

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

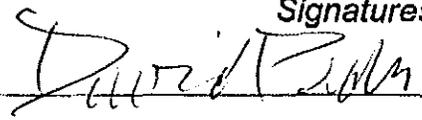
ASSURANCE OF COMPLIANCE

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

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	David Pedro	Date: 7/27/16
		Date:
		Date:

The Citizens Voice (Under act P.L. 877 No 160. July 9, 1976)
Commonwealth of Pennsylvania, County of Luzerne

LUZERNE COUNTY HUMAN SERVICES
C/O PURCHASING DEPARTMENT
200 N RIVER STREET WILKES BARRE PA 18702

Account # 608059
Order # 81955090
Ad Price: 14.02

BLOCK GRANT PLAN

Gina Krushinski

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

06/29/2016 06/30/2016

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

Sworn and subscribed to before me
this 30th day of June A.D., 2016

Sharon Venturi
(Notary Public)

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

PUBLIC HEARINGS

HUMAN SERVICES
BLOCK GRANT PLAN

The Luzerne County Office of Human Services will hold two Public Hearings on the proposed Human Services Block Grant Plan for Fiscal Year 2016/2017. The first hearing will be held on Thursday, July 14, 2016, at 10:00 A.M. in the County Council Meeting Room, Luzerne County Courthouse, 200 North River Street, Wilkes-Barre, PA. The second hearing will be held July 14, 2016 at 2:00 P.M. in the Wyoming County Emergency Management Agency, 3880 SR 6, Suite 1, Tunkhannock, PA at 2:00 P.M.

The purpose of the hearing is to provide an opportunity for families and individuals who receive services to testify about the plan and the future of Human Services in Luzerne County. The Human Services Block Grant includes programs in Mental Health and Developmental Services, Children and Youth, Drug and Alcohol, Homeless Assistance and the Human Services Development Fund. All interested parties are invited to attend and provide testimony. Each of the meeting locations is accessible to persons with disabilities. Please notify the Office of Human Services (570-826-8800) no less than 48 hours in advance if special accommodations are required.

C. David Pedri, Esq.
Luzerne County Manager

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

LUZERNE CO HUMAN SERVICES
MICHAEL D. DONAHUE,
111 N PENNSYLVANIA BLVD WILKES BARRE PA 18701

Account # 617908
Order # 81955599
Ad Price: 156.20

PUBLIC HEARINGS HUMAN SE

Gina Krushinski

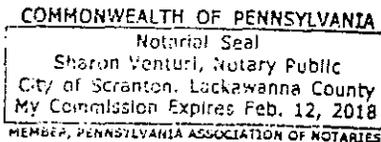
Being duly sworn according to law deposes and says that (s)he is Billing clerk for The Wyoming County Press Examiner, owner and publisher of The Wyoming County Press Examiner, a newspaper of general circulation, established in 1978, published in the borough of Turkhannock, county and state aforesaid,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

07/06/2016 07/13/2016

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

Sworn and subscribed to before me
this 13th day of July A.D., 2016

Sharon Venturi
(Notary Public)



**PUBLIC HEARINGS
HUMAN SERVICES
BLOCK GRANT PLAN**

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C. David Pedri, Esq.
Luzerne County Manager

Human Services Block Grant Plan

Public Hearing

Thursday, July 14, 2016 @ 10:00 AM

Luzerne County Courthouse, Council Meeting Room

	Name	Association
1	Tara Vallet	MH/DS
2	Pamela Zotyrea	The Arc of Luzerne Cty
3	Tom O'Neill	24 E. Lafayette St. Ph. 724.333.1113
4	Janyne Gurnani	Family Service Assoc. of NEPA
5	Stephanie Aldrich	Diagnosed Adoptions Foster Care
6	Joe St	Helpline / FSNAPA
7	Frank Bartoli	NEPA Inclusive
8	Magen Washtewski	National Alliance on Mental Illness
9	Cassandra Kocer	FCCY
10	Bonnie Wasilowski	Resident
11	Ratie Connelly	Advocacy Alliance
12	Adam Wionowski	MH/DS
13	Steve Ross	Luz/Luzen SCA
14	Mike Sokolick	BAYADA
15	Megan Lehman	BAYADA
16	MICHAEL BERNATONICH	STEP BY STEP, LLC
17	Therese Ann Inzer	Children's Youth
18	SARAH LOVE	CH/
19	Angie DeGroot	First Hand Care
20	Paul Stanule	CS
21	MIKE HORKINS	CSC
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Human Services Block Grant Plan

Public Hearing

Thursday, July 14, 2016 @ 2:00 PM

Wyoming County EMA, Tunkhannock

	Name	Association
1	Tony Blach	Communitis Counseling Service
2	Tara Vallet	WV/Wyo MHDS
3	Ann Keller	W
4	Steve Ross	Wv/Wyo Drug + Alcohol
5	Al Porrows	OKS
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COUNTY PLANNING PROCESS AND LEADERSHIP TEAM

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 Services, the Area Agency on Aging, the Wyoming County Director of Human Services and their respective 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. Members from the monthly meetings of the Mental Health Planning Committee and members from each of the Advisory Boards for the categorical programs identified needs, and proposed programs to resolve those needs. These Advisory Boards are composed of providers, consumers, family members, advocates and program staff. Mental Health/Developmental Services and Drug & Alcohol provider meetings also supplied input into community issues and how funds can best be utilized. This information was analyzed and utilized in the formation of the plan.

Services provided through Homeless Assistance Services Funds were based on needs identified through the Homeless Coalition and the collection of statistics on homelessness in Luzerne County, under the direction of the Commission on Economic Opportunity and gathered through HMIS. This information was then utilized by the Luzerne County Continuum of Care to target the best possible use of funding to meet needs not serviced through other programs.

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 Citizens Voice and The Wyoming County Press Examiner. (Copies of the newspaper ads are attached). Notices were also sent via email to provider and stakeholder groups.). Attendees were provided with information on the proposed budget, services and estimated clients. Those in attendance voiced their opinions on the plan, and provided 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 from Children and Youth Services on their Needs Based Plan and Budget. Children and Youth Services also utilized input from the Integrated Children's Service Program (ICSP) in identifying needs and potential services.

The proposed expenditure budget was based on identified needs in the planning process, as well as historical data from Fiscal Years 2014/15 and 2015-2016. Those needs and expenses will be re-evaluated during the third quarter of Fiscal Year 2016/17. There were no substantial programmatic and/or funding changes being made as a result of last year's outcomes.

A 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 will be established. This Human Services Review Committee will be under the leadership of the Director of Luzerne County Human Services, and will include the Directors of all of the Luzerne County Categorical Programs, the Director of the Wyoming County Office of Human Services, human services fiscal officers, consumers, representatives from the Wyoming County Commissioners and the Luzerne County Manager's Office, as well as a representative of the judicial system.

HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

Mental Health Services will continue to be administered under the Luzerne-Wyoming Counties Mental Health and 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 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. 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 System of Care County Leadership Board, 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, 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 twelve years.

The OMHSAS approved 2013-2017 Mental Health 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:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

Luzerne/Wyoming Counties is a System of Care County. Luzerne/Wyoming Counties has adopted the Eight Standards set by the PA System of Care Partnership which are: County Leadership Team, Youth Driven, Family Driven, Integration of Child-Serving Systems, Natural and Community Supports, Cultural and Linguistic Competence, Youth & Family Services & Supports Planning Process, and Evaluation & Continuous Quality Improvement. The PA System of Care Partnership is funded through a cooperative agreement with the Substance Abuse & Mental Health Service Administration. To carry out the Eight Standards, Luzerne/Wyoming Counties has been building a collaboration of partners between youth & families, County Agencies, Private System Partners, Community Care Behavioral Health, Judiciary and Education.

Although Luzerne/Wyoming Counties is relatively new to the System of Care Community, we have established a leadership team that meets monthly and has begun to develop subcommittees to tackle ongoing barriers present within the county as it relates to accessing and/or delivering mental health and/or drug & alcohol services. Luzerne/Wyoming Counties' Leadership Team continues to develop with the focus on diversifying the team.

