisons, as well as to create safe and effective methods to divert persons with mental illness from incarceration when, as a result of mental illness, they become involved in the legal system. The prevalence of persons with serious mental illness in the corrections system also serves to put these persons at risk for referral and admission to forensic units as well as civil state hospital placement if their needs are not adequately addressed in the early stages of involvement in the criminal justice system. Luzerne County has developed a Mental Health Court, now in its fourth year of operation, in order to create a formalized alternate sentencing opportunity for persons with mental illness to divert incarcerations entirely for some consumers while significantly reducing terms of incarceration for mentally ill persons identified through a classification process after arrival at the county correctional facility.

The Luzerne County Mental Health Court is modeled after the Allegheny Mental Health Court, which has been demonstrated to be highly effective from both a treatment and fiscal perspective in findings published through an independent evaluation by the <sup>2</sup> RandGroup (Rand Corporation, March 2007). Our court employs the Sequential Intercept Model (SIM) <sup>3</sup> (Munetz, M.R., & Griffin, P. A.) which has proven successful in providing alternate sentencing, treatment, support, and opportunities for developing a personal plan for Recovery for those involved in mental health services through the Mental Health Court. The five “Intercept” points necessary to sustain a fully functional Mental Health Court include identification of priority consumers through law enforcement at the street policing/pre-arrest level; post arrest at the initial hearing typically before a local magistrate; at the early stages of jail entry and initial court appearances; upon re-entry from jails, prisons and hospitals; and at the community corrections level as is the case for the Luzerne County Day Reporting Center.

<sup>2</sup> RAND Corporation. (2007, March). *Mental Health Courts Have The Potential to Save Taxpayers Money, Rand Study for CSG Justice Center Finds*. Retrieved from <http://www.rand.org/ews/press.07/03.01> html.

<sup>3</sup> Munetz, M.R., & Griffin, P.A. (2006, April). *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*. *Psychiatric Services*. 57:544-549

In response to the focus placed on service development for the forensic population by multiple stakeholder groups, most notably our local NAMI chapter and the Mental Health Planning Committee which is heavily represented by consumers, the MH/DS Office requested and received two consecutive years of funding from OMHSAS for the creation of a forensic case manager/boundary spanner. With an eye toward the ultimate

goal of creating a fully functional Mental Health Court and recognizing the need for sustainability of case management for this complex need population, the MH/DS Program, in cooperation with our Human Services Criminal Justice Advisory Board (CJAB), has successfully secured funds through several Pennsylvania Commission on Crime and Delinquency (PCCD) grants to hire a full time Mental Health Court Coordinator to establish this service. With the assistance and support of consumers, advocates, county government, our courts, local adult corrections and probation representatives and the Mental Health Court Task Force, we have successfully added staff in the District Attorney's, Public Defender's, and Probation Offices to maintain a Mental Health Court Team headed by a licensed, doctoral level Psychologist who functions as the Program Coordinator.

Now in its fourth year of operation, the court is currently serving 24 persons with both misdemeanor and low level felony offenses, whose criminal activity can be tracked to behaviors arising from symptoms of mental illness, and who, without Mental Health Court voluntary enrollment, would be convicted and incarcerated for lengthy periods. This court has now graduated 12 people, and has had no repetitive incarcerations for participants, with the notable exception of two persons who withdrew from these voluntary services and elected instead to go to trial.

Services provided through the Mental Health Court have been enthusiastically received by county court representatives, provider agencies, the Criminal Justice Advisory Board, consumers and their families. Recognizing the obstacles facing persons being released from correctional facilities in obtaining safe and affordable housing, a vital element to each person's Recovery Plan, our office, in cooperation with Health Choices, has established a Master-Leasing Program funded through Reinvestment which will be sustained through County MH Base dollars. This program, provided through a contract with Volunteers of America, engages in leasing apartments from private landlords, then sublets the apartments with a rental subsidy to Mental Health Court participants who would, because of legal histories, be unable to locate a willing landlord for rent of safe and comfortable apartment units. As involved consumers re-establish themselves as productive citizens through participation in Mental Health Court and the Master-Leasing Program, Volunteers of America (VOA) has established agreements with landlords that enable consumers to assume direct leases with landlords once they have established themselves as good tenants and good neighbors.

The Master-Leasing Program currently serves approximately 16 persons at any given times all of whom are, or have been, involved in mental health Court services. Staff from the MH/DS office now plan to participate in regular planning meetings of the county prison "Reentry Committee" chaired by prison counseling staff in order to identify potential partnerships with local agencies and housing resources to expand residential opportunities for MH consumers leaving the corrections system.

In order to provide more effective intervention at the pre-arrest level in situations where police officers become involved with mentally ill persons who would benefit from rapid involvement in mental health service intervention, rather than arrest and possible incarceration, the MH/DS Program continues to make significant progress toward the creation of Crisis Intervention Teams (CIT) involving both police officers and mental health crisis personnel to create opportunities for the diversion of persons with mental illness from the criminal justice system.

### **CRISIS INTERVENTION TEAM**

In 2007, the Luzerne County Criminal Justice Advisory Board (CJAB) recognized the need for Mental Health training for law enforcement officials. The board is made up of decision makers from the courts, county government, law enforcement, victim services, human and social service agencies. In response to this need, the CJAB, along with Luzerne-Wyoming Counties MH/DS, sponsored three (3) trainings in September 2007 for law enforcement. The trainings focused on the following areas:

- Recognizing symptoms of mental illness;
- Understanding the 302 process including crisis protocol and working with the family;
- Understanding the Mental Health Laws;
- Dispelling some common myths and misperceptions about the mentally ill.

The training was followed by a panel discussion to address questions from the attendees which were made up from the PA State Police, Local Municipal Police Agencies, Adult & Juvenile Probation, PA Fish and Game and County Corrections. Approximately 300 participants were trained in these sessions.

The CJAB, Luzerne-Wyoming Counties MH/DS and the Luzerne County MH Court explored expanding the training provided in 2007 to include the creation of a Crisis Intervention Team (CIT). The CIT is a pre-booking jail diversion program designed to improve the outcomes of police interactions with people in a mental health crisis. It is a community based collaboration of local police departments, mental health consumers, family members and mental health providers in which police officers learn to recognize the behaviors of people in crisis and how they can interact with people in that crisis.

The hope is to keep persons with mental illness out of the criminal justice system for misdemeanor charges. Persons with mental illness are arrested more frequently and spend more time in jail than the average citizen. Jails are not mental health institutions and are not properly equipped to handle this population.

Luzerne County recognized that traditional police methods, misinformation, lack of sensitivity in the community and symptoms may cause fear and frustration for consumers and their families. Too often, officers respond to crisis calls where they felt at a disadvantage or were placed in a no-win situation. CIT training gives officers more options to help a person in crisis.

The Crisis Intervention Team process begins when emergency dispatchers are notified of an incident that may involve a person in a mental health crisis. The dispatchers will then assign that call to a CIT officer, if one is available. The CIT officers are not counselors, and they do not diagnose the signs of a mental health crisis. They have been taught crisis de-escalation techniques that may help the individual in crisis feel safer. The officers are familiar with the resources in the community that may help this person and their families get through this crisis. Upon arrival at the scene of the crisis, officers will assess the situation to determine the nature of the call and the degree of risk. Officers will then intervene as necessary to ensure the safety of anyone involved and implement an appropriate disposition. The Officer may resolve the situation at the scene, contact a treatment provider, provide a referral to treatment services or transport the person directly to the local psychiatric emergency department for further evaluation. Safety of the officer, the person in crisis and the community is the primary focus of the program.

Luzerne County took another step closer to creating this specialized team by having training in March 2012. This training session incorporated the 302/201 process and de-escalation techniques to promote the CIT concept. The training was a success, and there was overwhelming support to create a CIT in Luzerne-Wyoming counties. Luzerne County formed a CIT Board to begin the process and received help from Lackawanna County who had an existing CIT and agreed to provide instructor training for Luzerne County participants. The Luzerne County CIT Board also wanted to expand the training to all first responders to include Police, Fire, EMS, Ambulance Services, 911, Corrections, Probation and Hospital and College Security Officers.

In September 2012, Luzerne County sent ten (10) individuals to a 40-hour training to become CIT Instructors. The individuals selected to attend by the board were made up from several police agencies, corrections, 911 and social service agencies. Luzerne County began CIT Training in 2013 to educate 20 first responders from both Luzerne and Wyoming Counties. The first training occurred in March 2013 and the second training occurred in September with a class limit of 20 individuals per session. Luzerne-Wyoming Counties are excited and dedicated to provide this training and support this very important program.

## **INDIVIDUALS WHO WILL BE DISCHARGED FROM STATE HOSPITALS**

In order to plan for and more effectively address the discharge needs of Luzerne-Wyoming Counties citizens currently receiving care at Clarks Summit State Hospital, the MH/DS Program relies heavily upon the input of consumers currently residing at the state

hospital, state hospital treatment teams and administration, and persons who are currently living in the community who have previously received state hospital care, as is the case with members of our Mental Health Planning Committee which meets monthly to provide input and guidance to our planning process.

As of May, 2014 Luzerne-Wyoming Counties has 103 persons receiving care at Clarks Summit State Hospital. Our county joinder has had this approximate number of persons in the care of the state hospital for years despite the ongoing efforts of our Base Service Units and provider network to transition more persons from the hospital to the community.

In partnership with the state hospital and in an effort to better identify needed resources and consumer desires in terms of discharge supports necessary, a member of the MH/DS Administrator's Office has been facilitating two Community Support Plan (CSP) meetings each week on the state hospital grounds for consumers identified by Clarks Summit treatment teams as persons who have achieved a level of stability and progress in their personal plans for recovery that they may be considered for planning to safely return to their home community with appropriate and consumer chosen supports in place. These CSP's have proven helpful in identifying local existing resources as well as needed resources particularly in areas of housing and in-home supports and services.

The CSP process has identified the most frequent residential requests made directly by consumers are the desire to live in their own apartments or to reside in a personal care facility with accommodating greater than 16 persons. As a result of the latter requests, our office has sought and been granted numerous exception requests by OMHSAS in order to make referral and placement in larger personal care homes to facilitate state hospital discharges.

When considering needed services either unavailable or not available in sufficient amounts, our office has sought the input of the staff and treatment teams at Clarks Summit. Staff reports that most of the consumers at the state hospital continue to experience severe symptoms of mental illness which persist despite multiple trials on a variety of medications and access to treatment programs. These symptoms, both primary and secondary symptoms of major mental illnesses, require constant monitoring of consumers and frequent medication adjustments to address consumer changing levels of stress as well as physiological changes/risks which consumers may experience. Treatment teams report that many consumers appear to be responding favorably for a time but then begin to exhibit increased levels of agitation, symptom exacerbation, and other social difficulties as they are exposed to the community stresses associated with the discharge planning process. For this reason, state hospital staff have consistently recommended responsible and highly structured, intensely staffed residential programs to assist persons returning to the community with the challenges, particularly immediately

post-discharge, that each individual faces as they recover and return to full community membership.

Additionally, staff has recommended that discharged consumers receive Intensive Case Management and treatment services at least several days a week with access to both psychiatrists and other trained mental health professional staff who are able to quickly identify and respond to the emergence or significant increases seen in psychiatric symptoms or medical concerns exhibited by individual consumers.

With a greater understanding of the consumer specific needs of Luzerne-Wyoming County consumers achieved through participation in weekly CSP's with the consumer and hospital treatment teams, an overview of consumer needs represented by Clarks Summit State Hospital staff, and the community needs assessment/data analysis thoroughly performed in preparation of our 2013-2017 Mental Health Plan, the Luzerne-Wyoming MH/DS Program has prepared an updated plan of proposed strategies and service development to address the needs of persons discharged from the state hospital. This update is detailed in our Olmstead Plan, prepared and submitted to OMHSAS in July, 2012 and is available on the Luzerne-Wyoming MH/DS program website ([www.mhmr.luzerne.pa.us](http://www.mhmr.luzerne.pa.us)).

Highlights of the Olmstead Plan include a listing of treatment services, supports, and infrastructure needed to support individuals in the community that are currently at the state hospital, a description of significant progress already made/underway in transformation to Recovery-oriented evidence based service delivery, specific targeted service requests including the development of an Assertive Community Treatment (ACT) Team, and an increasingly challenging need to develop and maintain an effective continuum of housing supports ranging from highly structured residential programs to increased availability of Supported Housing to continue support of persons as they grow and become more independent in their journey of Recovery.

As previously reported in this document, our office has sustained a close and positive working relationship with our Health Choices partners and have successfully developed increased Certified Peer Support, Psychiatric Rehabilitation and other Recovery-based services in our county joiner since the inception of Health Choices in the Northeast seven years ago. In addition we have partnered with Health Choices to develop new programs such as Master-Leasing and the soon to be developed Inpatient Diversion program through Reinvestment dollars.

The development of an ACT Team is a significant part of our Olmstead Plan and should prove invaluable to consumers with serious and persistent illnesses and will be targeted to serve persons being discharged from the state hospital as it is designed and implemented. This service, which has proven effective in assisting complex needs

individuals who have not benefitted from “traditional” service offerings, will be capable of providing mobile and immediate intervention for up to 75 persons and will be capable of providing services in a manner which has been recommended by state hospital personnel. Notably, our county MH/DS Program has consistently carried ACT Team development in every Plan submission as a funding request since 2007 and has submitted several proposals to the state for ACT Team development which were well received but for which there has been no funding platform for development or sustainability available through state funds. Housing, both in terms of the state hospital population and our entire system, remains a growing concern. Both our Olmstead Plan and our overall 2013-2017 Plan provide data analysis which clearly identifies a steady trend of loss in the availability of safe and affordable housing, both supervised and independent, over approximately the past 10 years. Additionally, the lack of housing options which meet the needs of state hospital residents, as described by the state hospital staff, make our program reluctant to convert existing full-care Community Residential Rehabilitation (CRR) resources to Supported Housing since we are aware that access to intense residential support needed by state hospital residents immediately after discharge is a significant contributing factor in being unable to successfully reduce our use of state hospital resources. Certainly, we believe an effective ACT Team will expand the number of consumers who are able to live independently with the availability of ACT Team support, but the reduction in available overall housing options, including a dramatic decline in the number of personal care homes in our area, remains an unresolved problem for many consumer groups.