Luzerne/Wyoming Counties' System of Care supports the High Fidelity Wraparound process. Through the Cooperative Agreement, Luzerne/Wyoming Counties and Northeast Counseling Services, Inc., have developed the Joint Planning Team. This team is a youth guided and family driven planning process that follows a series of steps to help youth and families realize hopes and dreams and allows more youth to grow up in their homes and communities. It is a planning process that brings people together (natural supports and providers) from various parts of the youth and family's life. It allows the youth and family to identify their unique needs and develop an individualized plan guiding them to recovery. This process, also relatively new to Luzerne County, has demonstrated success by diverting inpatient hospitalizations and other out-of-home placement.

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:

- Luzerne-Wyoming Counties have expanded the Mental Health Court to divert mentally ill defendants from the Criminal Justice System to the Mental Health System; 46 individuals recently graduated from this program May 2016.
- Expanded Supported Housing Services to include support for transition-aged youth as well as adults with significant mental illness

b) Strengths and Needs:

Please identify the strengths and needs for the following target populations served by the behavioral health system:

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

- **Strengths:** As we enter our 11th 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, Certified Peer Specialist, ACT, FACT and DDTT 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. Older adults in Luzerne and Wyoming Counties are tailoring services to meet their changing needs in the community through the county mental health agencies.
- **Needs:** Services tailored to the aging Mental Health population and increased training of TBI in older individuals. In-addition supervised housing resources for aging population with mental health needs. Increased understanding of resources and supports for those with dementia.

▪ **Adults (ages 18 and above)**

- **Strengths:** Recovery –based services for Persistent and Severe Mental illness, in traditional and non-traditional services settings. This includes Recovery- based services such as ACT, FACT, DDTT, Peer Support Services, and Psychiatric Rehabilitation. While continuing traditional services such as Our-Patient and partial. Helpline and 211 continue to be resources in our County joinder. 24 hour Emergency Services availability, choice of two crisis services and Mobile Crisis Team. Recently added Drop- in- center to Luzerne County. Multiple choices for community mental health services. Increased focused on importance of peer supports, crisis planning and WRAP planning in the Recovery process. Multiple low- income and disability resources for housing in Luzerne- Wyoming Counties.

- Needs: Step-down supervised housing, more peer supports to empower individuals to recovery. Services which focus on the dual diagnosis concerns such as MH and ID and MH and D&A. Specially increase in supports to help those struggling with Opiate Abuse. Continue need to develop skills which focus on the individual's strengths and helping individuals understanding of their responsibility of their recovery process. The county joiner is committed to serving this populations and developing services which strengthen their recovery process.

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

- Strengths: 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. The CASSP Coordinator and Mental Health Program Specialists serve as the local administrative people for outreach efforts to the homeless population 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. The Mental Health Program Specialist 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. 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. New Service First episode Psychosis and JPT.
- Needs: We struggle with the absence of available step down programs for consumers transitioning from a restrictive setting back to their home community. There is a tremendous need for appropriate housing and independent living options for transition age youth as well as adults. Despite service challenges, we remain dedicated and focused on providing consumers with highest level of recovery oriented services.

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
 - **Strengths:** We worked closely with Health Choices to prepare and submit a Reinvestment proposal to administratively fund our inclusion in The PA System of Care Partnership. The PA System of Care Partnership will help us identify better ways to serve youth and families in Luzerne/Wyoming County. Through an equal partnership with service providers, youth and families will work to integrate the child-serving systems to reduce mental health symptoms, involvement in child welfare and juvenile justice and increase school performance and overall family functioning.
 - **Needs:** While Luzerne/Wyoming Counties is a System of Care County, we need to develop a plan to expand and sustain the family-driven and youth-guided SOC approach.

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

- **Strengths:** Luzerne- Wyoming Counties Services are Recovery- based services in traditional and non-traditional settings. Multiple choices remain with three County Mental Health Centers being available to individuals coming out of the state hospital. Three choices continue in Blended case-management in Luzerne- Wyoming Counties. Case-management remains a valuable resource linking individuals to services in the community. Peer supports and services continue to grow with the addition of a Drop- in – center in Luzerne- County. CRR and CHIPP Homes continue to be a resource in Luzerne County. Growth continues with services such as ACT, FACT and now DDTT. We continue to be committed to the CHIPP initiatives to assist individuals who have been at the state hospital for at least two years to find appropriate housing and supports for discharge.
- **Needs:** We need supports that can assist individuals with dealing with the day to day struggles and stresses of life. Many individuals have a very difficult time not having every moment of their day structured. Supervised housing or supports are needed to help individuals maintain in the community. Many individuals report they would prefer a step –down program to living on their own in the community.

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

- **Strengths:** Recovery –based services in Traditional and non- traditional settings for those with Mental Health and Substance abuse issues. More training is being given to first responders for opiate abuse emergencies. Recent addition of recovery Specialists to Luzerne- Wyoming Counties.

- Needs: We need increase housing supports and employment supports for those struggling with addiction. More community education to decrease the stigma of addiction. Better screening to help individuals recognize their level of addiction and underlying mental health concerns.
- **Justice-involved individuals**
 - Strengths: Recovery –based services for Persistent and severe Mental illness, in traditional and non-traditional services such as out-patient, partial, psych. rehabilitation, ACT team, FACT team, Multi Systemic Treatment and multiple 24 hour crisis services including a mobile crisis team available in Luzerne and Wyoming counties. MOU agreement with Luzerne County correctional facility to improve communications and increase availability of services. CJAB group active in Luzerne- Wyoming Counties and in development IMED (forensic) Service to be added to Luzerne- Wyoming Counties through a Community Mental Health agency. CIT training being offered to area police departments for better understanding of individual’s with mental illness and how to deal with those situations.
 - Needs: Training and supports to current providers to assist in addressing the current opiate epidemic. We also see a need for better community services to support individuals transitioning from the criminal justice setting. Housing and residential support is critical.
- **Veterans:**
 - Strengths: Recovery –based services for Persistent and Severe Mental illness, in traditional and non-traditional services such as out-patient, partial, psych rehabilitation, ACT team, FACT team, DDTT. 24 hour crisis emergency services and Mobile crisis services. Cooperation between Luzerne- Wyoming Counties Mental Health and Developmental Services and the VA in facilitating resources and education to the community on Veteran’s services and needs.
 - Needs: Veteran supports to help facilitate treatment and recovery. In addition supports to empower the Veteran to stability such as education, employment opportunities and everyday life skills.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - Strengths: Recent adoption of LGBT anti- discrimination ordinance in Luzerne County.
 - Needs: Increase peer support and groups for individuals dealing with Transgender issues. Community education to understand the needs of the Transgender community.

- **Racial/Ethnic/Linguistic minorities**
 - Strengths Availability of bi-lingual staff in major provider organizations. Agencies increase focus on being culturally competent and culturally sensitive while providing services in our county joinder.
 - Needs: Community training on Cultural Diversity and sensitivity. Increase availability of bilingual staff and documentation.
- **Other, if any (please specify)**
 - Strengths:
 - Needs:

c) Recovery-Oriented Systems Transformation:

Based on the strengths and needs reported above, identify the top five priorities for recovery-oriented systems transformation efforts the county plans to address in FU 2016-2017. For **each** transformation priority, provide:

- A brief narrative description of the priority
 - A time line to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
 - Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, Health-Choices, reinvestment funds, etc., and any non-financial resources).
 - A plan/mechanism for tracking implementation of priorities.
1. Luzerne/Wyoming Counties Mental Health has submitted a proposal for First Episode Psychosis Program Site to serve a minimum of 35 transition aged youth (age 16-24) annually who are experiencing a first episode of psychosis, who meet serious mental illness or serious emotional disturbance criteria. Our proposed “FEP” would consist of a Senior Director with a MSW/LCSW who will serve as the Team Leader. Psychotherapy will be provided by two mobile therapists to see 16 to 18 year old individuals in their home. Those aged 18 to 24 will receive psychotherapy from two outpatient therapists. Case Management will be provided by 3 staff members for a total of 1 FTE. Family Education and Support will be provided by therapists involved in the program. The proposed provider will have a 24 hour crisis service with dedicated staff members, a drug and alcohol license with trained therapists. The provider will also use existing peer support specialists already available in the community. The provider will also provide a Psychiatrist and CRNP to be available to the program and all services will be coordinated with other providers, especially primary medical care providers and inpatient providers. The program team will also include a Supported Employment and Education Specialist. All staff will be involved in training and team meetings and coordinate services. Clinical Supervision and 24 hour crisis intervention services will be part of the program. We have already been in touch with Irene Hurford and training will be provided through herself and/or her team. The provider has twenty staff members are already trained in CBT, but dedicated program staff will receive specific training in CBT for psychosis. The proposal was accept for first episode of psychosis July 2016.

Timeline for first episode of psychosis-

- September 2016 – necessary staff will be identified and/or hired, therapist funded through traditional medical insurance and Medicaid programs.
- October 2016- peer supports identified and hired via grant.
- November 2016 – necessary trainings will have taken place
- December 2016 – consumers will be identified and the services through this program will begin.

The proposed “FEP” would be funded by a set aside allocation of \$260,000.00 in the Community Mental Health Services Block Grant. Grant funding would only be used for those services not covered by private insurance, Behavioral Health Health-Choices and Medicaid fee for service.

Luzerne/Wyoming Counties will track the implementation by completing mandatory quarterly reports and I&E reports due to OMHSAS.

2. Luzerne/Wyoming Counties has joined with Erie County to submit a proposal for the System of Care Expansion and Sustainability Cooperative Agreement to improve the infrastructure and provide services to benefit children and youth with serious emotional disturbances and their families. We will build on the work we have already begun through our participation in the SCO grant. We will form a partnership to assist one another to share resources and encourage continuous improvement in the systemic changes needed to create sustainability. Initially we will serve 30 youth in the first year and then progressively increase the number to serve 220 over the 4 year course of the grant. The agreed upon goals are:

- To maintain and enhance the infrastructure for a System of Care
- To provide a continuum of treatment and support for youth with complex behavioral health problems and multi-system involvement
- To create trauma informed systems
- To establish a system of identification, treatment and support for individuals experiencing early onset of serious mental illness
- To establish and sustain System of Care as the way in which behavioral health services for children and youth with severe emotional disturbance are delivered throughout our counties

Luzerne/Wyoming Counties will be notified in late September as to whether or not our proposal has been accepted. If approved, we will follow a 48 month timeline for expectations and required activities.

We are requesting \$500,000 in grant funding with a match of \$1 for every \$3 of the grant in years 1-3 and dollar for dollar match in year 4. There will be a variety of options for meeting the matching funds requirement. This will include, but not be limited to, in kind matching.

To meet data collection and performance assessment requirements of this agreement, we will build on the existing System of Care evaluation process.

- Careful strategic evaluation plan will be developed in collaboration with evaluation subcommittee and county stakeholders to ensure that methods are complete and consistent with SOC values and it will be guided by local Institutional Review Board policies.
- Infrastructure data will be tracked at the county level with regular reports to the Project Director and Evaluation Team.
- Development of Assessment Plan/ track policy needs, development and changes for targeted Youth population.
- Tracking necessary training for needed for SOC.
- Track number of youth/ family members/peers who are providing services in the counties.
- Track program number of MOU developed for improvement of mental health related practices/ activities as a result of the grant.
- Track numbers of individuals contracted through program out-reach efforts.
- Tracking of individuals referred to mental health or related services.
- Data will be collected on Client perception of care.

3. Luzerne /Wyoming Counties' have recognized the need for Intensive Supported Housing is critical primarily to individuals transitioning out of CSSH as well as RTF's. The program is designed to support individuals to independently live in the community in the least restrictive setting. Our goal this year is to utilize this service to move 3 individuals out of CSSH and 2 individuals living in a CRR. This service will be expected to follow SAMSHA'S Evidence Based Practice to assist these individuals to be successful participants in their community. This program's focus is for individuals with severe and persistent mental illness who are at high risk for homelessness or currently homeless. In addition risk of in-patient and chronic use of emergency services. There will be a strong emphasis to prepare individuals that have been residing in CSSH to move to the community with the appropriate supports this program has to offer. We will use the expertise of case-management and therapeutic staff to recognize individuals ready to move to the lesser restrictive care. Using a Team approach we will focus on using clinical supports and intensive supported housing to slowly transition individuals from the CRR's to a more independent setting of their choice. Intensive Supported housing will be used for skill development with the goal in mind for the individual to gain skills, knowledge, independence, and promote recovery. Another goal of Intensive Supported housing is for this service to be utilized for transition- age youth. Expectation is for skill development, service linkage, foster independence and recovery and while developing skills the individual can use to improve their life.

This program will be supported through already allocated CHIPP dollars and county dollars for 2016-2017. This is not a medical assistance program. This is a county funded program.

Timeline-

- July 2015 Hire staff, set up office, training complete
- August 2015 Meeting held with County and Case-management on service expectations and referral process.
- September 2015 began accepting referrals.
- September 2015 to December 2016 service implemented and refined.
- December 2016 identifying of individuals ready for transition from the CRR.
- Program specialist reviews each referral first for eligibility.
- Monthly/ Excel report requested by Program Specialists on census, individual's goals, and hours of service.
- Monthly calls and Meetings as needed with Intensive supported Housing Director and staff to discuss referrals, strengths and needs of the service and any budget concerns.
- Review of Invoices to monitor Budget.

4. Luzerne/Wyoming Counties established a Forensic Assertive Community Treatment Team. Northeast Counseling Services has been providing Assertive Community Treatment for the residents of Luzerne- Wyoming Counties for approx. three years. In June of 2015 Northeast Counseling was awarded the contract for the Forensic Assertive Community Treatment Team. The Forensic Assertive Community Treatment Team is a community based program providing comprehensive mental health, addictions treatment, rehabilitation, and support services to persons with serious and persistent mental illness and co-occurring disorders.

This trans-disciplinary team includes a psychiatrist, registered nurses, mental health professionals, and specialist in the fields of chemical dependency, vocational rehabilitation, housing and peer support. The program stresses multisystem collaboration with a priority emphasis on the court system, prison staff, probation/parole and Clark Summit State Hospital Staff by identifying the unique services each provides and having them coalesce to achieve goals that are measurable, attainable, realistic, strength based and time sensitive.

The Forensic Assertive Community Treatment Team has been developing relationships with community providers, hospitals, correctional facilities, probation, the District Attorney's office and Public Defender's office. The immediate and ultimate goals are to provide recovery oriented, continuous, personalized, strength based and flexible care where support is needed most. The Fact Team is available to the individual 24 hours a day/ 7 days a week. This program focuses on helping individuals be well and stay well.

The program supports Luzerne and Wyoming Counties need to increase treatment and decrease incarceration.

Timeline-

- July 2015 contract awarded
- August 2015 Staff hired and training.
- December 2015 establish relationships with criminal justice providers such as prisons and probation to promote out-reach and referrals.
- January 2016 began taking referrals.
- Establishment of caseloads and client base from January 2016 till September 2016.
- Increase community linkage and Daily Living skills of individuals re-entering the community from incarceration.
- Program Specialists review monthly report of out-comes and current caseload and needs of the FACT Team.
- Referrals sent to program specialist for review as they come in.
- Face to Face and telephone contact on referrals, Team's capacity and funding.
- Review of monthly invoices to monitor Program Budget.
- Case reviews with Team leader
- Meetings as needed with Team Leader and Director to address any programmatic concerns, address strengths and weakness of service.
- Expectation of service decrease incarceration and assist individuals to recovery and stability in the community.
- September 2016 collaboration of FACT and new program Intercept Model for Early Diversion (IMED) IMED is health choices funded service. The intent is to create high fidelity wrap around services to forensic population.
- Research funding streams/ grants
- Feb 2017-RFP for case- management/ BCM and Groups in the prison setting.
- May 2017 Contract awarded
- July 2017 Staff hired and trained
- September 2017 case-management and groups begin in prison setting.

5. In May of 2016 NHS Human Services began taking referrals for Dual Diagnosed Treatment Team for Luzerne – Wyoming Counties. This Service is first of its kind for this county joinder which focuses on serving adults with severe and persistent mental illness as well as intellectual disability. The goal is to serve high risk individuals in jeopardy of hospitalization or long term placement, losing their community housing and/or losing their community supports.