Our 2013-2017 Housing Plan section of the Mental Health Plan does describe our efforts to partner with other human service system components to build housing capacity. Our program is represented through chairing the Local Housing Option Team (LHOT) and participating on various committees including the Luzerne County Homeless Coalition and these relationships are helpful, but inadequate to create housing capacity and support for complex need persons such as those being discharged from the state hospital. In fact, some local cooperatively developed programs, such as our local Shelter Plus Care Program administered by the Office of Human Services and a contract with the Commission on Economic Opportunity, stand as examples of programs and funding unavailable to state hospital residents since, despite great need, these persons do not meet the Federal definition of “homeless” under HUD guidelines.

The Mental Health Plan housing section of our 2013-2017 submission, and each submission over the past 10 years, has made specific requests to create capacity in several areas of housing support and, while we appreciate and believe we make good use of our state allocation for MH services, we have not been granted budget expansion in our state allocation to support these requests, presumably due to a lack of funds available. Additionally, during the 2011-2012 FY, the Luzerne-Wyoming MH/DS Program

received a series of budget cuts through the year amounting to over \$700,000 total, and these funding levels remained consistent for Fiscal Year 2013-2014. The Program is working, like other county programs, to maintain services with a 10% reduction in our previous year's allocation. Therefore, while we have capitalized on opportunities to build housing capacity through Health Choices Reinvestment, such as developing a Master-Leasing Program to work with our forensic population, we have otherwise been unable to reallocate currently available funds in sufficient amounts which would be necessary to significantly build and sustain a range of housing options sufficient to the need revealed in our data analysis and described in both the 2013-2017 Plan and Olmstead 2012 narrative.

### **QUALITY MANAGEMENT:**

During the past several years, the MH/DS program administrator's staff has conducted audits of contracted providers to determine several factors:

1. Access of services to determine timeliness of service delivery to individuals in need
2. No Reject/No Eject of consumers from services
3. Discharge planning of consumers to assure appropriate, consumer chosen follow up care

A contract monitoring tool was developed and tested in on-site visits to all contracted providers. Input from these monitoring visits is being utilized to improve the tool and contribute to our continued monitoring process.

At this time, consumer and family input is gathered through review of the Mental Health Planning Committee, chaired by a Certified Peer Specialist and a consumer active in psychiatric rehabilitation services. This committee which consists of consumers, family members, NAMI leadership, program staff and providers meets on a regular basis. Also, our Annual Mental Health Plan, when completed, is reviewed and approved by consumers, family members and other partners (systems/organizations) in providing quality services.

A four-county consortium, through NBHCC, has developed a QM Plan which includes a Comprehensive Provider Evaluation Process (CPEP), Adverse Incident review, Consumer and Provider Satisfaction, treatment outcomes, Provider Network capacity, Telephone access, complaint, grievance reviews, coordination with other agencies, administrative compliance, education and prevention programs. Mental Health department staff of the MH/DS program has and will continue to play an active role in this process.

We propose a County Quality Assurance Committee, comprised of staff, family members and consumers, that will meet to determine how to use the current data and determine what additional types of data are needed to accomplish our task. We will identify objective outcomes that can have a significant impact on enhancing the system changes to include recovery-oriented strategies. As we move in to the Block Grant pilot, we will invite consumers, advocates, and staff representing other Block Grant agencies to participate in meetings to identify service gaps, areas which require improvement and opportunities to integrate service delivery to reduce duplication and improve services to our community.

Initial planning meetings have been held to establish procedures to review critical incidents and utilize this data to assist providers in developing strategies to reduce these incidents.

During the past few years, we have also developed a plan for consumer-held focus group meetings at the individual provider organizations. Providers developed their own individual plan for consumer focus meetings to occur continuously throughout the year. That was enhanced by requesting that documentation of these focus meetings be submitted to the County Program and utilized for consumer input and program planning. As we move forward in the Block Grant pilot, we remain consistent in the belief that consumer input, solicited beyond “public hearings”, is invaluable to our work and we plan to continue to solicit this input in the manner described.

Additional initiatives include the establishment of a centralized file of fiscal data available to auditors and a central data bank that includes CCRS-POMS, hospitalization data, prescription drug authorizations, client registrations, encounter data, CCRS-POMS quarterly submissions and authorizations for service.

Consistent with the state CCRS-POMS Enterprise Initiative, our MH/DS program selected a vendor and software program (EZ-Cap), conducted staff training, and are now well on our way to full conversion from paper to electronic claims adjudication. This initiative captures data required by the state to justify allocation expenditures and also is able to provide a wealth of consumer specific and aggregate data. As the MH/DS program becomes increasingly skilled in the use of EZ-Cap software, we will use the information to further develop goals, outcomes, and accurate ways to assess these by incorporating the EZ-Cap data at our disposal. In terms of Block Grant pilot funding and administration, the MH/DS program is convinced that the available EZ Cap system may be expanded to handle claims adjudication and build consumer management data across all Block Grant categorical agencies to achieve greater efficiency and reduce administrative costs for the entire human service system.

Additionally, we already possess a significant array of valuable data to use and this process will enable us to enhance our treatment system throughout. Present data sources include:

- Pennsylvania County Profiles, CCRS-POMS
- CHIPP's consumer satisfaction surveys
- Mental Health Planning Committee meeting minutes
- Consumer run quarterly focus group meeting minutes
- Contract monitoring reports
- Licensing visit reports
- Financial audits
- CSP Checklist included in Annual Mental Health Plan
- Stakeholder Meeting minutes
- Information gleaned from collaborating meetings with Criminal Justice, Office of Vocational Rehabilitation, etc.
- ROSI initiative and surveys
- QM reports from NBHCC and CCBH

The Service Area Plan Committee has been a part of the quality assurance process and reports monthly on objectives established to work towards primary goals. The committee includes consumers, Base Service Unit directors, Intensive Case Management/Resource Coordination directors, CSSH staff, NAMI and representatives of Developmental Services. Monthly written progress reports on objectives have been prepared and distributed to attendees at the meetings.

The goals of the Luzerne-Wyoming Counties MH/DS administrator's office are:

Goal:

1. Increase community placement of Luzerne-Wyoming County residents hospitalized longer than two years of CSSH;
2. Increase successful community placement of individuals with mental illness who have been incarcerated in county correctional facilities;

3. Increase successful community placement of individuals with serious mental illness and have been incarcerated in State correctional facilities.

Objectives:

1. Increase availability of highly mobile and effective residential services that offer consumers support in housing of their choice;
2. Increase availability of Intensive Case Management (ICM) and Blended Case Management staff that has lower caseloads to be more available to clients with special needs thereby offering increased community support;
3. Increase availability of a therapeutic residential environment that offers Mental Health and Drug and Alcohol supports and treatment;
4. Expansion of the Mental Health Court to further reduce the number of people with mental illness in the county jail;
5. Training about the Recovery model of mental illness and treatment for consumers, families, law enforcement and the public at large.

Baseline data was available and has been used to establish targets and performance indicators utilized by the committee in measuring progress on these objectives.

**COLLABORATION:**

Throughout the MH/DS narrative, we have made multiple references to ongoing collaboration and partnering with Children and Youth, Drug and Alcohol, the Office of Human Services, Area Agency on Aging, County government, the Judiciary and Criminal Justice system, Health Choices, contracted providers, community agencies, schools and, most important, consumers and their families. The following pages are offered as an overview of both committees and tasks which involve leadership and participation of the MH/DS program.

It should be noted that two listed committees, Feasibility/Cross Systems Committee and the “No Wrong Door” Committee, have worked toward greater service integration of all of the services which will now be organized under the Block Grant pilot. It is our hope that this pilot provides greater impetus toward service improvement, reducing duplication, fiscal responsibility and reductions in overall administrative costs for human services which enable us to shift these savings to support consumer services.

## COLLABORATION EFFORTS

Collaboration Efforts	Collaboration Partner/s	Targeted Issue/s
<b>Criminal Justice Advisory Board (CJAB)</b>	<ul style="list-style-type: none"> <li>• President Judge</li> <li>• Warden</li> <li>• Adult Probation</li> <li>• Juvenile Probation</li> <li>• District Attorney</li> <li>• Sheriff</li> <li>• Public Defender</li> <li>• District Justice</li> <li>• Mental Health/Developmental Services</li> <li>• Management Information Systems</li> <li>• State and Local Law Enforcement</li> <li>• Court Administrator</li> <li>• County Emergency (911)</li> <li>• Drug &amp; Alcohol Programs</li> <li>• Drug Court</li> <li>• Mental Health Court</li> <li>• Pre/Post Trial Services</li> <li>• Domestic Violence</li> <li>• Victims' Resources</li> <li>• Correctional Facility Lieutenant</li> <li>• Children and Youth Services</li> </ul>	<ul style="list-style-type: none"> <li>• Implement and improve all Information Technology ( I.T.) projects related to information sharing and notification</li> <li>• Sustain Mental Health Court (MHC)</li> <li>• Sustainability for Drug Court</li> <li>• Establish and sustain Trauma Treatment Groups at Luzerne County Correctional Facility (LCCF)</li> <li>• Establish and sustain Trauma Treatment Groups at outpatient clinic</li> <li>• Establish and train a Crisis Intervention Team (CIT) in all zones/regions</li> <li>• Continue semi-annual Mental Health Training</li> <li>• Conduct Gang Training for Public School and Social Service employees</li> <li>• Assist inmates with re-entry to the community</li> <li>• Identify best practices for each Sequential Intercept Model point</li> </ul>
<b>Feasibility/Cross Systems Committee No wrong Door (NWD) Committee</b>	<ul style="list-style-type: none"> <li>• Area Agency on Aging</li> <li>• Children and Youth</li> <li>• Family Service Association of Wyoming Valley</li> <li>• Juvenile and Adult Probation</li> <li>• United Way of Wyoming Valley</li> <li>• Drug and Alcohol Program</li> <li>• Mental Health/Developmental Services</li> <li>• Office of Human Services</li> <li>• Education</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated, collaborative, strengths based, transparent, least restrictive, community based easily accessible social service delivery system for consumers, residents and the social service agencies</li> </ul>
<b>Mental Health/Intellectual Disability Planning</b>	<ul style="list-style-type: none"> <li>• Mental Health Department Staff</li> <li>• Developmental Services Department Staff</li> <li>• Supports Coordination Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitalizations of dual diagnosed</li> <li>• Need for a coordinated response</li> </ul>

<b>Collaboration Efforts</b>	<b>Collaboration Partner/s</b>	<b>Targeted Issue/s</b>
<b>and Program Development Committee</b>	<ul style="list-style-type: none"> <li>• Base Service Units</li> <li>• Provider Agencies</li> </ul>	to treatment and crisis services
<b>Luzerne County Homeless Coalition</b>	<ul style="list-style-type: none"> <li>• Mental Health/ Developmental Services</li> <li>• Drug and Alcohol</li> <li>• United Way</li> <li>• Housing and Urban Development (HUD)</li> <li>• Commission on Economic Opportunity (CEO)</li> <li>• Area Agency on Aging</li> <li>• Office of Human Services</li> <li>• Housing Authorities</li> <li>• Salvation Army</li> <li>• Luzerne Intermediate Unit</li> <li>• Department of Health</li> <li>• AIDS Council</li> <li>• American Red Cross</li> <li>• Domestic Violence</li> <li>• Volunteers In Service In Our Neighborhoods (VISION)</li> <li>• Ruth's Place women's Homeless Shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Ten-year plan to eliminate homelessness</li> </ul>
<b>Local Housing Options Team</b>	<ul style="list-style-type: none"> <li>• Mental Health/ Developmental Services</li> <li>• Office of Human Services</li> <li>• Drug and Alcohol</li> <li>• Court Systems</li> <li>• Homeless Coalition</li> <li>• Providers</li> <li>• Public Housing</li> <li>• Landlords</li> <li>• Children and Youth Services</li> <li>• Residential providers</li> <li>• Ruth's Place Women's Homeless Shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Need for increased availability of quality housing for Mental Health consumers</li> <li>• Provide forum to develop supports and services for Mental Health consumers with complex needs and multi-agency involvement</li> </ul>

<b>Collaboration Efforts</b>	<b>Collaboration Partner/s</b>	<b>Targeted Issue/s</b>
<b>Clarks Summit State Hospital Service Area Plan Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health/ Developmental Services</li> <li>• Drug and Alcohol</li> <li>• Clarks Summit State Hospital</li> <li>• Base Service Units</li> <li>• Providers</li> <li>• Consumers</li> <li>• Families</li> <li>• National Alliance on Mental Illness (NAMI)</li> <li>• Office of Mental Health and Substance</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce IP use of people 60+ years of age, people with Intellectual Disability</li> </ul>

	<ul style="list-style-type: none"> <li>Abuse Services (OMHSAS)</li> <li>• Other County Staff</li> </ul>	
<b>Trauma Collaborative Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health/ Developmental Services</li> <li>• Drug and Alcohol</li> <li>• Area Agency on Aging</li> <li>• Juvenile Probation Office</li> <li>• Children and Youth Services</li> <li>• Providers</li> <li>• Education</li> <li>• Colleges</li> <li>• NAMI</li> <li>• Consumers</li> <li>• Northeast Behavioral Health Care Consortium (NBHCC)</li> <li>• Community Care Behavioral Healthcare Organization (CCBHO)</li> </ul>	<ul style="list-style-type: none"> <li>• Need for trauma informed assessment, treatment, wellness supports</li> </ul>
<b>Cultural Competence Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health/ Developmental Services</li> <li>• Early Intervention</li> <li>• Providers</li> <li>• Children and Youth Services</li> <li>• Office of Human Services</li> <li>• NAMI</li> <li>• Community Members</li> <li>• NBHCC</li> <li>• CCBHO</li> </ul>	<ul style="list-style-type: none"> <li>• Standards for cultural competency for Mental Health providers</li> </ul>
<b>Joint System Training Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health/ Developmental Services</li> <li>• Office of Human Services</li> <li>• Drug and Alcohol</li> <li>• Children and Youth Services</li> <li>• Area Agency on Aging</li> <li>• Children's Alliance</li> <li>• Court Systems</li> <li>• Providers</li> <li>• NBHCC</li> <li>• CCBHO</li> <li>• Education</li> </ul>	<ul style="list-style-type: none"> <li>• Staff turnover, systems not working together to achieve outcomes</li> </ul>
<b>Luzerne County Community College's (LCCC) Substance Abuse Educational and Training Institute Planning and Training Committees</b>	<ul style="list-style-type: none"> <li>• LCCC</li> <li>• Luzerne County Commissioner</li> <li>• Mental Health Program</li> <li>• Area Agency on Aging</li> <li>• Drug and Alcohol</li> <li>• Luzerne County Workforce Development Investment Agency</li> <li>• Office of Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Need for enhanced, cost-effective local training of human services agency staff, provider staff, families, advocates and consumers.</li> </ul>
<b>Hispanic Issues</b>	<ul style="list-style-type: none"> <li>• Luzerne County Commissioner</li> </ul>	<ul style="list-style-type: none"> <li>• Develop ways to meet the</li> </ul>