This service focuses on establishing a team approach with community Mental Health providers, Intellectual Disabilities' Administrative Entity, Supports Coordination Unit and Community Developmental Service Providers. This service will be individually tailored with a majority of clinical interventions provided in the individual's home and community.

The team provides a comprehensive and integrated program of psychosocial rehabilitation services through referral services in areas such as, basic needs i.e. food, housing, medical, understanding their illness, symptom/ medication management, self-care, activities of daily living, social and interpersonal relationships, structured time, employment and development a network of community supports/ linkages to maintain participant in the least restrictive setting.

- March-April 2016 contract awarded to NHS and development of Dual Diagnoses Treatment Team.
- June 2016-NHS began taking referrals from Luzerne- Wyoming Counties Mental Health and AE/Developmental Services.
- June 2016 Weekly referral call - on-going weekly call to discuss referrals and responsibilities of the team.
- AE and Mental Health Program specialists review each referral for appropriateness and criteria before it goes to NHS and CCBHO.
- AE and MHDS staff attends Initial Interagency meeting for all participants.
- October 2016 Status review of DDTT and Luzerne- Wyoming Counties Mental Health and Developmental services. Open discussion on current cases, future referrals, progress and needs of the service.
- October 2016 monthly request of service out-comes and contacts for monitoring.
- December 2016 expectation of self -assessment of the Team and evaluations of future referrals.
- This service is monitored and funded by Health Choices/ CCBHO.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Yes	79	TMACT	MCO	Annually	Yes	Yes	
Supportive Housing	Yes	80		State	Annually	Yes	No	
Supported Employment	Yes	4		State	Annually	No	No	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	34	TMACT	MCO	Annually	Yes	Yes	
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes							
Multisystemic Therapy	Yes	10		MCO	Annually			
Functional Family Therapy	Yes	33	FFT	FFT, LLC, MCO	Quarter/ Annually	No	Yes	
Family Psycho-Education	No							

*Please include both county and Medicaid/HealthChoices funded services

To access SAMHSA's EBP toolkits:

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

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	325	
Family Satisfaction Team	Yes	70	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	30	
Other Funded Certified Peer Specialist	No		
Dialectical Behavioral Therapy	Yes	14	
Mobile Services/In Home Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	100	
Shared Decision Making	Yes	1000	Common Ground
Psychiatric Rehabilitation Services (including clubhouse)	Yes	237	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	200	
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	60	
Sanctuary	Yes		
Trauma Focused Cognitive Behavioral Therapy	No		
Eye Movement Desensitization And Reprocessing (EMDR)	No		
Other (Specify)	Yes	100+	Aggression Replacement Training Fire Setter Program

*Please include both County and Medicaid/HealthChoices funded services

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

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

INTELLECTUAL DISABILITY SERVICES

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

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

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

Achieving the Goal of Everyday Life and description of continuum of services to enrolled individuals:

The Office of Developmental Program's overall goal, which would also be Luzerne- Wyoming Counties Mental Health and Developmental Services goal into FY 2016/17, is focusing on Person Centered Approach in planning service outcomes for individuals with intellectual disability. Educational forums to both AE's and SCO's have been occurring by ODP with this focus when developing outcomes with the ISP's for individuals. Our County has begun to discuss this with our provider network holding training sessions with both providers and SCO as requested and needed.

Our Office has an Intake Worker who receives referrals from all sources to obtain necessary information to review with a contracted psychologist to determine ID eligibility for referral to Support Coordination Entity. SCO will complete PUNS(to determine need criteria: Emergency, Critical or Planning) and conduct with the consumer and relevant others as part of their team, an Individual Service Plan, which is to focus on what needs and strengths consumer has to develop person centered outcomes to accomplish those areas.

If service needs exist, requests are made to AE to determine funding availability to meet those needs. If emergent needs exist, which are having the consumer be homeless or at health/safety risk, our office uses the base funds available to secure safety for the consumer due to the emergent nature of the situation (temporary respite).

	<i>Estimated Individuals served in FY 14-15</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 15-16</i>	<i>Percent of total Individuals Served</i>
Supported Employment	5	.	12	
Sheltered Workshop	27		36	
Adult Training Facility	21		49	
Base Funded Supports Coordination	600		550	
Residential (6400)	15		26	
Life sharing (6500)	4		4	
PDS/AWC	35		87	
PDS/VF	0		0	
Family Driven Family Support Services	90		0	

Supported Employment: “Employment First” is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your county is a participant.

Community employment is our primary focus for individuals we currently serve in Luzerne and Wyoming Counties. We currently have 95 individuals working in competitive employment. The service consists of two components: Job finding and Job support. Job finding may include interview assistance, employer outreach and orientation, resume preparation, job searching, and preparation for job tasks. Job support consists of training the individual receiving the service on job assignments, maintaining job skills, and achieving performance expectations from the employer. We continue to maintain our Employment Coalition which is comprised of stake holders in the community as well as family participation. OVR has recently been awarded additional funding to hire a transition specialist to provide employment training to transition age students in their school and community settings. With the supports we currently have in place and the additional services through OVR, we anticipate increasing individuals working in community for 2016-17.

Supports Coordination: Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community. Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.

Support Coordination will be encouraged to have conversations and dialogue with families and individuals at least on an annual basis or when a request for a new service, to explore natural supports. This has always been our County's practice, particularly with individual's enrollment to waiver funded services and before any new service is implemented.

With new trend to complete more person-centered outcomes, this would be more natural way to first exhaust what supports would normally be there or to access in the community to fulfill a person directed outcome. This would overall be meeting ODP's overall mission of individuals with a developmental disability to have an "Everyday Life" like anyone else in the community and to have a sense of value and community connection.

For Waiting List individuals, the Support Coordination Unit determines who has greatest need, based on PUNS, to be addressed by either residential, day program or in-home support services. Prior to ODP requests for waiver expansions, when emergency needs arise, SC submits requests to AE for consideration of available block/base funds to address the immediate issue. When ODP requests lists for Waiting List Initiatives for additional waiver capacities to AE's, those consumers with Emergency Needs are listed first to the State for consideration.

The SCO manager will attend Employment Coalition meetings on a regular basis. During meetings, coalition members will explore ways for individuals to obtain community integrated employment which will then be incorporated into their ISPs for person centered planning. Employment related training sponsored by the Employment Coalition and other sources will be offered to the SCO and families to attend to obtain employment related information for individuals. The SCO Manager then shares information with Support Coordinators from Employment Coalition Meetings that will better assist them to be able to maximize community integration supports and community integrated employment for the individuals they serve.

Lifesharing Options: Describe how the county will support the growth of Lifesharing as an option. What are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers? How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?

Our county continues to support the expansion of Life Sharing as a residential option by regularly contacting providers to see if they can identify good candidates for Life Sharing or to see if consumers are interested in Life Sharing as an option. We also have informational sessions with the local Supports Coordination Unit and Life Sharing providers to dialogue about the service and process. Barriers to our growth include an aging population and consumers with more complex needs that cannot be served in Life Sharing. Another barrier our local Life Sharing providers have is difficulties in recruiting families to support our referrals. The numbers for our county have grown minimally over the last year. ODP can continue to support the growth in this area by having trainings and offering start up initiatives.

Cross Systems Communications and Training: Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.

Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.

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

Luzerne/Wyoming Counties' Training Council on Quality continues to work in partnership with providers, families, self-advocates, the supports coordination organization and interested others to provide training and education on the Office of Developmental Programs(ODP)Priorities i.e. communication, I-I abuse, restraint reduction, employment, Lifesharing, aversion of admissions to State Centers and people are supported with the least restrictive services to continue to live in a community home.