<b>Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Workforce Investment Development Agency/Board</li> <li>• Child Care Agencies</li> <li>• Education</li> <li>• Office of Human Services</li> <li>• Representatives of Hispanic Community</li> <li>• Advocates</li> <li>• Commission on Economic Opportunity</li> <li>• County Assistance Office</li> <li>• Clergy</li> </ul>	needs of the Hispanic population.
<b>Mental Health Court Task Force</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Court Systems</li> <li>• Adult Criminal Justice</li> <li>• Juvenile Justice</li> <li>• Legal</li> <li>• State and Local Law Enforcement</li> <li>• NBHCC</li> <li>• CCBHO</li> <li>• Advocates</li> <li>• Drug and Alcohol</li> <li>• NAMI</li> <li>• Consumers</li> <li>• Family Members</li> <li>• Local Psychiatrist</li> </ul>	<ul style="list-style-type: none"> <li>• Assist individuals with mental illness involved in the Criminal Justice System receive appropriate treatment services.</li> </ul>
<b>Student Assistance Program Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Education</li> <li>• Drug and Alcohol</li> <li>• Children &amp; Youth Services</li> </ul>	<ul style="list-style-type: none"> <li>• Increase prevention/education services in the schools</li> <li>• Train SAP caseworkers</li> </ul>
<b>Northeast Behavioral Health/Aging Coalition</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Area Agency on Aging</li> </ul>	<ul style="list-style-type: none"> <li>• Improve recognition, assessment and treatment of mental illness and depression among older adults.</li> <li>• Enhance provider and consumer education about alcohol and substance abuse and appropriate treatment</li> </ul>
<b>Collaboration Efforts</b>	<b>Collaboration Partner/s</b>	<b>Targeted Issue/s</b>
<b>NBHCC Program Development and Network (PDN) Committee</b>	<ul style="list-style-type: none"> <li>• Drug and Alcohol</li> <li>• Mental Health Program</li> <li>• NBHCC</li> <li>• Consumer/Family Representatives</li> <li>• CCBHO</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and support expansion of existing services as needed to assure access</li> <li>• Support evidence-based treatment through reinvestment</li> </ul>

<b>NBHCC Quality Management Committee</b>	<ul style="list-style-type: none"> <li>• NBHCC</li> <li>• CCBHO</li> <li>• Mental Health Program</li> <li>• Providers</li> <li>• Members</li> <li>• Drug and Alcohol Program</li> </ul>	<ul style="list-style-type: none"> <li>• Constant improvement of service quality</li> <li>• Monitoring of network improvement efforts</li> <li>• Assure in-network provider contract compliance</li> <li>• Monitor member satisfaction</li> <li>• Recommend program improvements with member input and need</li> <li>• Recovery Oriented Services Indicators (ROSI)</li> <li>• Use of Inpatient Services for people with Intellectual Disabilities</li> </ul>
<b>NBHCC Stakeholders Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Drug and Alcohol</li> <li>• Office of Human Services</li> <li>• Children and Youth</li> <li>• Area Agency on Aging</li> <li>• Legal</li> <li>• Court</li> <li>• NAMI</li> <li>• Advocates</li> <li>• Consumers</li> <li>• Families</li> <li>• Criminal Justice</li> <li>• Juvenile Justice</li> <li>• Prison</li> <li>• NBHCC</li> <li>• CCBHO</li> </ul>	<ul style="list-style-type: none"> <li>• Provide stakeholders information with regard to member service, satisfaction program development, quality management and reinvestment</li> <li>• Solicit stakeholder input to assure continuation of needed service availability, identify service gaps and develop recovery oriented services</li> </ul>
<b>Clarks Summit State Hospital Bed Utilization Committee</b>	<ul style="list-style-type: none"> <li>• State Hospital</li> <li>• MH/MR Program</li> <li>• OMHSAS Region</li> <li>• Mental Health Center Directors</li> <li>• BSU Directors</li> <li>• MR Supports coordination management</li> </ul>	<ul style="list-style-type: none"> <li>• Interface state hospital and community strategies to meet the needs of state hospital consumers</li> <li>• Provide updated admission/discharge data</li> <li>• <b>Discuss and develop service initiatives such as CHIPP's and identify characteristics of high Inpatient users.</b></li> </ul>
<b>Quality Assurance Outcomes Committee</b>	<ul style="list-style-type: none"> <li>• Office of Human Services</li> <li>• MH/DS</li> <li>• Children and Youth</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and maintain outcome-based contracts</li> </ul>

	<ul style="list-style-type: none"> <li>• Area Agency on Aging</li> <li>• Transportation</li> <li>• Drug and Alcohol</li> </ul>	
<b>Functional Family Therapy Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Juvenile Justice</li> </ul>	<ul style="list-style-type: none"> <li>• Assure program development and maintenance conform to established research-based program guidelines</li> <li>• Provide forum for programmatic and consumer/family specific issues</li> </ul>
<b>State Health Improvement Plan (SHIP) Local Advisory Council (LAC)</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Area Agency on Aging</li> <li>• Department of Health</li> <li>• County Assistance Office</li> <li>• Emergency Management Agencies (EMA's)</li> <li>• Wyoming County Community Alliance (WCCA)</li> <li>• Drug and Alcohol</li> <li>• Hospitals</li> <li>• Education</li> <li>• Red Cross</li> <li>• Maternal and Family Health Services</li> <li>• Churches</li> </ul>	<ul style="list-style-type: none"> <li>• Need a structure for assessing, planning, evaluating and seeking grant funding for services to meet health needs of individuals</li> </ul>
<b>Wyoming County Community Alliance Advisory Committee (WCCA), formerly Wyoming County Rural Health Task Force</b>	<ul style="list-style-type: none"> <li>• Mental Health/DS</li> <li>• Hospitals</li> <li>• Area Agency on Aging</li> <li>• Education</li> <li>• United Way</li> <li>• Proctor and Gamble</li> <li>• Milnes Engineering</li> <li>• Home Health Services</li> <li>• Health Centers</li> <li>• American Red Cross</li> <li>• Literacy Programs</li> <li>• Commission on Economic Opportunity</li> <li>• Literacy Council</li> <li>• Interfaith Friends</li> <li>• Pharmacies</li> <li>• Maternal and Family Health Services</li> <li>• Legal Services</li> <li>• Churches</li> <li>• Libraries</li> <li>• Victims Services</li> <li>• Adult Probation</li> </ul>	<ul style="list-style-type: none"> <li>• Need to further enhance health and quality of life in the community</li> </ul>

	<ul style="list-style-type: none"> <li>• Juvenile Probation</li> <li>• County Assistance Office</li> <li>• Cancer Society</li> <li>• Wyoming County Commissioners</li> <li>• Conservation District</li> <li>• Cultural Centers</li> <li>• Housing</li> <li>• Emergency Management Agency (EMA)</li> <li>• Office of Human Services</li> <li>• Court Services</li> <li>• Senior Centers</li> </ul>	
<b>East Central Region Counter-Terrorism Task Force</b>	<ul style="list-style-type: none"> <li>• Emergency response organizations</li> <li>• Mental Health Program</li> <li>• Law Enforcement</li> <li>• Hospitals</li> <li>• Health Care Professionals</li> <li>• Coroners</li> </ul>	<ul style="list-style-type: none"> <li>• Need to develop a more efficient and effective response based on needs and resources and a more thorough knowledge of the capabilities of other emergency response organizations within the region</li> </ul>
<b>Intergenerational Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health/DS Program</li> <li>• Area Agency on Aging</li> <li>• Office of Human Services</li> <li>• Insurance agencies</li> <li>• United Way</li> <li>• Education</li> <li>• Children and Youth</li> <li>• Volunteer organizations</li> <li>• Legal Services</li> <li>• Nursing homes</li> <li>• Maternal and Family Health Services</li> <li>• Physical health</li> <li>• Chamber of Commerce</li> <li>• Luzerne County Commissioners</li> <li>• Child care agencies</li> <li>• Churches</li> </ul>	<ul style="list-style-type: none"> <li>• Need to assist grandparents in the community who are raising their grandchildren due to some form of adversity in the family's life and they need more information to succeed</li> </ul>
<b>Generation-to-Generation Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health Program</li> <li>• Legal System</li> <li>• Education</li> <li>• Community Business Leaders</li> <li>• Office of Human Services</li> <li>• Area Agency on Aging</li> <li>• Churches/Religious Community</li> <li>• Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Enrich lives through intergenerational programs and activities</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• MH/DS Advisory Board Members</li> </ul>	<ul style="list-style-type: none"> <li>• Identify barriers to</li> </ul>

<b>Employment Task force</b>	<ul style="list-style-type: none"><li>• Vocational Service Providers</li><li>• Members of Wilkes Barre Chamber of Business and Industry</li><li>• MH/DS staff</li><li>• ARC of Luzerne County</li></ul>	<ul style="list-style-type: none"><li>• community employment for people with disabilities</li></ul>
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## **INTELLECTUAL DISABILITIES NARRATIVE**

The following narrative is organized to provide an overview of the current service system accessible to consumers and families in Luzerne-Wyoming Counties. It is also intended to act as a report of system changes made during the past several years, and describe the planning process for short and long range system improvements. These include transition to promising practices, as well as challenges/impediments to overcome in order to continue to be responsive to the needs of those we serve. Throughout these efforts, consistent solicitation of input from self-advocates/families, caregivers, and advocacy organizations is vital to assure consumer choice and self-determination. As it is our understanding that this portion of the Luzerne County Block Grant Plan will be reviewed by the Office of Developmental Programs, we have purposefully avoided lengthy explanations of frequently used terms and acronyms (i.e. ISP, PUNS, IM4Q, etc.). This should serve to provide an informative, thoughtful, and economical plan to address the needs of persons with intellectual disabilities. In the event that additional/supplemental information is required, the Mental Health and Developmental Services Program will provide any additional information deemed necessary.

### **SERVICE ACCESS / CONSUMER ENROLLMENT AND PLANNING:**

The Luzerne-Wyoming initial point of access for service enrollment is through the Intake with Administrative Entity of Luzerne-Wyoming Counties Mental Health and Developmental Services. Referrals for services/eligibility determination originate from a broad range of referral sources throughout the community, with most frequent referral sources including families, physicians, other health care providers, human service agencies, and the education system in local school districts. The Administrative Entity also refers consumers to Luzerne –Wyoming Counties Support Coordination Organization (SCO) when consumer meets eligibility criteria.

Intake staff continues to adhere to the MH/MR Act of 1966 and follow prevailing regulations of the Office of Developmental Programs in order to establish service eligibility and subsequent enrollment of consumers for Intellectual Disability services. This process typically requires gathering information from the consumer, family, caregivers, informal supports, referral sources, and others to secure a wide range of information required and valuable in both establishing eligibility and in subsequent needs identification/service planning. When/if further assessment and/or testing is needed to determine service eligibility, the MH/DS Program maintains a contract with a doctoral level licensed Psychologist for this necessary consultation. On the average, the Intake Unit processes approximately 18 referrals of individuals per month, with an average actual enrollment of eligible persons of about 6 persons per month, resulting in about 72 newly enrolled consumers annually. On an annual basis, the MH/DS program maintains an annual active consumer enrollment between 1,500 and 1,700 persons, presently numbered at 1,596 consumers.

When an individual has been determined eligible for Intellectual Disability services, they are enrolled for services with the County program and expanded planning/information gathering results in an Individualized Service Plan (ISP). ISP development invariably involves consumer/family input in identifying the services and supports required for each individual to maintain community membership. Particular focus is maintained to assure each consumer opportunities to experience personal growth and satisfaction through their life experiences and personal choice, and to be assured that all service offerings represent the least restrictive options available to each individual.

Upon completion of the ISP, this plan is forwarded to the staff of the Administrative Entity (AE) for review, approval, and service authorization within the confines of both funding and service choice availability for each consumer. The AE is operated by the County Program and administers services in accordance with an AE Operating Agreement required by both the state Office of Developmental Programs and the Federal Center for Medicaid Services (CMS) and follows guidelines of the Operating Agreement as a guide to individual plan approval, service funding authorization, and determination of priority of consumer needs based on state guidelines (PUNS) in determining severity and immediacy of the needs of each consumer. The following is the most recent (May 2014) PUNS reporting data based on the needs of Luzerne-Wyoming eligible individuals:

EMERGENCY (immediate need) -----180 persons

CRITICAL (needs within the next 2 years) -----162 persons

PLANNING (needs within the next 5 years) -----148 persons

TOTAL: 490

Based on the needs of each individual, funding may be sought, secured, and utilized in one of three funding categories: Consolidated Waiver (typically utilized and reserved for persons with complex needs and for who services are typically more costly, as in the case of persons in residential placement) Person and Family Directed (PFDS) Waiver, a funding stream most typically used by consumers and families with moderate needs (Capped this year at \$30,000 annually); and Base funds, those dollars allocated by the state, with non-Block Grant Joinder funds as 100% state funds and others which require 10 % “match” funds from county government, which are intended for operating costs, a variety of services, and for services not funded by waiver .

For Luzerne-Wyoming Counties, the state allocation of Base funds for the 2014-2015 Fiscal Year is \$4,384,131 which includes all maintenance, categorical funds, and funding available to support SCO activities. This is consistent from the previous year.

Our current capacity and consumer assignment to each of the aforementioned funding categories is as follows:

*Consolidated Waiver*-----374 persons  
*PFDS*-----346 persons  
*Base funding*-----819 persons (this number does not include approximately 46 persons served at state centers and 56 persons in ICF-ID facilities for whom the County has monitoring responsibilities)

Using the 819 persons for whom Base funds remain the primary source of service financial support, our office, as part of planning and funding disbursement considerations, established the following average annual local costs for the following frequently required consumer services:

Community Residential Home/per person-----\$200,000  
Lifesharing/Family Living/per person-----\$60,000  
Day Program/ per person-----\$27,000  
Transportation/per person-----\$16,000  
Home & Community Habilitation (unlicensed)--\$30,000

The importance of our focus on the current financial constraint of the current Base fund allocation to our MH/DS Program, we believe, can be seen in the consumer Base enrollment numbers when compared against the average costs of the services listed above. Additionally, remembering that Base funds are used for Base consumer needs, large and small, during the last four months of Fiscal Year 2013/14, the county program has been faced with funding high cost residential placements for eight consumers who have experienced unanticipated emergencies which truly could not have been predicted. As these emergencies have occurred, we have remained at capacity in our Waiver enrollment, making the use of Base funds the only method of meeting the needs of those involved. The total annual combined costs for needed services for these eight consumers and other consumers with emergency service needs is estimated at \$1,035,000, further illustrating the strain on base funding and our ability to serve greater numbers of consumers, as is our mission.