As a follow up to a former restraint reduction initiative, this initiative will continue to be addressed by having the HCQU facilitate training sessions for direct support professionals specific to the ODP Certified Dual Diagnosis Curriculum. A "Passport" indicative of all the courses in the curriculum will be provided to the staff upon the conclusion of the training. The importance of continuing this training was further supported by the review and analysis of the Incident Management Data in January 2016. In addition to the above named training, the HCQU will revisit or complete a consumer data collection (CDC) on consumers who demonstrated a high number of incidents specific to restraints, I-I-Abuse and hospitalizations. It is our intention that these types of trainings, education and technical assistance are offered to mitigate risk. These types of trainings assist providers in supporting individuals who have behavioral health needs as well as intellectual disabilities. In addition, on an annual basis, the counties training council sponsors a communication type fair. This forum provides education and support to providers on the most current technologies, resources and equipment available for individuals

who are nonverbal, deaf and also are diagnosed with intellectual disabilities. By educating providers with these resources, providers are better equipped to support individuals with multiple needs.

Most recently, The Luzerne Immediate Unit#18's Transition Coordinator, became an active member on the Counties Training Council on Quality. Areas for improvement and strategies for collaboration and other areas are identified by the IU and reviewed and implemented, if needed, by the Council. Also, members of the training council are invited and attend the annual Transition Fair held by the LIU. The linkage of the LIU with the Counties Training Council provides effective communication to families and school districts on an ongoing basis.

The Counties' Quality Management Plan, which is now available on the Counties' website, is a vehicle for providing information to families and other human services agencies on the Office of Developmental Programs priorities.

The Quality Manager is the representative on the local ID and Aging Committee. These cross system trainings are planned on an annual basis to address the aging and ID population who are also diagnosed with behavioral and physical health issues. These trainings provide an opportunity for families and self-advocates to network and tap into resources.

Grandparents Raising Grandchildren Conference is held annually. Representatives of C&Y, Counseling Specialist/Trauma Informed Counselors, D&A Specialist and the medical Community present on important topics and resources which affect this population.

Emergency Supports: Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).

Provide details on your county's emergency response plan including:

Does your county reserve any base or block grant funds to meet emergency needs?

What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside the normal working hours:

Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

Luzerne- Wyoming Counties Mental Health and Developmental Services makes every effort to respond to emergency situations both during normal work hours and after hours with on-call staff familiar with the consumers and system supports available(SCO Managers and AE staff). We attempt to first support that individual with any of the non-paid/natural supports the person may have (other family/relatives/friends if able to support). If not, then we outreach to agencies we have a base contract, if consumer has no waiver capacity assigned, to deliver in-home respite support. If the consumer needs to be removed from their natural setting, due to death of caregiver and no natural supports to come to their

home, we outreach to our residential provider network for if any residential vacancies that may be utilized.

We do have respite base funds contracted with most of residential providers who would be willing to take on emergency placements when they arise. As each Fiscal Year is closing, these available funds become scarce, but every effort is still sought to ensure the emergency is addressed to ensure health and safety of the consumer. Other systems are engaged if necessary: Mental Health, Aging, Children and Youth, Disability Rights of PA, Office of Developmental Programs to be resources to best serve the person's immediate need.

If an individual requires remaining permanently in a licensed residential community home, as soon as the first consolidated capacity is available, our office would assign it to an Emergency PUNS need individual who needs this support. Either Consolidated or Person/Family Directed Support waivers, as they are available, are offered to the most needy, emergent need person who needs support to remain in the community and not be at risk of institutionalization.

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

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are Person Centered Thinking trainers. Describe how the county will utilize the trainers with individuals, families, providers and county staff.

Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish those activities?

Luzerne-Wyoming Counties MH/DS has received initial information at one of ODP's forums with NERO County AE's conducted May 5, 2016 on "Supporting Families thru Lifespan". It was introduced of upcoming PA Family Network to be established to hire 20 family members to be trained and credentialed on conducting trainings on Person Centered Planning and with Self Advocates beginning July 1, 2016.

Once PA Family Network has the trainers, our County would encourage our families/self-advocate, advocate organizations to participate in any trainings or forums they may schedule to educate the families/advocates and consumers in this methodology of “Person Centered Planning Thinking” and to support the family all around with not just the consumer needs but what other supports, natural and other, using the tools for Charting their Life Course. The PA Family Network forums on training the community will be shared with the provider network and Support Coordination to fully understand the new tools and methodology to be used, in ISP planning for our individuals and supporting the family as a whole.

Other strategies our County can utilize to engage others in Strategies for Supporting Real Lives “Discovery and Navigation” and “Connecting and Networking” for individuals and families, would be first having the PA Family Network presenting the tools for Charting the Life Course to educate all on this new tool implementation. Our County can hold forums with our families if needed and would schedule meetings with Providers and Support Coordination Organizations to meet on learning this new way of business.

Our County may also consider to collaborate with other resources, HCQU for example, or bordering counties ,to assist all of us on educating or bringing the resources in to facilitate in understanding this new approach of Life Trajectory on Charting the Life Course. The support ODP can provide the counties is having the Credentialed Trainer of PA Family Network be a point person for providing the training/ education to the counties, conducting periodic conference calls for feedback. ODP should provide this new process at upcoming Everyday Lives in September 2016, and to present it to advocate groups, statewide Educational network groups etc.

If counties would be expected to carry on this new task for implementation, ODP to be sensitive to time constraints with also staff meeting all the other AE Operating Agreement functions in order to continue to be in compliant with waiver regulations.

Describe how the county will engage with the HCQU to improve the quality of life for the individuals in your community. Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

Luzerne/Wyoming Counties continue to work with the HCQU on a regular and as needed basis. The Director of the HCQU and a HCQU Nurse are represented and members on the Counties Training Council on Quality. Monthly updates on the data collection from the CDC are identified as best practices. The best practices and trends are incorporated into the Counties QM Plan. Additionally, a quarterly training syllabus is designed and provided by the HCQU to all LW Providers on an ongoing and continuous basis. The trainings are developed as outcomes to the identified findings and best practices. The HCQU Director who holds a QM Certification through ODP provides guidance to the Counties Quality Council and the Quality Management Plan. A specific initiative which demonstrates how the county will engage with the HCQU to improve the quality of life for the individuals in our community is the collaboration among the County MH/DS, HCQU and The Commonwealth Medical (TCMC) College. The collaboration is in existence for over a 4 year period. One of the quality initiatives addressed a specific area of health related to

our population. Medical students evaluated the efficacy and appropriateness of the formal communication system in place for our individuals when communicating pain to the medical community. The outcomes of this and other TCMC projects are incorporated into the counties QM Plan. Training and education is then provided by the HCQU to the system and community at large. In 2015, The County and the HCQU were selected to present the Collaboration TCMC Model at the Annual PAR Conference. Additionally, The County and the HCQU will be presenting at the June 2016 Positive Practices Training Day. Overall the collaboration between the County and the HCQU has been in existence for more than 16 years. These two entities work closely together to bring about a plethora of trainings and education to address the ODP Priorities. Health and Communication Fairs are sponsored on an annual basis to address the ODP Priorities.

Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?

The County continues to engage with the local Im4Q Program on a regular and as needed basis. The IM4Q Program Coordinator is a member on the Counties Quality Council. The Im4Q Coordinator shares the findings of the IM4Q data with the Council. Trainings and education are planned by the Council to address the data. IM4Q data is incorporated into the Counties Quality Management Plan to address outcomes. In 2015, it was reported by the IM4Q Program that families had great concern for their sons/daughters safety in the community. This finding resulted in the planning of training by a Martial Arts Expert offered to individuals with special needs. Additionally, the IM4Q Program reported to the Council that the data from Im4Q was indicative of the need for Emergency Preparedness for Individuals with Special Needs. On September 10, 2016, training with the County 911 and EMA and Public Safety staff was held. A Special Needs Coalition has also been formed in the county to continuously address this very important matter. With respect to training staff on the IM4Q process and program, the County and the IM4Q Program provide training and education to all direct support professionals and SCO Staff on an annual basis.

Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?

Our County will support local providers by continuing to outreach to them to explore their willingness and capabilities to support our individuals with behavioral health issues. We do have the DDTT (Dually Diagnosed Treatment Team) which is a comprehensive team available starting in June 2016 that will be a support to our providers serving our individuals who are dually diagnosed. ODP also has quarterly Positive Practices meetings that many of our providers attend for information and training on dually diagnosed. Our Northeast region also has a Rapid Responses Team newly developed with the assistance of ODP where local stakeholders volunteer on case reviews of individuals with complex needs. We will also continue to share resources and training that are offered through our County and ODP through local provider meetings we will hold quarterly.

Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the County will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?

We have requested the HCQU to review all incidents in EIM. All incidents that are health related the HCQU provides technical assistance to providers as appropriate. The county Risk Manager reviews data on a 6 month period that is every January and July. Patterns and trends are identified. As a follow up to the findings, the HCQU will review and conduct a CDC consumer data collection (CDC) for those consumers who demonstrated a high number of incidents. The HCQU will in turn provide technical assistance to providers to assure a Pro-Active approach to mitigate risk. Ongoing trainings are offered to families, providers, individuals with special needs and others by the HCQU. This is best evidenced by the Counties initiative to strongly encourage providers to have all staff trained on the ODP Certified Dual Diagnosis Curriculum. It is our intention that to continuously offer trainings as such, we can possibly mitigate risk resulting in an overall reduction of I-I-Abuse and Restraints.

Describe how you will utilize the county housing coordinator for people with an intellectual disability.

Supports Coordination staff will outreach to this community resource and coordinate trainings. Understanding how this community resource can provide assistance to consumers/planning teams is invaluable.

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

All ODP licensed providers are required to have Emergency Preparedness Plans and have provided them to the County/AE when requested. As part of ODP Monitoring of Providers process, which is done every year (self-assessment by provider and onsite 2nd year by AE) there is a requirement that providers have documented an Emergency Disaster Response Plan that addresses individual's safety/protection, communications and /or operational procedures.

Participant Directed Services (PDS): Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Describe how the county will enable these individuals to return to the community.

Once an individual is found eligible for ID services and assigned to Support Coordination Organization, the Support Coordinator reviews with the individual what are their needs to develop outcomes to determine what services may be available to meet those needs/outcomes. In this discussion, it is shared with the individual what service options are available but is contingent on base/block funding availability.

When an individual is offered a Waiver Capacity slot, with first having Emergency PUNS status for need of services, the Support Coordinator reviews not only Traditional provider options but

Self-Directed options (AWC or V/F model). It is explained for the Self-Directed financial management models how family is “self-directing” who they want to work with their individual eligible for waiver. They can hire family members/relatives/friends, which are screened to meet ODP regulations, in which a surrogate is named and functions as Co-Manager through Agency with Choice Model or the other self-directed model to be employer of record with Vendor/Fiscal Model through the State vendor agency.

Some of the challenges to both these models, if the individual is unable to assume the Co-manager role or Employer of record role are finding a surrogate/employer of record to be responsible for hiring and training of the support workers hired. Most of our individuals/families, over 200, have selected to go with the AWC model, whereas the AWC agency assists them with their role. The AWC agency does periodic trainings and communicates updates for surrogates to be aware of their role and monitoring function of the delivery of service/accountability of staff/progress note recording/documentation to ensure everyone knows that falsification of records/work hours is classified as Medicaid Fraud and reportable with consequences. Another barrier with both these models, particularly if the individual has challenging behaviors, is finding support workers to be consistently working with the individual and not quitting without some notice until another worker is located.

The Vendor/Fiscal Model is not routinely selected by an individual or family due to being more involved, more accountability and you are the Employer of Record. We currently only have 4 family members participating in this model, but initially when implemented only had 1-2 people. However just recently this FY 2015/16, some families have been able to utilize the service “Support Broker Services” to assist with the surrogate roles of hiring, training etc. of the support workers.

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

Families and individuals are offered trainings on education on AWC model for those active individuals with AWC model at least yearly. The State Vendor/Fiscal Model was offering trainings initially when the state awarded a new Vendor for this model. It would be helpful if ODP had the Vendor/Fiscal Model offer trainings to families occasionally to determine if that would illicit more interest from families or individuals.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community.

Our County will continue to work with our local Supports Coordination Unit who is responsible to develop Person Centered plans for individuals in congregate settings who want to move back to the community. This will include a transition plan that documents how they will be supported in this move. We will also work with local residential providers to help build capacity to develop supports in the community to serve these individuals.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:

- Bridge Housing
 - Case Management
 - Rental Assistance
 - Emergency Shelter
 - Other Housing Supports
-
- Bridge Housing

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

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

The Bridge Housing Program shares this site with the DVSC Emergency Shelter program which is located on the second floor of the building. Other departments such as administration, education, community services, hotline, etc., also are located on the second floor. Residents of both programs share the use of the laundry room, the exercise

room, the children's playroom, the teen room, the computer resource room, the secure outdoor playground and smoking area, and the individual counseling/private space areas and are encouraged to participate together, as appropriate, in educational programs and support groups.

The Office of Human Services and the provider annually develop a logic model that outlines the goals and objectives of the program for the coming year. The logic model becomes part of the contract. The vendor provides quarterly reports, based on the logic model, which are evaluated by the Office of Human Services.

There are no changes in this service during the coming year. In that Luzerne County contracts on a calendar year basis, changes in the contract based on the adopted Commonwealth budget as well as demonstrated change in need can be considered through a contract amendment.

Manna House is a transitional supportive housing program for eight homeless young adults, ages 18-25. In addition to housing, consumers will be provided with on-site life skills coaches who will assist with social skill development activities of daily living skills, education and general skill development activities of daily living skills, education and general skill development to enhance employability, money, management and ability to obtain and sustain permanent housing.

Further, each resident is assigned to a Case Manager who is responsible for the coordination of all referrals to, and subsequent services from community resources: mental health, substance abuse, victim's counseling and support, county assistance, Social Security, veteran's benefits and application to subsidized housing programs.

Targeted population for Manna House is low income homeless young adults ages 18-25 years old with a disabling condition. In addition to homelessness, a typical program participant profile might include the following characteristics: 1) mental health and/or substance abuse issues; 2) lack of high school diploma, GED or correspondingly low literacy rates; 3) criminal record; and 4) poor work history and/or work skills.

The maximum amount of time a resident can stay in housing is 24 months. However the average length of stay is 9.5 months.

The Office of Human Services and the provider annually develop a logic model that outlines the goals and objectives of the program for the coming year. The logic model becomes part of the contract. The vendor provides quarterly reports, based on the logic model, which are evaluated by the Office of Human Services.

There are no changes in this service during the coming year. In that Luzerne County contracts on a calendar year basis, changes in the contract based on the adopted Commonwealth budget as well as demonstrated change in need can be considered through a contract amendment.

- Case Management

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

The target population is the adult residents of Luzerne County over the age of 18 who are single individuals or families with children that meet the financial eligibility below 150% of poverty and are homeless or near homeless, about to become homeless.

The Office of Human Services and the provider annually develop a logic model that outlines the goals and objectives of the program for the coming year. The logic model becomes part of the contract. The vendor provides quarterly reports, based on the logic model, which are evaluated by the Office of Human Services.

There are no changes in this service during the coming year. In that Luzerne County contracts on a calendar year basis, changes in the contract based on the adopted Commonwealth budget as well as demonstrated change in need can be considered through a contract amendment.

- Rental Assistance

The Commission on Economic Opportunity's Rental Assistance Program addresses the critical housing needs faced by low income individuals and families with children who are currently homeless or facing the threat of homelessness. The Rental Assistance Program enables participants to acquire or maintain permanent housing, thus reducing the potential for homelessness; bridges the gap between emergency and/or transitional living arrangements and provides direct financial assistance such as rent, security deposits, mortgage, and utility payments to prevent and/or end homelessness.

The target population is the adult residents of Luzerne County over the age of 18 who are single individuals or families with children that meet the financial eligibility below 150% of poverty and are homeless or about to become homeless. Participants served will obtain a written agreement with the landlord to rent to them and have income sufficient to pay future rent.

The Office of Human Services and the provider annually develop a logic model that outlines the goals and objectives of the program for the coming year. The logic model becomes part of the contract. The vendor provides quarterly reports, based on the logic model, which are evaluated by the Office of Human Services.

There are no changes in this service during the coming year. In that Luzerne County contracts on a calendar year basis, changes in the contract based on the adopted Commonwealth budget as well as demonstrated change in need can be considered through a contract amendment.