While it is the goal of the AE and the SCO to work in concert to meet all of the needs of all of our consumers, the cost of services, particularly for consumers with complex needs, combined with the limitations of fund available in base dollars and limited capacity in Waiver programs continue to stand as a barrier to our goal of reducing/eliminating waiting lists and providing all consumers and families with access to those services which are needed, and which each consumer deserves. Consistent with that goal, we continue to seek, develop, and maintain effective partnerships with a number of stakeholders which certainly include our contracted providers.

The Luzerne-Wyoming Counties MH/DS Program currently maintains 83 direct service contracts with local providers, many of whom are licensed to and provide multiple services. Of these 83 contracts, 41 are with providers whose services are targeted and licensed specifically to serve persons with intellectual disabilities. Additionally, a number of other providers, significantly including three comprehensive, community mental health centers, provide significant services to persons with co-occurring Intellectual Disabilities and behavioral health disorders. These mental health centers, while staffed with competent and trained professionals, have expressed ongoing concerns that the “typical” services currently available often fall short in meeting the complex needs of the MH/ID dual diagnosis consumer, and have expressed an interest and willingness to partner with our county program, Health Choices personnel, and the Office of Developmental Programs to develop pilot programs and specialized trained staff within existing services to better serve intellectually disabled children, adolescents, and adults with co-existing psychiatric illnesses. This same interest has been expressed by Health Choices in the Northeast and by the Office of Developmental Programs both at the Regional and State level. In Luzerne-Wyoming Counties, we have many consumers who are in need of specific targeted services for the Dual diagnosis MH/ID population, which continues to occur to individuals in a local acute care psychiatric hospital due to the absence of both local and state-wide residential options in existence which was able to meet their needs. It is our hope that the vision of Block Grant funding provides a local opportunity to identify ways to blend funds to move these critically-needed initiatives forward, and that the Department of Public Welfare encourages both state and local initiatives to develop skills and programs to more effectively serve this vulnerable group of citizens through “blended” funding initiatives which begin and are supported at the state level.

#### **QUALITY MANAGEMENT:**

As we move forward in the Block Grant Pilot the Administrative Entity (AE) will continue to compile, review, and analyze internal data and from various ODP quality initiatives, including but not limited to Independent Monitoring for Quality (IM4Q), Incident Management, and Consumer Risk Assessments. Both IM4Q and Incident Management are performed as delegated functions in Luzerne-Wyoming Counties through contracts with the ARC of Luzerne County and the Northeast Pennsylvania Advocacy Alliance respectively. The input and work product of these organizations, performing these functions with the oversight of assigned AE staff, provides both efficiency and valuable insight to both the ongoing quality management process and our overall vision for systemic improvement.

Our AE has and will continue to build our Quality Management Plans and strategies by incorporating ODP priorities such as people are free from abuse, life sharing, and employment. Additionally, our quality management planning consistently incorporates local goals, findings from our annual Administrative Entity Oversight

Monitoring Process (AEOMP), county self-assessment, IM4Q and Incident Management data, and most important input from self-advocates and families to achieve a quality management process reflective of the needs of our local community. Once completed, our Quality Management Plan is directed by the development of an action plan clearly delineating action items, responsible persons, and target dates to assist in assuring completion of tasks to achieve established outcomes and objectives. This action plan is revisited by the AE throughout the year to assure progress toward QM goals and to make modifications when necessary.

The MH/DS Program consistently seeks broad stakeholder involvement in building and maintaining a system of effective service options reflective of the states needs and desires of local stakeholders. Consistent with that approach, quality management strategies are developed and monitored with significant involvement of a local Intellectual Disabilities Training Council on Quality. This planning body maintains membership representing families, advocacy organizations, service providers, and county personnel to assure that local needs are articulated and remain a key factor in service quality improvement and the content of our Quality Management Plan. In addition to providing valuable input in the planning process, this council also provides significant assistance to the AE in the development of training and education for families, caregivers, and provider staff based on training initiatives outlined in the Quality Management action plan. Additionally, the MH/DS Advisory Board, which includes two persons who are family members of persons with intellectual disabilities, maintains an active interest in our quality management initiatives and the Board has directed that they be provided with monthly updates on QM strategies and progress toward goals.

Using the action plan as a guide, staff of the AE and the MH/DS Administrator meet quarterly to review and analyze progress toward quality goals using a QM template made available by ODP. These meetings are also used to identify and plan strategies to eliminate barriers to progress, and revise action items to assure sustained effort in accomplishing the goals contained in the QM plan.

The MH/DS Program has historically and continues to value guidance and resources which have been made available to us by both the Northeast Regional and central offices of the Office of Developmental Programs in providing technical assistance in QM plan development as well as resources in the implementation of strategies contained in our plan. A recent example of effective partnering of resources is seen in a Restraint Reduction training provided locally for staff of both residential and day program providers. This training was planned with the cooperative efforts and input of the ID Training Council, the ARC of Luzerne County, and the MH/DS office with significant guidance provided by Northeast Regional ODP. The trainers for this initiative to improve staff skills in order to reduce physical restraint of individuals were actually state employees from our local state center. The training was conducted in the fall of 2012 and was attended by 40 direct care agency staff. Feedback from attendees has been very positive with participants feeling that they had been taught skills which were transferable to their daily work and would help in reducing incidents of restraint involving consumers they serve. As a result of this feedback and the importance of

developing positive ways to assist consumers through difficult periods to avoid restraint episodes, an additional training provided by the same trainers is being planned and will occur over the next few months. This is a graphic illustration of collaboration of persons, agencies, and resources for which the MH/DS Program is grateful and will continue to promote in the interest of those we serve.

In order to provide more specific detail of our QM Plan in terms of both content and progress, please refer to the MH/DS website ([www.mhmr.luzerne.pa.us](http://www.mhmr.luzerne.pa.us)) to view our 2013 and 2014 Quality Management and Action Plans.

### **ADMINISTRATIVE ENTITY (AE) OPERATING AGREEMENT and WAIVER ELIGIBLE SERVICE ACCESS:**

Luzerne-Wyoming Counties remains the Administrative Entity for Waiver programs and will continue to act in full conformance with assurances and performance standards set forth in the Administrative Entity Operating Agreement and other standards as required by the state Office of Developmental Programs and the federal Center for Medicaid Services (CMS). The Administrative Entity accepts responsibility for assuring consumer access and choice in services performed by qualified Waiver providers. The AE engages in ongoing processes including Provider Qualification, Provider Monitoring and formal reviews to assure that appropriate, timely, and effective service planning by the Supports Coordination Organization (SCO) remains the basis for services for both Waiver participants and non-waiver consumers. In addition to all applicable performance requirements in areas specific to waiver service administration, the AE of Luzerne-Wyoming MH/DS Program continues to participate in the Administrative Entity Oversight Monitoring Process (AEOMP) conducted by the Office of Developmental Programs. As a result of these quality and compliance reviews, the Administrative Entity prepares a Corrective Action Plan (CAP) to fully address any findings of non-compliance, acts to correct deficiencies, and provides a report of these corrections to ODP within required time frames.

The Administrative Entity of the Luzerne-Wyoming MH/DS Program contracts with local providers for purchased services of Independent Monitoring for Quality (IM4Q) and Incident Management. Service Preference and Level of Care – QIDP role services have been delegated by standards of the AE Operating Agreement to Luzerne-Wyoming Counties Supports Coordination Organization. The IM4Q and Incident Management services are subject to annual contracting through a competitive bidding process required by the Luzerne County Code. Notification of purchased and delegated services and applicable work statements, and/or policies/protocols for monitoring these services are provided to the Office of Developmental Programs annually as required by CMS as an Operating Agreement compliance standard.

Independent Monitoring for Quality (IM4Q) is a purchased function performed by the ARC of Luzerne County consistent with the requirements of the AE Operating Agreement.

Services required by 2013-2014 contract standards will include the completion of IM4Q surveys across the following consumer/family groups:

Independent Monitoring-----	76
PFDS-----	25
National Core Indicators-----	30
Transition Pilot-----	48
State Center-----	37
Total Surveys-----	216

Incident Management is a purchased function performed under annual contracting by the Northeast Pennsylvania Advocacy Alliance. Under provisions of this contract the Advocacy Alliance is responsible for recording, review, and consultation with the AE lead Program Specialist within 24 hours for review of incidents which may require follow-up by the AE and/or SCO to assure the health and safety of consumers involved. The Advocacy Alliance also performs Certified Investigation services for serious incidents including, but not limited to, consumer deaths, serious injuries, and reports of alleged neglect or abuse.

The Service Preference Choice and Level of Care determination by QIDP are delegated to the Luzerne-Wyoming Counties Supports Coordination Unit. The AE had defined roles and policies developed to meet the ODP standards. ODP, per the AE Operating Agreement, has been advised of these delegated functions.

The AE remains responsible for the information integrity and service requirements for all purchased and delegated functions and the AE has established specific “lead” Program Specialists to assure ongoing communication and quality performance of subcontracted providers of service.

#### SERVICE GROWTH, MAINTENANCE, AND CHALLENGES:

The last quarter of FY 2013/14 has been exceptionally challenging due to the closure on June 18, 2014 of United Rehabilitation Services (URS), one of our major providers of prevocational services. They served approximately 200 consumers in Wilkes-Barre, Tunkhannock, & Hazleton. This allowed providers in Luzerne, Wyoming and surrounding counties to submit responses to RFPs for program development focusing on “Employment”. Although agencies had been selected to provide services in 2014 & 2015, their programs won’t be operational until July 1, 2014 or later. In the interim period it was necessary for our county to locate providers willing to provide services until these new programs can become operational. This unanticipated extreme cost to support the needs of consumers during this time is estimated to be approximately \$350,000.00 of Base funding.

An additional challenge is serving consumers aging out of EDPST & RTF’s who require specialized intense services, many of whom need to be funded with Base dollars.

We continue to succeed in maintaining and expanding transportation choice and services. Availability of employment and non-workshop based employment opportunities continue to expand in Luzerne –Wyoming counties. Due to the efforts of the ARC of Luzerne County who have developed relationships with Lowe’s Distribution Center and Walgreen’s, significant local employers, employment opportunities continue to be available. Additionally, through independent grant funds, the ARC’s TRACE program with Luzerne County Community College has graduated 15 persons with intellectual disability from a 2 year training program which combined education, work skill building, and pre-employment activities to better prepare disabled persons to enter the work force and become valued employees of local business and industry. Of the 15 graduates, 8 have already obtained employment.

Despite the significant positive growth in new services and capacity of existing services described ,the MH/DS program has identified several significant gaps in local services for both waiver and non- waiver consumers and their families. These service gaps and planning/strategies to address these challenges are as follows:

**Residential Services:**

With the lack of finding timely and appropriate residential services from a willing and interested provider we have had to proceed with two 406 commitments to a state center this FY. Over the last 3 years that is a combined number of 3 commitments which we have not had in the past.

**RESIDENTIAL SERVICES:**

Challenges- virtually all of our local residential providers are expressing feeling that current state-set rates discourage them to take on the task of developing new local residential capacity. This is particularly true as it relates to residential needs of consumers with complex needs as an outgrowth of intellectual disabilities and co-existing psychiatric disorders. The lack of local capacity and willing providers to serve these consumers has resulted in increased frequent admission of dual diagnosis consumers to local acute care psychiatric inpatient facilities, increased requests for legal commitments for continued care at both state hospitals and state centers, and consumers enduring inappropriate lengthy stays in inpatient facilities because of a lack of residential and day service options adequately trained and staffed to meet the needs of these consumers. During the past two years several persons have had to remain in restrictive inpatient care for months while the AE and SCO have been forced to access the state-wide residential vacancy list, send consumer profiles to providers across the state, arrange visits with the consumer at the inpatient facility, schedule visits for the consumer to residential

placements at far distances, and coordinate an array of services through agencies in other counties to finally effect safe discharge for these complex-need persons. With lack of finding timely and appropriate residential services from a willing and interested provider we have had to resort to filing 406 commitments to State Center facilities. While these consumers are residing at state centers efforts continue to seek out interested providers to serve them in the community as part of a transition plan. The unfortunate and obviously most negatively affected persons in this process are the consumers involved who have to remain in restrictive settings for unreasonable durations, and who are then required to choose residential options at far distances from their home communities and available family and natural supports.

Planning Strategies-The description above we believe to represent both a local and state-wide problem. Northeast Behavioral Health Care Consortium (NBHCC), which manages the Health Choices Program for behavioral health services for MA recipients in the Northeast reports that 15 of the 30 highest users of inpatient services paid through Medical Assistance are persons with both intellectual disabilities and psychiatric disorders. Both NBHCC and Community Care Behavioral Health (CCBH) who manage contracts and network capacity for Health Choices in Luzerne, Wyoming, Lackawanna, and Susquehanna Counties have expressed a keen interest in working with other Stakeholders to develop more effective local services and supports to serve this target population in a far more timely and effective way. Our office has engaged in discussions with the Office of Developmental Programs, the Office of Mental Health and Substance Abuse Services (OMHSAS), our local provider organization, advocacy groups, and our Advisory Board to identify opportunities to develop services for this target group. From the Health Choices perspective, Reinvestment funds of 1 Million dollars per project have been allocated to allow our County Program to develop an Inpatient Crisis Diversion Program and an Assertive Community Treatment (ACT) Team for complex need individuals. While neither of these programs are specifically targeted exclusively to MH/ID persons, we feel confident that these services will prove of great assistance in supporting consumers, including MH/ID consumers, to develop support and safety plans to avoid unnecessary inpatient admission and to participate in evidence-based mobile ACT Team services which have proven highly effective in assisting consumers who have not been able to maintain community stability while using traditional office-based services.

The MH/DS Program has already initiated requests to all of the aforementioned stakeholders to engage in a collaborative planning process on behalf of persons with co-existing MH/ID concerns. As a partner in Health Choices, the Luzerne-Wyoming County Program, represented by the Mental Health Department, AE, and SCO, are actively involved on the local Health Choices Dual Diagnosis Task Force and we have established that Health Choices management is willing to host and participate in planning meetings for this consumer group. As we move forward with the development of the Block Grant Pilot we hope to use our Pilot program status to facilitate discussions which might result in blending funding, ID and MH provider partnerships (such as ACT Team involvement in supporting consumers and staff of ID residential programs), training of staff of existing provider staff, and other proactive action to improve local services to these local citizens.