- Emergency Shelter

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

The Office of Human Services and the provider annually develop a logic model that outlines the goals and objectives of the program for the coming year. The logic model becomes part of the contract. The vendor provides quarterly reports, based on the logic model, which are evaluated by the Office of Human Services.

There are no changes in this service during the coming year. In that Luzerne County contracts on a calendar year basis, changes in the contract based on the adopted Commonwealth budget as well as demonstrated change in need can be considered through a contract amendment.

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

Ruth's Place provides extensive individual case management and group services, as well as showers and meals for all guests. Round the clock staffing is also provided to ensure the security of the women.

The Office of Human Services and the provider annually develop a logic model that outlines the goals and objectives of the program for the coming year. The logic model becomes part of the contract. The vendor provides quarterly reports, based on the logic model, which are evaluated by the Office of Human Services.

There are no changes in this service during the coming year. In that Luzerne County contracts on a calendar year basis, changes in the contract based on the adopted Commonwealth budget as well as demonstrated change in need can be considered through a contract amendment.

- Other Housing Supports

None

Describe the current status of the county's Homeless Management Information System implementation.

Implementation for the Luzerne County Continuum of Care (CoC) Homeless Management Information System (HMIS) began on February 26, 2007 under the administration of the Commission on Economic Opportunity (CEO).

At present, the Luzerne County CoC HMIS gathers data from 34 programs including emergency shelter, transitional housing, permanent supportive housing, rapid rehousing, prevention assistance, child care, education, employment, case management, youth, and Veteran's programs. All CoC agencies except for Domestic Violence Service Center who receive HUD funding enter data into the system. The system can generate HUD required reports such as the Annual Performance Report (APR), the Annual Homeless Assessment Report (AHAR), Point In Time Count, Housing Inventory data as well as the Consolidated Annual Performance and Evaluation Report (CAPER).

CEO has developed a written policy and agreement with the participating agencies to ensure compliance with the CoC Interim Rules; monitors data standard updates as mandated by HUD; provides training and technical assistance to all participating agencies; developed and reviews privacy policy, security and data Quality Plans on an annual basis.

CHILDREN and YOUTH SERVICES

*****FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”

*****THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT*****

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget and Special Grants, if applicable) to provide an array of services to improve the permanency, safety, and well-being of children and youth in the county.

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following

chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

CHILD WELFARE HUMAN SERVICE NEEDS

During the FY 2015/16, Luzerne County Children and Youth has focused on permanency by decreasing placements in congregate care settings. We have continued to focus on keeping children and youth in their homes or placement with kin. We continually re-evaluate our services and expand the utilization of evidence based programs which have proven to be effective with our families.

While we have made many changes and experienced many positives, we see challenges in the populations we serve. We are finding the needs of our families are more complex. The youth present with significant need for multiple service areas, including behavioral health, D&A, truancy, and sexual issues. We struggle to find foster homes to care for these youth, and continue to reach out to the community for support for older youth. Monthly placement reviews are held to ensure children and youth in congregate care settings are working towards permanency in a timely fashion. Family Conferencing/10 Day meetings are held with the family, providers and staff in order to determine what the family feels they need to support themselves and to discuss any barriers that they may have.

Over the years, the agency has struggled with filling vacancies and retaining staff, both with tenure and new hires. We are focusing our efforts on hiring to decrease caseloads and working with staff to address quality service delivery. The agency begins the new fiscal year with a new Director and management team focused on quality, communication and teamwork. The agency has worked diligently to improve relationships with providers and has focused on improving the fiscal operations of the agency. The agency has recently hired a Fiscal Officer 3 which had been vacant since 2013. The management team has been interviewing candidates in order to fill vacant positions as quickly as possible. They work closely with our Office of Human Services staff on reviewing Civil Service lists. Several tracking and monitoring processes have been put in place to maximize all funding streams to support the children, youth and families. All Federal, State, County funds and Special Grant dollars have been allocated to provide the service needs of our community. We have worked hard to develop strong collaborative partnerships and continue to be innovative and creative in the provision of our services. The new Director has met with all local service providers to discuss their services and the current and future needs of the agency.

Luzerne County Office of Human Services recently hired a Human Resource Analyst. This position will be devoted to Children and Youth. The HR Analyst will assist in streamlining various personnel related requests.

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Children are protected from abuse and neglect. Children are safely maintained in their own home whenever possible and appropriate	<ul style="list-style-type: none"> • Decision making for child placement • Shared Case Responsibility • As needed • Family engagement • Role and Voice • Teaming • Maintaining family relationships 	Family Group Decision Making Functional Family Therapy Truancy Intensive Family Reunification Services
Children receive appropriate services to meet their educational needs.	<ul style="list-style-type: none"> • 50% of participants will improve their attendance patterns, quarterly results 	Truancy Intervention
Children have permanency and stability in their living arrangement. Continuity of family relationships and connections are preserved for children.	<ul style="list-style-type: none"> • Case documentation of the invitation • FSP Participant Sheet • Family Team/FGDM Conference completed as appropriate • Frequency: Ongoing 	Family Group Decision Making Family Finding Intensive Family Reunification Services Family Education and Support Program
Families have enhanced capacity to provide for their children's needs. Children receive appropriate services to meet their educational needs. Children receive adequate services to meet their physical and behavioral health needs.	<ul style="list-style-type: none"> • Documentation in the case record that plans were provided to all team members • Frequency: Immediate and Ongoing 	Family Group Decision Making
Children are safely maintained in their own home whenever possible and appropriate.	<ul style="list-style-type: none"> • Reentry rates will be reviewed on the Hornby Zeller reports • Outcomes from provider 	Intensive Family Reunification Services Program

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

Program Name:	Functional Family Therapy
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The Functional Family Therapy model is a clear identification of specific phases. The population served by this program is children, youth and families. Each phase includes specific goals, assessment focus, specific techniques of intervention, and therapist skills necessary for success designed to guide the therapist in working with the family to meet the outcomes and goals short term and long term treatment goals. The major phase-based goals of FFT are to: (1) Engage and motivate youth and their families by decreasing the intense negativity; (2) Reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions; (3) Generalize changes across problem situations by increasing the family's capacity to adequately utilize community resources, and engage in relapse prevention.

This program is primarily MA funded, however should there be a gap in receiving Medical Assistance, the HSBG would assist families in obtaining the service seamlessly as they work on getting MA.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.
- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families with children ages 10-18	Families with children ages 10-18
# of Referrals	5	5
# Successfully completing program		
Cost per year	\$26,000	\$26,000
Per Diem Cost/Program funded amount	\$26,000	\$26,000
Name of provider	Children's Service Center	Children's Service Center

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

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

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Many families utilizing FFT were MA funded. We would like to continue with having the funding available in case a family is in need and not covered so they can receive the service quickly.

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

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

Family Group Decision Making is contracted through Family Service Association of Northeast Pennsylvania. This program allows families to identify services and supports they feel need to be put in place to either prevent the placement of their children or shorten the amount of time their children remain in placement. In addition, potential kinship resources are often identified during the initial stages of the FGDM process. FGDM is a practice that recognizes the role of families and their traditional power to best understand how to care for its members. It respectfully offers families the opportunity to come together as the best possible people to make decisions on keeping their children safe. The four goals of FGDM are (1) All children will be safe, (2) All families will be respected and empowered in their role of caring for their children, (3) The community will provide access to resources to support the family, and (4) The family and community will work together for the protection and nurturing of the child. There are four stages to the conference: (1) Information Sharing, (2) Family Private Time, (3) Plan Presentation and Acceptance, and (4) The Family Plan is put into action. The estimated total cost for this program is \$200,000 of which \$79,655 will be funded through the HSBG with the remaining \$120,345 funded through the Needs Based Budget.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

We anticipate an increased need for families utilizing this service; therefore we have increased the amount of the HSBG for FY 2016-17.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families in need of a support to prevent placement	Families in need of a support to prevent placement
# of Referrals	80	30
# Successfully completing program	30 conferences held, 41 closed with engagement and 39 closed with no engagement	50 conferences
Cost per year	\$200,000	\$79,655
Per Diem Cost/Program funded amount	Referral \$250, Successful Referral with Engagement \$1000, FGDM Conference \$3000	Referral \$250, Successful Referral with Engagement \$1000, FGDM Conference \$3000
Name of provider	Family Service Association of Northeast Pennsylvania	Family Service Association of Northeast Pennsylvania