## **EXPANDED COMMUNITY BASED VOCATIONAL OPPORTUNITIES:**

Challenges - While very positive developments have occurred locally, such as the ARC initiatives described earlier, provider development of real community employment options for consumers, particularly younger persons, remains a challenge for our system. Local providers and those across the state continue to report that current state-set rates of reimbursement are inadequate to develop new and innovative services, or to effectively shift their focus from facility-based “workshops” to job coaching and other supported employment to support consumers in real jobs in local business and industry. Additionally, local rates of unemployment (reported as high as 8% locally), present a challenge for both disabled and non-disabled local persons to secure and maintain employment. Finally, as previously reported, creative transportation options must be made more readily available to consumers for participation in jobs which require evening, weekend, and “swing-shifts” in order establish and maintain a view of persons with intellectual disabilities as fully capable members of the local work force.

Planning Strategies - The MH/DS Program applauds the initiative demonstrated by the ARC of Luzerne County in developing employment opportunities and the upcoming TRACE employment training program in cooperation with Luzerne County Community College, both accomplished with very little county involvement in planning and implementation. Additionally, it is clear that our local ARC is emerging as a statewide leader in the work of expanding employment for consumers, as evidenced by the ASRC’s leadership role in the recent state-wide Employment Conference. Our office has worked with the 24 persons enrolled in the TRACE program to arrange transportation services and we hope to be helpful to this organization in developing work-site “incubator” programs within government, health care facilities, and throughout the community to assist TRACE participants in real job experiences as they move through the two year TRACE program design. Additionally, we hope to borrow from the energy of the ARC management and staff to play a pivotal role in revitalizing an Employment Task Force largely led by members of the MH/DS Advisory Board. Several years ago this had been an active committee which planned to review and recommend funding for one or several pilot projects to enhance community employment through new and innovative programs. A Request for Proposals was issued and unfortunately, no proposals received through this solicitation met the innovative vision that the Advisory Board sought. We now believe that, even with the 10% reduction in Base funds associated with the Block Grant initiative, the Block Grant funding design and the power to move the system exhibited by the ARC now provide a renewed opportunity to ask the ARC (and providers willing to engage in a vision to change the system) to work with our Advisory Board and Program staff to expand consumer opportunities for real employment and full community membership.

In the area of existing VR providers, the Office of Developmental Programs, Bureau of Fiscal Operations, and the MH/DS office have conducted a series of meeting to attempt to assist a significantly sized local provider, with whom 230 consumers are

involved at some level, to adjust its service lines, reduce expenses, and identify alternate funding opportunities and services which might be developed in response to local need and for which sufficient funding may be available. This provider like others across the state has reported that state-set rates are insufficient and may eventually force reduction or agency closure. The MH/DS Office, in addition to working with the provider, ODP, and BFO to assist in improving financial forecasting within the current rate structure, has suggested that the provider consider contacting Health Choices to develop a Psychosocial Rehabilitation “Clubhouse” program for person with MH/ID needs. Programs like this do maintain a large focus on employment and work skill development, maintain contracts for Clubhouse member’s employment through local business, and operate a 5 day a week program structured as a “work ordered day” teaching job skills and work habits associated with successful employment. This program, if serving the MH/ID consumer population, can be funded by Health Choices as a supplemental service and reimbursed through MA funds. It is our hope that the provider is willing to attempt to develop this service, and we think that this is an example of ways in which the MH/DS Program seeks to utilize funds “in conjunction with other available funding”, information requested in the instructions for the Block Grant Pilot narrative.

#### **IN HOME AND FACILITY BASED RESPITE SERVICES:**

Challenges - Many families have articulated the need for Respite Services in the process of attending public hearings and through participation on committees and with advocacy organizations, and to their Supports Coordinators. Presently, we have two facility based respite options for adults and children in bordering counties, by utilizing vacancies in their community homes. Another respite option contracted for children and adults is with a provider using the Lifesharing through Family Living model. These options, due to distance or unavailability, have not been viable options in time of need. , Over the past two years we have utilized any community home vacancies in Luzerne-Wyoming Counties primarily for adults when emergencies have arisen. There are a great number of families who we are sure accurately report that both they and their family member would be better served by in-home Respite opportunities. For FY 14/15 Request for Proposal process we requested providers interested in implementing this service and only one provider response was received.

Planning Strategies – Since the intent of some families may benefit from “in-home respite” model, they may be offered use of this service with contracted home health agencies. Over the past 2 years we have also had two Home Health agencies that provide in-home respite options to the families. In addition, if families had relatives, friends, or neighbors, the AWC model was offered to arrange the support in FY 2013/14 and will continue in FY 2014/15.

#### **OTHER BLOCK GRANT APPLICATION INFORMATION:**

While referenced in other areas of this narrative, responses to planning information for the following consumer groups are as follows:

*Graduates:*

During the 2011-2012 school year, it was estimated that 29 students with intellectual disabilities would graduate and/or transition from schools and educational programs in June, 2012. Understanding that this is always an articulated concern and priority of families and advocacy, a decision was made by the MH/DS Program in April, 2012 to reserve approximately \$25,000 per person for services which these persons may require to successfully transition as adults in our community. Since that time, the total number of young people leaving school placements and requiring transitional services has grown to 39. However, we have also received a 10 "slot" waiver expansion through the 2012/2013 year's ODP graduate initiative. A second initiative for FY 2013/14 was provided to our county for 28 PFDS waiver slots to serve the 28 individuals we identified to the state. Therefore, planning for funding and services for all Luzerne-Wyoming graduates remains planned for and viable. Naturally, and consistent with the changing needs of all persons, as these graduates adjust to the transition out of school placement service adjustments will be required to assure continued choice and the best options for each person. As these needs change, funding may be sought through enrollment in Waiver services for some consumers while it is hoped that others may become involved in employment or innovative new programs like TRACE, thereby promoting greater competency and consumer independence as well as reduced needs for funding for services. This we believe is a thoughtful application of use of Base funds to meet the needs of consumers while having a vision for transitioning funding support to other sources to allow additional persons to be served with the confines of available financing.

*EPSDT AGE Out:*

This group of young people typically requires higher levels of community support due to greater medical complexity and consequent health and safety risks. As a result, services needed for this consumer group tend to require increased levels of financial support. Although the state does not provide waiver capacity for these individuals identified, the AE and SCO need to be pro-active in their planning activities to anticipate the funding needs of these individuals. Luzerne-Wyoming MH/DS had identified four young persons in this category for FY 2013-2014 that were prioritized for PFDS/ Consolidated waivers as slots became available. We needed to support these young people with Base funds until they can be enrolled in Waiver services. Once enrolled, we will attempt to supplement services over the \$30,000 cap. This is contingent on base funding availability. Some of these costs were as high as \$100,000.00; therefore consolidated slots when available will be assigned.

*People being released from jail:*

We had 2 individuals in FY 2013/14 who have been released from our local correction facility. When/if ID consumers become involved with law enforcement and are subsequently incarcerated, the MH/DS Supports Coordination Organization works closely with prison counseling staff, our mental health provider of outpatient services in both local prisons, probation offices, and the judiciary to divert persons from corrections

and in to appropriate levels of care available through the ID, Mental Health and overall human service system.

*RTF, APS, and C&Y involved transition youth:*

Young people leaving Residential Treatment Facilities (RTF) include those who age out at age 21, those young people who elect to leave placement at age 18, and persons from whom Health Choices has determined no longer meet medical necessity. While these young people are often multi-system involved, C&Y involvement become diminished or eliminated as persons turn 18 years of age. These factors result in approximately 10 young people annually leaving the RTF system who require supports including, but not limited to, highly structured residential placements, often at an annual cost exceeding \$200,000. For FY 2014/15 we are anticipating 12 individuals leaving RTF's and planning and funding for them will be a challenge for us to meet. In addition we have 2 individuals in private schools that we will also need to plan for. It is anticipated that there is one individual identified from an approved private school who will need residential planning and placement. The statewide provider network is not always able to serve these individuals from these facilities, which we have experienced in FY 2013/14. While efforts are made by all stakeholders to return these individuals to the support of natural families, the intensity of need for this group of young people often precludes family willingness and/or ability to meet health and safety needs in family homes.

*State Center Consumers:*

Both AE and SCO staff maintain a working relationship and perform visits and monitoring functions for 46 Luzerne-Wyoming consumers in State Centers. Our AE and SCO have been, and remain, actively involved in discharge planning for individuals identified as class members of the Benjamin litigation. During FY 2012/13 one person was discharged to a 4 person residential option. Currently, one person has been discharged to a four-person residential option developed locally and two other class members were considered for community options, if interested, but litigation presently has placed this "on hold." For FY 2013/14 one individual is planned for discharge to a one person high cost home.

**AGING CARE GIVER INITIATIVE:**

During FY 2013/14 we received waiver initiatives for 7 consumers who resided with aging caregivers (60 yrs. old or older), identified for Consolidated waiver capacity slots to serve their needs. Although ODP does not anticipate future Consolidated waiver funding specific to aging caregivers, this continues to be a significant problem in Luzerne County.

**OTHER LOCAL CONCERNS AND CHALLENGES:**

- **Growth in the Autism/ASD local population**—As a result of improved methods of diagnosis and identification, there appears to be a marked increase in persons with

Autism and Autism Spectrum Disorders being enrolled in both ID and MH services locally. While MH/DS has long-standing collaborative relationships with our local Autism Coalition and do have autism service expertise at the provider level, further analysis of this apparent trend will be necessary to adequately develop and maintain quality services for this population now and in the future.

**Young Adults/Adults Who are challenged with both Mental Health and ID Diagnoses**

- There has been a significant increase in individuals who have been dually diagnosed with both Mental Health and ID in our local area. It has been a challenge to identify residential providers statewide to successfully serve this population. When providers have been identified they have been unsuccessful in managing their complex needs and behaviors which resulted in termination of services. Consequently this has caused lengthy stays in inpatient psychiatric facilities, many times resulting in State Center admissions.

**CLOSING**

As we move forward in the Block Grant, the Developmental Services department and the entire MH/DS program looks forward to increased collaboration to improve access and quality of services, reduce administrative costs, and target greater financial commitment to the mission of direct services for consumers and their families.

**HOMELESS ASSISTANCE**

Luzerne County participates in a Continuum of Care with a Homeless Coalition that meets on a monthly basis. The Coalition is composed of staff from homeless service providers, human service providers, housing representatives, food and shelter representatives, employment services, local assistance office and community representatives. The mission of the coalition is to (1) be a seamless continuum of housing and supportive services for all homeless persons in Luzerne County; (2) coordinate activities and respectful interactions of providers, homeless individuals and advocates, and; (3) provide linkages and creative responses to problems.

Program Name:	Emergency Shelter
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>Y</b>	

Funding will be used for Emergency Shelter. There are two homeless shelters in Luzerne County, a men’s shelter (Mother Teresa’s Haven) and a women’s shelter (Ruth’s Place). Both shelters are members of the County’s Continuum of Care. The shelters collaborate with multiple social service agencies within the county to identify the needs of the homeless and provide coordinated services. These temporary shelters for the homeless offer a single place for a team of outreach workers from multiple agencies to meet with individuals and address specific needs. It serves as the first point of contact for many already faced with homelessness. It is estimated that 300 males and 264 females will be served by the shelters. Human Services Block Grant Funds are used along with Luzerne County CDBG and ESG funds, Wilkes-Barre City CDBG and ESG funds, United Way funding, and donations/funds raised on behalf of each of the shelters.

	<b>14-15</b>
Target Population	Any age
Estimated # of Individuals Served	300 males 264 females
Cost per year	5,000
Name of provider	Ruth’s Place Mother Teresa’s Haven

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

Bridge Housing provides transitional housing and program services to low income homeless or near-homeless women and their dependent children. The program includes assisting homeless individuals in whatever ways are necessary to return them to a self-sufficient and independent lifestyle. Participants work, actively seek employment, attend school or participate in job training and/or participate in community volunteer activities. A wide variety of services are provided including, but not limited to, transitional housing in a communal setting with private sleeping quarters; traditional case management; assistance with long-term goal planning; life skill counseling; parenting skills classes; and advocacy with other service providers to assure the widest range and most efficient delivery of services and assistance for those residents who may have been the victim of domestic violence. It is the next step, after emergency shelter, toward permanent housing for those who have found themselves thrust into homelessness. Many of the residents are placed here through the women’s emergency housing shelter. The Bridge Housing

program is operated through the Domestic Violence Service Center. Human Services funds for the program are supplemented with funding from the United Way, a minimum weekly rent requirement on the part of the participants based on a sliding fee scale and interest earned. An estimated 50 clients will be served during the fiscal year.

	<b>14-15</b>
Target Population	Low-income homeless or near homeless women and children
Estimated # of Individuals Served	50 women
Cost per year	142,240
Name of provider	Domestic Violence Service Center

<b>Program Name:</b>	Case Management
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<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	<b>Y</b>			
New implementation for 2014-2015	<b>N</b>			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	<b>N</b>			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>Y</b>	

Human Services funds are provided to the Commission on Economic Opportunity, Luzerne County’s designated housing support agency, to provide Case Management and Rental Assistance Services. The agency is designated as the lead agency on homelessness for the Luzerne County Continuum of Care. The case management program is part of the coordinated homeless services as provided by the Agency. Case management assists the homeless and near homeless population with coordination of supportive services necessary to achieve the highest level of self sufficient living. Clients are coordinated with the helping services they need from the service provider network and other community resources. Services are provided to anyone served through Emergency Shelter, Bridge Housing or Rental Assistance as part of the homeless assistance program. A major role of the case manager is to advocate for a homeless family in the social service and educational systems and in the search for permanent housing. An estimated 420 clients will be serviced through case management.

	<b>14-15</b>
Target Population	Homeless families
Estimated # of Individuals Served	420 clients
Cost per year	77,880
Name of provider	Commission on Economic Opportunity

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

Rental Assistance is also provided through the Commission on Economic Opportunity, often in conjunction with case management. The program addresses housing needs faced by low income individuals and families with children who are currently homeless or as a means to prevent homelessness. The Rental Assistance Program enables participants to acquire, improve, or maintain permanent housing. It is used to bridge the gap between emergency and/or transitional living arrangement programs and permanent housing. Funding is used to provide direct financial assistance such as rent, security deposits, mortgage, and utility payments to maintain individuals in their own residence. Emphasis is placed on preventing the individual or family from becoming homeless in the first place. The program provides assistance to intervene where an eviction is imminent and works to expedite the movement of people out of shelters into existing housing. People also receive training in budgeting and money management to help prevent future housing crises for the individual. Outreach services to the emergency and transitional shelters are also provided. Rental Assistance is one of the final steps in moving the individual from homelessness into independence and self-sufficiency in permanent housing. It is estimated that a total of 1530 clients will receive services through this program.

	<b>14-15</b>
Target Population	Homeless or near homeless families
Estimated # of Individuals Served	1530 clients
Cost per year	528,570
Name of provider	Commission on Economic Opportunity

The services offered under homeless assistance have been identified to provide a progression of assistance to the homeless or near-homeless as prescribed through the Continuum of Care. The preferred outcome is to prevent the individual or family from becoming homeless in the first place. Once the crisis is diverted, the emphasis is on helping the client maintain that permanent housing. Should a resident and/or their family find themselves homeless, the funded programs offer services to assist in the immediate crisis and return the client to permanent housing with the necessary support.

### **CHILD WELFARE HUMAN SERVICE NEEDS**

During the FY 13/14, Luzerne County Children and Youth participated in their first Quality Services Review (QSR). The QSR is an in-depth review process that examines the results for children/youth in protective care and their caregivers as well as the contributions made by local service providers and the system of care in producing quality results. The results of the review described an excellent working relationship with agency personnel and families felt they were well informed. Families reported appreciation for responsiveness from the agency to any question/concerns that arise and thought the training provided was helpful and appropriate.

The agency struggles with filling vacancies and retaining staff, both with tenure and new hires. The agency has also seen an increase in complaints, mostly having to do with timely communication, lack of progress in case planning, and subsidy disputes. Another ongoing issue is lack of timely payment to private providers. The county management team has been receptive to working with the Northeast Regional Office to help rectify problematic areas.

The agency identified areas of improvement in areas surrounding the engagement of fathers as caregivers, and efforts to timely permanence and teaming. The county implemented a County Improvement Plan in order to improve areas surrounding children and families. The agency also holds monthly Critical Case Reviews to discuss safely reducing placements, reunification of children with their biological families, improve timeliness and effectuate timely permanency for children when they cannot return home.

<b>Outcomes</b>		
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
Engagement: Role and Voice	<ol style="list-style-type: none"> <li>1. Ensure child and family involvement in the case planning process.</li> <li>2. To enhance the role and voice of staff within the functioning of the agency.</li> </ol>	
Teaming	<ol style="list-style-type: none"> <li>1. Improve the degree to which appropriate members of all systems are identified and formed into a working team that shares a common understanding and long term view of the child/youth and family.</li> <li>2. Promote internal teamwork to create an environment that supports productivity in working toward the common goals of safety, permanency and well-being.</li> </ol>	
Maintaining Family Relationships	<ol style="list-style-type: none"> <li>1. Improve the quality of relationships between the child and his/her family members and/or significant other people in the child's life.</li> <li>2. To provide staff with opportunities for positive interactions that are emotionally supportive and mutually beneficial.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Critical Case Reviews are conducted to review the safety and risk factors which may result in the need for out of home care.	<ul style="list-style-type: none"> <li>• Decision making for child placement</li> <li>• Shared Case Responsibility</li> <li>• Monthly</li> </ul>	<p>Family Group Decision Making</p> <p>Functional Family Therapy</p> <p>Truancy</p>
Participants will demonstrate an increase in school attendance	<ul style="list-style-type: none"> <li>• 50% of participants will improve their attendance patterns</li> </ul>	Truancy Intervention

	<ul style="list-style-type: none"> <li>• Quarterly results</li> </ul>	
All children, parents, family members, and caretakers will be invited to case planning meetings and court hearings as appropriate.	<ul style="list-style-type: none"> <li>• Case documentation of the invitation</li> <li>• FSP Participant sheet</li> <li>• Family Team/FGDM Conference completed as appropriate</li> </ul> <p>Frequency: Immediate and Ongoing</p>	Family Group Decision Making
All identified team members will be provided with a copy of the Family Service Plan and/or FTC/FGDM Plan.	<ul style="list-style-type: none"> <li>• Documentation in the case record that plans were provided to all team members</li> </ul> <p>Frequency: Immediate and Ongoing</p>	Family Group Decision Making
A “family connections” plan will be developed and implemented for each case.	<ul style="list-style-type: none"> <li>• All children being served by the agency will have family connections identified.</li> </ul>	Family Group Decision Making Family Finding

**EVIDENCE BASED SERVICES**

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

Luzerne County JPO and C&Y have been offering Multi-Systemic Therapy (MST) through Community Solutions. All cases during the FY 13/14 have been fully MA funded. Luzerne County JPO and C&Y will seek block grant funds as a stop gap between the initial referral to the program and the acceptance through medical assistance and for any youth in need of the service who is unable to secure medical assistance. However, during this time period, no bridge funds were used, we are not requesting funds for this program in FY 14/15.

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

FFT will continue to assist in having a positive impact on service delivery and child and family outcomes by continuing to assist in safely reducing the number of children in substitute care and/or safely maintaining children in their own home.

	13-14	14-15
Target Population	10-18	10-18
# of Referrals	76 children 42 parents	76 children 42 parents
# Successfully completing program	49	49
Cost per year	26,000	26,000
Per Diem Cost/Program funded amount	20.13 quarter hour	20.13 quarter hour
Name of provider	Children's Service Center	Children's Service Center

The service outcomes that Luzerne County expects to achieve as a result of providing these services are as follows:

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Clients in the FFT Program will not have new legal charges filed while active in the program.	60% of clients in the FFT program will not have new charges filed while active in the program as evidenced by the county JPO and responses on the Client Outcome Measure – Parent (COM-P), and police records.	Functional Family Therapy

<p>Clients in the FFT Program will not be suspended from school while active in the program.</p>	<p>60% of clients in the FFT Program will not be suspended from school while active in the program as evidenced by school records, &amp; completion of (COM-P).</p>	<p>Functional Family Therapy</p>
<p>Clients in the FFT Program will have an increase in school attendance.</p>	<p>50% of clients in the FFT program will have an increase in school attendance as evidenced by school records and FFT therapy documentation.</p>	<p>Functional Family Therapy</p>
<p>Clients in the FFT Program will not be charged with a violation of the drug, tobacco and alcohol laws while active in the program.</p>	<p>75% of clients in the FFT program will not be charged with a violation of the drug, tobacco and alcohol laws while active in the program as evidenced by the County JPO, police records and the FFT therapist.</p>	<p>Functional Family Therapy</p>
<p>Clients in the FFT Program will remain out of placement while active in the program: RTF, Juvenile Detention &amp; Hospitalization.</p>	<p>60% of clients in the FFT program will remain in the home while active in the program as evidenced by the county JPO, C &amp; Y, MH/MR and the parents.</p>	<p>Functional Family Therapy</p>
<p>Clients in the FFT Program will not exceed (1) after hours emergency contact in a 24- hour period.</p>	<p>60% of clients in the FFT program will not exceed (1) after hours contact in a 24 hour period as evidenced by FFT tracking records.</p>	<p>Functional Family Therapy</p>

Outcomes will be measured by Children’s Service Center quarterly and forwarded to Luzerne County Children and Youth Services.

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

Through participation in Family Group Decision Making, families are able to identify services and supports they feel need to be put in to place to either prevent the placement of their children or shorten the amount of time their will children remain in placement. In addition, potential kinship resources are often identified during the initial stages of the FGDM process.

	13-14	14-15
Target Population	All Residents of Luzerne County	Children and Families, who are involved with Luzerne County Children & Youth
# of Referrals	150	150
# Successfully completing program	100	100
Cost per year	188,827	188,827
Per Diem Cost/Program funded amount	Unsuccessful Referral- \$250 No Conference Held \$1,000 FGDM Conference Held \$3,000	Unsuccessful Referral- \$250 No Conference Held \$1,000 FGDM Conference Held \$3,000
Name of provider	Family Service Association	Family Service Association

The service outcomes that Luzerne County expects to achieve as a result of providing these services are as follows:

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Increase the number of referrals going to conference.	The provider will send Monthly reports to be provided to CY regarding the status of each referral	FGDM
Increased compliance with the plan.	Communication between the provider and CY casework staff will continue after the conference via Surveys or other acceptable means requesting the status of the compliance with the plan at 2 months, 4 months and 6 months following the conference of each referral. Reports will be sent to CY monthly	FGDM
Increase the number or conferences reconvening when the plans are not being followed and/or the purpose is not being met	The provider will send a monthly report to CY will include which cases are in need of a follow up conference and the dates of the conference.	FGDM
Increase the average amount of participants in a conference.	The provider will provide CY with information on each case regarding methods used to Widening the Circle. CY will be provided the name and number of individuals who were invited and who and how many actually participated on each conference.	FGDM

The outcomes expected to be achieved are placement prevention, reduction in amount of time in placement, the identification of positive supports for families and lifelong connections for youth. In addition to the previously mentioned outcomes, the following information is also tracked: number of referrals, number of families served, number of

successful referrals, number of conferences held, and number of conferences deferred. FGDM outcomes are tracked monthly by the Quality Assurance Unit in conjunction with Family Service Association.

Program Name:	Intensive Family Reunification Service
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Status	Enter Y or N			
	Continuation from 2013-2014	N		
New implementation for 2014-2015	Y			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X		

The primary goal of Intensive Family Reunification Services (IFRS) is to reunite children in out-of-home placement with their identified families through the provision of consistent, intensive, short-term home-based interventions. In addition, IFRS will provide support to families in correcting the conditions which led to their child(ren)'s removal and build protective factors, thus enabling the families to safely parent their child(ren) in their own home.

	14-15
Target Population	Placement Children & Families
# of Referrals	51
# Successfully completing program	
Estimated Cost per year	187,575
Per Diem Cost/Program funded amount	
Name of provider	

The outcomes expected to be achieved are reduction in behaviors that warrant placements, reduction in amount of time in placement, the identification of positive supports for families and lifelong connections for youth.

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Reduction in recidivist behavior necessitating future LCCYS involvement	<ul style="list-style-type: none"> <li>• Readmission rates</li> <li>• North Carolina Family Assessment Scale</li> </ul> Frequency: Quarterly	IFRS
Reduction in time in placement	Placement Days  Frequency: Quarterly, Case by Case Basis	IFRS
Enhanced personal support network	# of members participating in services  Frequency: Quarterly	IFRS
Improved compliance with expectations without IFRS initiation	Referrals to agency  Frequency: Monthly	IFRS

**PROMISING PRACTICE DELINQUENT**

<b>Program Name:</b>	Evening Reporting Center
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<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	<b>N</b>			
New implementation for 2014-2015	<b>N</b>			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	<b>Y</b>			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			N	

For our promising practice program JPO has used funds for the FY 2013/14 to support an evening reporting center (ERC) for pre-adjudicated and adjudicated youth in Luzerne County. Evening reporting center programs are community-based alternatives to secure detention for adolescent youth. They strive to keep youth in their communities while keeping the communities safe. JPO is in the research phase of developing this program and therefore no specific provider or absolute rate has been established.

	<b>13-14</b>
Target Population	10-21
# of Referrals	57
# Successfully completing program	N/A
Cost per year	83,307
Per Diem Cost/Program funded amount	\$87.00
# of MA referrals	N/A
# of Non MA referrals	N/A
Name of provider	Vision Quest

The service outcomes that Luzerne County expects to achieve as a result of this service are as follows:

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Youth will not commit new crimes while in program.	Criminal records, 6 & 12 month frequencies	Evening Reporting Center
Youth will increase their attendance at Judicial Hearings.	Attendance at hearings, 6 & 12 month frequencies	Evening Reporting Center
Youth will increase their school attendance.	District attendance reports, each school marking period.	Evening Reporting Center

### HOUSING INITIATIVE

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

The Housing Initiative Grant has been very advantageous to many of the families that we serve. Placement prevention has occurred by providing families who are facing

homelessness with the financial means necessary to avoid eviction due to non-payment of rent, loss of utilities and/or substandard housing. Numerous families have benefited from this grant by acquiring the financial assistance necessary to purchase materials necessary to keep their homes free of safety hazards such as the purchase of cleaning supplies, bedding, vacuum cleaners, and dumpsters.

Funds have/will continue to be utilized to preserve the family unit and avoid placement by offering short-term hotel stays for homeless families and IL youth.

Families can receive financial assistance in paying for all of the additional expenses that are incurred when setting up a new residence. Unfortunately, families often lose their eligibility for Section VIII and/or county housing developments when their children enter the foster care system. When families have identified that housing is an issue for their children to be returned to their care/custody this grant can assisted them with rental deposits, utility fees, furniture and household goods. These families are also referred to the C&Y Family Unification / Section VIII program to assure that they will be able to maintain the family home.

The C&Y Independent Living Program will also utilize these funds to enhance their current programming. The ILP offers youth aging out of foster care many options to assist them in their transition to successful independence. The Housing Initiative will assist in providing stipends and “start up” funds to delinquent and dependent youth aging out of foster care. These funds will be especially useful to those youth who are leaving the foster care system after Board Extensions. Many of these youth will need funds (which they can no longer get through IL) to assist in obtaining safe, affordable housing.

	<b>13-14</b>	<b>14-15</b>
Target Population	SAME	SAME
# of Referrals	220	220
# Successfully completing program	N/A	N/A
Cost per year	16,444	16,444
Per Diem Cost/Program funded amount	600.00 PER FAMILY	600.00 PER FAMILY
# of MA referrals	N/A	N/A
# of Non MA referrals	N/A	N/A
Name of provider	LCCYS	LCCYS

The service outcomes that Luzerne County expects to achieve as a result of this service are as follows:

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Decrease number of children being placed.	Quarterly report of placement numbers	Housing Initiative
Increase time of reunification of families by assisting delinquent and dependent children who are transitioning out of the foster care system.	Quarterly reports of foster care children reunifying with family	Housing Initiative

C&Y plans to continue to use funds, based on need to assist families in acquiring/maintaining safe, affordable housing and assuring the safety of children.

**ALTERNATIVES TO TRUANCY**

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

Increased use of the Truancy Intervention Program will enable a positive intervention prior to a student facing magistrate fines and possible involvement with the Juvenile Probation Department when fines are not paid. Unfortunately, many families find themselves brought before the magistrate after numerous absences and it is too late for the child to catch up on academics and he/she will likely fail the school year. Early Identification by the school districts is a key to the success of this program. The Bridge Youth Services has been actively promoting their Truancy Program to the Luzerne Intermediate Unit and all of the 11 school districts within the county. Their visibility within the school community has been an asset. Youth and families at risk are being identified early in the school year by many districts. Efforts are continuing to be made to engage all of the school districts.

	<b>13-14</b>	<b>14-15</b>
Target Population	Truant students & their families	Truant students & their families
# of Referrals	90	90
# Successfully completing program	80	80
Cost per year	150,000	70,500
Per Diem Cost/Program funded amount	1,680	1,680
# of MA referrals	0	0
# of Non MA referrals	70	70
Name of provider	CSS/The Bridge	CSS/The Bridge

The service outcomes that Luzerne County expects to achieve as a result of these services are as follows:

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
50% of participants will improve their attendance patterns.	Quarterly report on closed cases	Truancy Intervention
50% of participants will enhance their academic experience and viewpoint.	Quarterly report on closed cases	Truancy Intervention
50% of participants will gain an understanding of personal growth and responsibility.	Quarterly report on closed cases.	Truancy Intervention

Youth who engage in the Truancy Intervention Program will have an increase in school attendance and will gain an increase in educational and social competence. They will enhance their inter-personal skills to better prepare themselves for the many issues surrounding truant behavior.

The Bridge Youth Services utilizes a *Family Advocacy and School Team – Outcome Indicators Rating Scale* to measure gains that youth make as a result of their involvement with the Truancy Intervention Program. Three areas of functioning with numerous subcategories include; Increase in Self-confidence, Enhanced Social Competencies and Improved Interpersonal Skills. These outcomes will be measured on a quarterly basis.

The County expects to see a decrease in the number of truancy citations filed by the school districts to local magistrates, as well as, dependency actions filed in Luzerne County Family Court as a result of truancy. Thus, C&Y expects to see a decrease in the number of families opened for services at the agency due to truancy issues. All of these statistics will be measured quarterly.

**DRUG AND ALCOHOL NARRATIVE**

Program Name:	Outpatient, Intensive Outpatient, Inpatient Services
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>Y</b>	<b>*Y</b>

\*Includes purchasing of outpatient and intensive outpatient services through HSDF Block Grant

**Description of Program Services**

**BHSI**

These funds are to serve those individuals who are uninsured, who do not have insurance that covers the service they need, or cannot obtain Medical Assistance benefits. Luzerne –Wyoming Counties Drug and Alcohol always targeted the people who were most in need, who without drug and alcohol treatment would likely become the responsibility of another system (i.e. Criminal Justice, Children and Youth, Mental Health/ etc...)

The intent of BHSI is to provide persons in serious need of substance abuse services access to the full continuum of drug and alcohol treatment affording clients the opportunity for recovery.

BHSI funding is available for administrative and care management services. BHSI can also be used for client support services.

BHSI has not been an entitlement and has only been given to each client who qualifies financially and clinically for this funding stream. The allocation is carefully monitored each month.

Luzerne – Wyoming Counties over the past fiscal year has utilized BHSI funding in the following categories:

Inpatient	182 clients
Administration	10%
Case Management	182 clients were screened, assessed or re-assessed using these funds.

For the Fiscal Year 2013/2014 the Allocation was \$406,724.00. This funding stream received a 10% reduction. The allocation breakdown by County for this fiscal year will be 92% to Luzerne County and 8% to Wyoming County. The Luzerne/Wyoming County SCA will be utilizing BHSI funding during the Fiscal Year 2014/2015 to purchase outpatient and intensive outpatient services in the amount of \$30,115.00. This flexibility with these funds will allow us to better match patient needs with treatment levels of care.

## **HSDF/ACT 152**

There are 6 full-time employees in the Case Management Unit. Currently, there are four Case Managers, one Clerk Typist II, and one Case Management Supervisor. Each Case Manager assesses three clients per day, for a total of 12 clients assessed per day.

The Case Management Unit completes a screening tool for each individual that calls. Emergent care is identified in this process. If it deems necessary for the client to be in detox immediately, arrangements for these clients are made so that the client can be placed as soon as there is a detox bed available between the different contracted providers within the State.

Assessments are scheduled within seven days, to determine the level of care for treatment that is appropriate for the client. The level of care indentified for the client includes: detox, rehab, or halfway house. Assessments also determine if the client meets criteria for out-patient, intensive out-patient, or partial hospitalization. There were 217 assessments completed for ACT 152 funded clients in the past fiscal year.

Intensive Case Management and Case Coordination are conducted by the Case Managers. Case Management occurs on a daily basis between our unit and the providers.

The allocation Act 152 allocation for FY 2013/2014 was \$688,115. This funding stream received a 10% reduction. The allocation breakdown by County for this fiscal year will be 92% to Luzerne County and 8% to Wyoming County.

Luzerne-Wyoming Counties Drug and Alcohol Program will utilize the Human Services Block Grant/Act 152 funding for those individuals identified as eligible for non MA/BHSI. This will allow the SCA to better meet the needs of the overall population presenting for drug and alcohol treatment. In Act 80 of 2012 legislation provides for the use of Drug & Alcohol Block Grant funds historically known as Act 152 to be used to fund Drug & Alcohol treatment and prevention in multiple settings

	<b>14-15</b>
Target Population	Low-income individuals of all ages
Estimated # of Individuals Served	450 to 500
Cost per year	1,072,994
Name of providers	CHOICES, Clearbrook, Clem Mar, Firetree, Gaudenzia, Pyramid Healthcare, White Deer Run, and Wyoming Valley A. & D. Services

Program Name:	Case Management
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>Y</b>	

**Description of Service:** **Drug and Alcohol Level of Care Assessment** is a face-to-face evaluation of the client to ascertain treatment needs based upon the degree of severity of alcohol and other drug use, as well as the social, physical, and psychological effects of the substance use.

The drug and alcohol level of care assessment identifies the strengths and needs of the client in order to determine the appropriate service and/or treatment modality. The assessment includes the application of the Pennsylvania Client Placement Criteria (PCPC) for clients age 18 and above or the American Society of Addiction Medicine Patient Placement Criteria Revised (ASAM PPC 2R) criteria for clients under the age of 18 to determine the appropriate level of care. (Source: PA Office of Mental Health and Substance Abuse Services definition).

**Program Philosophy:** Substance abuse and dependence are primary diseases, not symptoms of other underlying conditions. Substance abuse disorders can be diagnosed, are responsive to treatment, and are complex behavioral disabilities usually having chronic medical, social and psychological components, which result in multiple negative consequences. Substance abuse and dependence related problems affect not only the dependent individual, but other family members, particularly children. Denial is a central characteristic or symptom of substance abuse and dependence that complicates an individual's ability to acknowledge a problem. Listed below are the principles of effective treatment:

- Treatment needs to be available.
- No single treatment is appropriate for all individuals.
- Effective treatment attends to multiple needs of the individual, not just his or her drug/alcohol use.
- Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

- Treatment should be client specific.
- Counseling (individual and group) and other behavioral therapies are critical components of effective treatment for addiction.
- Self-help groups, such as Alcoholics Anonymous, Narcotics Anonymous, and Double Trouble, are essential adjuncts to the treatment process.
- Medications are an important element of treatment for many patients.
- Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.
- Treatment does not need to be voluntary to be effective.
- Persons recovering from alcoholism or other drug dependencies are viewed as important resources in the statewide service system. Source: Health Choices Behavioral Health Program Standards and Requirements, Appendix J, 3<sup>rd</sup> Edition

### **Program Goals:**

- Access the appropriate level of care for treatment placement.
- Identify the person's severity of alcohol and drug use.
- Identify the person's strengths and weaknesses.

### **Program Objectives:**

- Assess the appropriate level of care.
- Provide face-to-face evaluation.
- Utilize standard criteria (PCPC for clients age 18 and over, or ASAM for clients under 18 years of age).

### **Expected Outcomes:**

- Assess the appropriate level of care for treatment placement:
  - - rate of clients who receive an assessment, and
  - - rate of provider compliance with standard criteria (PCPC for clients age 18 and over, or ASAM for clients under 18 years of age)
- Identify the persons' severity of alcohol and drug use, and the person's strengths and weaknesses:
  - - rate of clients who have a written narrative that identifies the severity of alcohol and drug use in the medical record, and
  - - rate of clients who have a written narrative that includes strengths and weaknesses in the medical record.

### **Recovery Oriented Services**

During the reporting period the SCA assessed the current recovery resources available in Luzerne and Wyoming Counties. The SCA has identified the following recovery support:

- Very strong AA and NA Fellowships
- Three Recovery Houses
  - a. Crossing Over
  - b. Oxford House
  - c. Two privately owned Sober Houses
- One active Clubhouse in the Dallas Area
- Five active Alumni Groups

- a. A Better Today
- b. Clem-Mar
- c. Clearbrook
- d. CHOICES
- e. Salvation Army
- Two very active Families Helping Families Meetings, one in each County.

In analyzing the gaps in resources available to the recovering community, the Luzerne and Wyoming Counties SCA has identified a lack of available adolescent AA/NA Meetings, a lack of AI/Anon Meetings and a lack of AI-Ateen Meetings in both counties.

The SCA is currently participating in a Recovery Oriented reinvestment initiative which has two (2) main components:

- Creation of a Certified Recovery Specialist workforce which will increase peer support for individuals in early recovery
- Development of a Recovery Support Center which will give individuals and their families a safe and supportive environment for their recovery process.

### **DDAP Measures for Performance**

The SCA must adhere to the following performance measures related to timely access to assessment and admission to treatment. Individuals are expected to be assessed or admitted to treatment within established timeframe requirements. SCAs must meet DDAP established benchmarks, as follows:

Fiscal Year 2010-2011: 9% or less waits longer than 7 days for assessment  
 Fiscal Year 2011-2012: 8% or less waits longer than 7 days for assessment  
 Fiscal Year 2012-2013: 7% or less waits longer than 7 days for assessment  
 Fiscal Year 2013-2014: 6% or less waits longer than 7 days for assessment  
 Fiscal Year 2014-2015: 5% or less waits longer than 7 days for assessment

Luzerne-Wyoming Counties Drug and Alcohol Program will utilize the Human Services Block Grant/Act 152 funding for those individuals identified as eligible for non MA/BHSI. This will allow the SCA to better meet the needs of the overall population presenting for drug and alcohol treatment. In Act 80 of 2012 legislation provides for the use of Drug & Alcohol Block Grant funds historically known as Act 152 to be used to fund Drug & Alcohol treatment and prevention in multiple settings.

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

Again, the flexibility of ACT 152 funds to be used for non-MA/BHSI eligible individuals would assure that those individuals who are working with low-incomes, and/or receiving unemployment benefits have the opportunity to access care as needed.

The Case Management has been very successful in managing the ACT 152 and BHSI funds in the past. This flexibility will allow greater access to more levels of care, thus better meeting the clients' needs. We appreciate your consideration for this waiver request.

	<b>14-15</b>
Target Population	Low-income individual of all ages
Estimated # of Individuals Served	400 to 425
Cost per year	60,922
Name of provider	Luzerne-Wyoming Cos. Case Management Unit

**HUMAN SERVICES AND SUPPORTS**

**ADULT SERVICES**

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

The Human Services Development Fund will be used to provide a number of services to the Adult community in Luzerne County. Funding will be used for Homemaker services; Home Delivered Meals; Housing; and Information and Referral. A number of these services have been coordinated to help individuals maintain an independent lifestyle within the community. Home Delivered Meals will provide meals for homebound disabled Luzerne County residents age 18 through 59 who are attempting

to maintain their independent living and are considered at risk nutritionally. The program provides at least one nutritious, well-balanced meal per day along with supplementary groceries. Due to geographic location, low income, or special diet, these individuals are not able to access other nutritional feeding programs. Over 90% of the population served through Home Delivered Meals lives alone, while the remainder lives with elderly parents. Approximately 52 individuals will be served under this program. The population over 59 receives this service through the Area Agency on Aging and this program will extend that service to the remaining adult population with special needs who would not be eligible under other programs.

	<b>14-15</b>
Target Population	Homebound, Disabled Residents, Age 18-59
Estimated # of Individuals Served	52 individuals
Cost per year	45,750
Name of provider	Commission on Economic Opportunity

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

Homemaker Services consists of activities provided in one's own home to prevent or minimize the need for institutional care and to prevent eviction due to poor housekeeping standards. The program will be used to service Luzerne County residents between the ages of 18 and 59 who might otherwise not be eligible under any other program and who meet established guidelines. Homemaker Services after age 60 are then covered through the Area Agency on Aging. It is estimated that 10 clients will be served through this program. Approximately 86% of the participants to be served live alone with the other 14% living with a spouse or dependent child. A wide variety of services will be provided including: emergency basis personal care or home help; personal care on an ongoing basis; instructional services; caretaker relief; and home help on an ongoing basis.

The Homemaker and Home-Delivered Meals programs are designed to be integral components of an overall in home service system where persons with multiple needs can receive necessary services in an efficient and coordinated manner. The desired outcomes will be the maintenance of independent living through increased self-sufficiency and the prevention of unnecessary hospitalization/institutionalization of participants.

	<b>14-15</b>
Target Population	Residents (Not Eligible for Other Programs), Age 18-59
Estimated # of Individuals Served	10 individuals
Cost per year	18,600
Name of provider	Commission on Economic Opportunity

Outcomes for Home-Delivered Meals and Homemaker Services will be assessed by the number of days of independent living experienced by clients receiving services. Participants will maintain their ability to reside in the community; avoid nutritional deterioration; and gain increased dependency.

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

Housing Services will also be funded under this portion of the grant. These services will consist of activities to enable persons to locate, secure and/or retain adequate permanent housing. The Luzerne County population served will be households where the head of the household is between the ages of 18 and 59 and the household meets established financial and eligibility requirements. An estimated 480 clients will be

served through this program. The service is designed to work in conjunction with other programs in the County with the combined goal to reduce or prevent homelessness. The Housing Program provides the staffing component for the Homeless Assistance Program, HUD funded Supportive Housing and Shelter Plus Care Programs, and HUD Comprehensive Housing Counseling as a match and/or leverage resource. The program assists families and individuals to attain a permanent housing arrangement as they move from a situation of homelessness or inadequate, unsafe housing or to retain housing if they are currently facing a near homeless episode such as magisterial eviction, fire victims, or some other event caused by poor economic conditions. A number of current conditions in the county have greatly affected efforts to secure housing for families. Economic conditions; lack of subsidized housing; escalation of rental unit cost in the private market and natural disasters have increased the time and resources necessary to help residents secure adequate housing. Assistance with these issues is imperative to the success of the County's initiative to reduce homelessness.

	<b>14-15</b>
Target Population	Head of Household, Age 18-59, Require Eligibility
Estimated # of Individuals Served	480 clients
Cost per year	110,361
Name of provider	Commission on Economic Opportunity

Housing Services are concrete. The desired outcome of this service is for 70% of the families requesting assistance to acquire permanent housing , or retain their existing housing; 90% of the families will receive emergency shelter until a more permanent solution to their housing problem can be achieved and 100% of the emergency situations will be resolved. The Housing Program will help renters and homeowners become more self-sufficient. Human Service Block Grant funds are used as a match and/or leverage resources for the HUD Continuum of Care Housing Program. HUD funding is limited and the use of supplemental resources, including local funds, is encouraged to address the needs of the homeless. Staff time for Rental Assistance and Case Management Services under the Homeless Assistance programs are utilized in conjunction with Housing Services to assist the participants. This staff time is crucial to the comprehensive delivery of services. The demand for these services in the community far outweighs the available resources. In an effort to maintain a cost/benefit approach to social service delivery, a coordination of these services is funded between Homeless Assistance Funds and Human Services Needs Funds.

## GENERIC SERVICES

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

Information and Referral services include Help Line, a 24/7 telephone information and referral and after-hours crisis first responder program serving the residents, communities and service providers of Luzerne and Wyoming Counties. The service provides trained casework staff; a toll free number and translator services for over one-hundred languages and dialects. A free telephone reassurance service to assist frail adults who have chosen to remain in their home instead of a more structured restrictive setting is also provided through Help Line. It is anticipated this program will service 95,000 individuals. Under this funding, Help Line will provide a brief assessment of the caller’s problem to make an appropriate referral; provide relevant information on and referral to community resources or making available the needed service; and follow-up, as appropriate. This program works with all of the Human Services Agencies in providing service to the community. Usage of the information & referral services has continued to increase. Natural disasters, changes in the economy and community issues have contributed to the need. Often times this service is the front line resource in keeping people from homelessness, hospitalization or institutionalization as they are matched to the appropriate services, including those mentioned in this narrative. Outcomes are addressed as the success in addressing I & R requests as “met” or “unmet”. Human Services funding along with United Way funds, donations, and other sources of local public funds are coordinated to maintain the 24/7 service.

	14-15
Target Population	Luzerne County Residents
Estimated # of Individuals Served	95,000 clients
Cost per year	76,488
Name of provider	Family Services Association of NE PA

Social Rehabilitation Services included under the prior Human Services Development Fund through the Mental Health/ Developmental Services Categorical has now been incorporated under Mental Health Services in this plan. This will serve 18

clients with an allocation of \$25,300. The program is also supplemented by a contract with Luzerne County utilizing general fund money and federal funds. The program serves low-income, homeless young adults, ages 18-25 years old with a disabling condition. Generally, these are individuals that most likely have experience in the child welfare system or have little, if any, family support system. These young adults are struggling for self-sufficiency and independence and are also likely to be involved in the adult mental health system. The program provides a safe environment and additional support to build the skills and resources needed to establish and maintain permanent housing. The desired outcome, as with other programs funded under human services, is to avoid homelessness. This will be measured by the number of participants who move into permanent housing. It is anticipated that at least 71% of those who leave the program will meet this outcome.

All of the services funded under Adult Services are designed to help individuals maintain their independence in the community. The programs are in keeping with Luzerne County’s mission to reduce the need for residents to be hospitalized and/or institutionalized, increasing their self-sufficiency, and thereby meeting the community’s needs in a more cost saving manner. These funds are designed to reach that population that might otherwise “fall through the cracks” because they do not qualify for services under other programs.

### SPECIALIZED SERVICES

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

Luzerne County will use these funds to provide a High-Rise Outreach Program. This service helps the disabled high-rise population who is isolated, with diverse needs, and is at risk of losing self sufficiency, with whatever will aid in keeping them out of a nursing home. The target clientele include frail elderly and adults with physical and cognitive disabilities who reside in federally subsidized city high-rises. Outreach workers provide on-site social, educational and emotional support in an effort to promote the dignity and independence of each individual. Some of the services provided include exercise classes, referrals to other social agencies, assisting residents with appointments, medication counseling, referrals to physicians, assisting residence in the completion and understanding of documents and forms, housekeeping assistance, phone calls and family contacts, arranging transportation, and providing social events. Age-peer workers identify the strengths and weaknesses of the individual’s living environment. They instruct and counsel regarding community resources and assist with the referral process. Workers

regularly monitor the levels of progress. Health screenings and exercise programs are provided for residents, as well as, educational and social programs. The population served through this program crosses categorical lines. This type of services is no longer provided by the Area Agency on Aging (AAA). The AAA however, does fund five part-time outreach worker positions through the Senior Aide Employment Program and AAA staff members provide education and training to the outreach staff. Additional funding for the program comes through fund-raising and through the Sisters of Mercy, Mid-Atlantic Community. It is estimated that 350 unduplicated clients all aged 18 and above will be served.

	<b>14-15</b>
Target Population	Age 18 +
Estimated # of Individuals Served	350 clients
Cost per year	24,558
Name of provider	Project Remain – Sisters of Mercy

### **INTERAGENCY COORDINATION**

The Office of Human Services (OHS) serves as the primary management link for the categorical programs: Children and Youth Services, Mental Health/Developmental Services (MH/DS), Drug and Alcohol Program (D&A), Area Agency on Aging (AAA), as well as, Veteran’s Services. The Human Services Director works with the Agency Administrators in developing their annual management plans and is responsible for executing the human service policy goals of the county. The Director facilitates coordination, interagency service delivery, program planning and budget development and management.

The Office of Human Services uses categorical staff to coordinate planning, fiscal and training issues. OHS provides a Program Coordinator, specifically assigned to work with the Drug Court and Mental Health Court, as well as, with categorical and community agencies to identify community needs and develop programs. This staff person has served as a coordinator between MH/DS, NAMI, community mental health providers and local law enforcement to establish training for a Crisis Intervention Team (CIT), to facilitate better understanding and treatment of individuals with mental health needs among the law enforcement community. The Project Coordinator also serves as chairman of the Criminal Justice Advisory Board (CJAB) which brings together representatives from the human services agencies, courts, probation, the county jail and law enforcement to collaborate and develop a plan to meet the needs of the community. The Board accepts for recommendation funding initiatives and grant proposals which meet the long-term goals of the established plan.

OHS also employs a Fiscal Officer/Contract Manager who assists with contracts within all of the categoricals, as well as, helps with quality management of the contracts. This aids in the identification of a duplication of services and identifies areas where coordination can be achieved to insure the delivery of services occurs in the most efficient and effective manner. The MH/DS Fiscal Officer administers a Shelter Plus Care Grant through HUD to provide permanent housing to homeless individuals with a disability. The program brings together representatives from the lead agency for housing in the county (CEO); representatives for each of the categoricals, homeless shelters, behavioral health providers and the local assistance office; as well as the LINK coordinator. In collaboration at monthly meetings, the Shelter Plus Care Committee discusses the needs of individuals who have become part of the homeless community to identify the best means to provide permanent housing for these individuals, and to identify ways to meet the specific needs of these clients so they can maintain that housing. Housing plus supportive services are the identifiable outcome bringing together a number of community resources to achieve success for the client.

The OHS Director has been actively involved on several United Way of Wyoming Valley Committees including the Increasing Financial Stability Committee; Advancing Personal Development Committee; and Improving Educational Opportunities Committee.

The Office of Human Services and the United Way have partnered on a number of community issues designed to facilitate community awareness of social services issues and obtain community feedback on services to improve these issues. The OHS Director attends quarterly meetings with United Way staff and representatives of the programs they fund. These meetings have facilitated conversation on the coordination of services and have helped the flow of information to insure needs in the community are met.

The Office of Human Services has implemented Task Forces to address comprehensive, coordinated initiatives developed during the planning process. Task Force memberships include the categorical agencies, local business partners, educators, consumers, Board members, court related staff and representatives of private providers.

Most recently the Suicide Prevention Task Force was re-organized and brought together to address a string of juvenile suicides that occurred in the community within a week's time period. The goal was to coordinate services, information and support for the community dealing with an immediate crisis and to provide for that support in a permanent on-going manner. Local private funding organizations were brought to the table for identification of financial resources that might be necessary to disseminate the information.

Most recently, OHS, along with Children and Youth Services, have collaborated to establish a Communities that Care Committee. This committee was combined with an already existing "No Wrong Door" initiative. The Committee meets monthly to discuss, pursue, and obtain grants that would support the community. It is comprised of employees in the categoricals and significant personnel from outside agencies and the community. Emphasis continues to be placed on identifying and including additional

members of the community on this committee. Some of the major issues being discussed by the committee are truancy, as well as, the need for “evidence-based” programs. The Committee is looking for ways to fund a “mobilizer” to coordinate and facilitate activities.

A Nursing Home Transition Team has also been created. The OHS Director, staff from the Area Agency on Aging, a representative from the local Center for Independent Living, a Housing Specialist, the LINK coordinator and directors of the local housing authorities have been brought together to identify barriers for those seeking transition from nursing homes to independent living in the community. Solutions are identified and plans developed for providing education and training to housing authority staff and private landlords to encourage cooperation.

A staff member from OHS participates in the Homeless Coalition, part of the Luzerne County Continuum of Care. This coalition is comprised of staff of emergency and transitional housing programs, housing support staff, county representatives, housing agencies, assistance agencies, community members, and service agencies. The meetings are to identify the housing needs of the community with an emphasis on preventing homelessness. A coordinated continuum of care to meet the needs of the homeless is encouraged through the gathering and analysis of homeless statistics.

Interagency coordination funds will be utilized to continue this cooperation to identify and address the important issues and needs facing Luzerne County residents. The desired outcome is to coordinate services and funding so the client is served in the most direct and efficient manner.

### **REQUEST FOR WAIVER UNDER SPECIALIZED SERVICES**

Luzerne County is requesting a Human Services Block Grant waiver of income eligibility option for the specialized service, Project Remains’ High Rise Outreach Program. The waiver will assist the county in meeting the special needs of this program’s population.

Project Remains’ High Rise Outreach Program is staffed by the Sisters of Mercy. The program has served over 1,000 people to date in six Wilkes-Barre area federally subsidized housing sites. The population served is primarily elderly. However, the population of the high rises has changed to include other special needs adults and Project REMAIN must also include those residents who have physical or cognitive disabilities. The goal of the program is to maintain the dignity and independence of the residents by providing outreach, case management, prevention, early intervention and referral services without regard to age.

The local Housing Authority has praised Project REMAIN for providing vital services to their residents. Personal evaluations by clients also express the importance of this program in their lives.

To assure that all residents of the federally subsidized high rise buildings are eligible to benefit from services (elderly, adult services or disabled), we request a waiver of eligibility option. With the waiver, financial eligibility shall be determined via the screening process annually applied for continued residence in the federally funded high rises. We will accept eligibility determinations for residence as the determination for program service eligibility. This program design will assure (1) universal eligibility for all residents of targeted federally subsidized housing units; (2) streamline the eligibility for both aged and adult service consumer groups; (3) delete an additional means test (using different and potentially conflicting federal standard for eligibility); and (4) decrease provider overhead costs as new eligibility/re-determination and associated record keeping would be required via our reclassifying of the Project.

The project has been very successful to date and we are seeking your assistance to maintain it. We appreciate your consideration.

### **BLOCK GRANT ADMINISTRATION**

Administration fees for the block grant have been estimated to include 10% of original HSDF allocation; 6% of the Homeless Assistance allocation and 7.364% of the Drug & Alcohol allocation. The estimated administrative costs are currently less than 1% of the Block Grant. Estimates were based on 2012/13 expenses for those programs.

**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.**

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

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	18		0	0	0	750,000
Administrator's Office			729,924	0	42,993	5,000
Administrative Management	9,765		3,294,701	0	183,310	20,000
Adult Developmental Training	0		0	0	0	0
Children's Evidence Based Practices	0		0	0	0	0
Children's Psychosocial Rehab	0		0	0	0	0
Community Employment	106		133,958	0	7,890	0
Community Residential Services	148		1,952,000	0	114,973	20,000
Community Services	102		173,501	0	10,219	0
Consumer Driven Services	0		0	0	0	0
Crisis Intervention	5,328		345,000	0	20,321	15,000
Emergency Services	2,995		1,135,000	0	66,852	1,300
Facility Based Vocational Rehab	70		45,000	0	2,651	2,800
Family Based Services	101		19,000	0	1,119	17,000
Family Support Services	105		100,000	0	5,890	62,000
Housing Support	80		2,040,000	0	105,156	85,000
Other	0		0	0	0	0
Outpatient	11,525		350,000	0	20,615	146,000
Partial Hospitalization	872		155,000	0	9,130	247,000
Peer Support	0		0	0	0	0
Psychiatric Inpatient Hospitalization	115		361,113	0	21,270	76,000
Psychiatric Rehabilitation	704		340,000	0	20,026	2,000
Social Rehab Services	18		25,300	0	1,490	0
Targeted Case Management	1,890		245,000	0	14,431	32,000
Transitional and Community Integration	0		0	0	0	0
<b>TOTAL MH SERVICES</b>	<b>33,942</b>	<b>11,444,497</b>	<b>11,444,497</b>	<b>0</b>	<b>648,333</b>	<b>1,481,100</b>

**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			1,205,342	0	62,995	
Case Management	27		258,276	0	15,212	
Community Residential Services	16		1,298,365	0	68,474	
Community Based Services	325		1,261,588	0	63,862	

**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
Other	35		3,783	0	223	
<b>TOTAL ID SERVICES</b>	403	4,027,354	4,027,354	0	210,766	0

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	50		142,240		7,547	
Case Management	420		77,880		4,587	
Rental Assistance	1,530		528,570		29,439	
Emergency Shelter	564		5,000		295	
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	2,564	753,690	753,690		41,868	0

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	250		402,402		23,701	
Promising Practice	57		83,307		4,907	
Alternatives to Truancy	90		70,500		4,152	
Housing	220		16,444		969	
<b>TOTAL C &amp; Y SERVICES</b>	617	572,653	572,653		33,729	0

**DRUG AND ALCOHOL SERVICES**

Inpatient non hospital	183		917,601		57,429	
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	17		30,115		1,885	
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	183		57,334		3,588	
Other Intervention						
Prevention						
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	383	1,094,839	1,005,050		62,902	0

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

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b><i>HUMAN SERVICES AND SUPPORTS</i></b>						
Adult Services	542		174,711		8,626	
Aging Services						
Generic Services	95,000		76,488		4,505	
Specialized Services	350		24,558		1,446	
Children and Youth Services						
Interagency Coordination			30,600		1,954	
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	95,892		306,357	306,357		16,531
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			89,789		5,620	
<b>GRAND TOTAL</b>	133,801	18,199,390	18,199,390	0	1,019,750	1,481,100