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

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

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

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

Program Name:	Family Finding
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The Family Finding program uses all tools available, including various search websites, interviewing and assessment, Mobility Mapping and Life Connections Mapping to find family and connections for identified youth. This search process will be diligent and intensive as the provider looks for lifelong connections for children. Provider will work closely with the child's case manager to engage newly found appropriate family in the child's life. Part of this process is the Blended Perspectives Meeting at which the provider explores with the family what the child may need and how the family can fill those needs. Special attention will be paid to the appropriateness of the family member and their ability to provide the child with what he/she needs. The case manager will provide relevant information to ensure success. After the Blended Perspectives meeting a Family Group Decision Making and family conference meeting need to be arranged. The four goals of FF is: (1) To reduce entry, lengths of stay, and

placement changes in foster care, (2) To decrease disconnectedness and isolation for children, (3) To increase placement stabilization, and (4) To increase assistance to families to meet the child's needs. There are five stages to Family Finding: (1) Initial referral/discovery, (2) Engagement, (3) Planning, and (4) Evaluation. The FF Coordinator will ensure that the current plan functions well. The child's unmet need has been met. The FF Coordinator will ensure that the referring agency, court and team are satisfied with the child's and family's current state as well as the family's ability to maintain the state. The FF Coordinator will provide case management service to support the child or young person and their family to plan for and access essential formal and informal support. The estimated total cost for this program is \$265,167 of which \$79,027 will be funded through the HSBG with the remaining \$186,140 funded through the Needs Based Budget.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

We anticipate an increased need for families utilizing this service therefore we have increased the amount of the HSBG for FY 2016-17.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families in need of identifying additional supports, Widening their Circle	Families in need of identifying additional supports, Widening their Circle
# of Referrals	145	51
# Successfully completing program	24 Blended Perspective Meetings, 261 family members identified as life connections	Projection 90%
Cost per year	\$265,167.00	\$79,027
Per Diem Cost/Program funded amount	\$1828.74 per child	\$1883.60 per child
Name of provider	Family Service Association of Northeast Pennsylvania	Family Service Association of Northeast Pennsylvania and Children's Service Center

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

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

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

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

Program Name:	Family Education and Support Program
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The Family Education and Support Program (FESP) is an intensive, short term, crisis intervention and stabilization program that serves families in which at least one child is at risk of removal from the parent/caretaker's home due to abuse, neglect, parent-child conflict or family instability. The goal of the program is to preserve the family while ensuring the safety of the children and helping the family learn new skills to stay together successfully. The FESP Specialist carries no more than 5 cases at one time and utilizes a flexible work schedule that enables them to be accessible to their families when the family is available or when the family is experiencing difficulty. The FESP Specialist will utilize an agency approved evidence based parenting program and will utilize the NCFAS in the development of the case service plan. www.cebc4cw.org/assessmenttool/northcarolina/familyassessmentscale. Services provided to a minimum of 11 families per year per each full time FESP Specialist/Team. The length of service provision will be 12 weeks. The vendor provides a standard format for tracking and reporting the number of families served and the length and intensity of interventions. The FESP Specialist consults weekly with the LCCYS referring worker and/or supervisor. The estimated total cost for this program is \$220,000 of which \$49,829 will be funded through the HSBG with the remaining \$170,171 funded through the Needs Based Budget.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families at risk of having their child removed	Families at risk of having their child removed
# of Referrals	47 families; 143 children; 7 families refused service or service ended in placement	47 families; 143 children; 7 families refused service or service ended in placement same
# Successfully completing program	40	11
Cost per year	\$220,000	\$49,829
Per Diem Cost/Program funded amount	\$4,614.08 per child	\$4,614.08 per child
Name of provider	Catholic Social Services	Catholic Social Services

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

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

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

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

Program Name:	Promising Practice – Intensive Family Reunification Service
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

Intensive Family Reunification Services will utilize short-term, intensive, family and home-based interventions designed to reunite families whose children were removed from their care. The program is designed to reduce the length of time a child is in an out-of-home placement by strengthening the family unit and ensuring that they are connected with the necessary community resources. The goal of the program is to meet standards and policies for reunification and prevent multiple out of home placements or reduce the length of stay in placements.

The primary goal of the Intensive Family Reunification Services program is to implement brief, intensive, family-focused reunification services for families who have children placed in foster or kinship care in Luzerne County. The program is designed to reduce the amount of time children spend in out-of-home placement by strengthening families, building resources, addressing parenting concerns, and creating a plan for reunification. The team builds a child-focused partnership between the family, the community and human service agencies in order to support the family and facilitate planning for the safe reunification of children with their birth parents. The family is assigned an IFRS Case Manager who will work closely with the family to identify community supports and service providers appropriate for and specific to the family. The Case Manager will address the primary concerns or reasons for out-of-home placement, with the goal of reducing the risk factors and building protective factors. This will reduce the amount of time children are in out-of-home placements. Effective intervention will address the family's basic needs before an impact can be made on the emotional and behavioral changes necessary to facilitate reunification. Intervention will include but is not limited to: parenting education, anger/stress management, family enrichment, and resource coordination. There are many service providers and community supports to which IFRS can link the family to such as parenting support groups, mental health or substance abuse counseling, income assistance, housing assistance, and employment guidance. The estimated total cost for this program is \$295,988 of which \$194,890 will be funded through the HSBG with the remaining \$101,098 funded through the Needs Based Budget.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

We anticipate an increased need for families utilizing this service therefore we have increased the amount of the HSBG for FY 2016-17.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families with children who were removed from their care.	Families with children who were removed from their care.
# of Referrals	88	52
# Successfully completing program	87%	90%
Cost per year	\$295,988.00	\$194,890
Per Diem Cost/Program funded amount	\$51.37/hour 4 Step Per Diem - \$3650 per family	\$52.91/hour 4 Step Per Diem- \$3723 per family
Name of provider	Concern & Family Service Association of Northeast Pennsylvania	Concern & Family Service Association of Northeast Pennsylvania

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

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

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

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

Program Name:	Alternatives to Truancy
---------------	-------------------------

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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. Children and Youth have identified a Supervisor and Caseworker to pilot a truancy program in the Nanticoke School District. This program became fully functional in October 2015. The estimated total cost for this program is \$345,000 of which \$118,252 will be funded through the HSBG with the remaining \$101,098 funded through the Needs Based Budget.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.
- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Truant students and their families	Truant students and their families
# of Referrals	125	43
# Successfully completing program	19 successfully closed; 55 remain active; 11 declined; 8 unable to locate; 4 improved without intervention; 5 unsuccessful	19 successfully closed; 55 remain active; 11 declined; 8 unable to locate; 4 improved
Cost per year	\$210,000	\$71,979
Per Diem Cost/Program funded amount	\$1,680	\$1,680
Name of provider	CSS/The Bridge	CSS/The Bridge
	FY 15-16	FY 16-17
Description of Target Population	Truant students and their families	Truant students and their families
# of Referrals	275	110
# Successfully completing program	98% success rate for grades K-2 nd ; 85% success rate for grades 3-7; 3 families refused services; 118 meetings held	98% success rate for grades K-2 nd ; 85% success rate for grades 3-7; 3 families refused services; 118 meetings held

Cost per year	\$135,000	\$46,273
Per Diem Cost/Program funded amount	Salaried positions	Salaried positions
Name of provider	Children and Youth	Children and Youth

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

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

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

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

Program Name:	Housing Initiative
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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 assist 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.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.
- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families with children who were removed from their care	Families with children who were removed from their care
# of Referrals	42	42
# Successfully completing program	N/A	N/A
Cost per year	\$25,000	\$25,000
Per Diem Cost/Program funded amount	\$600.00 per family	\$600.00 per family
Name of provider	Luzerne County Children and Youth	Luzerne County Children and Youth

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

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

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Due to Budget Impasse in 2015, the previous Director put a hold on all requests for housing assistance as well as other requests. The need for assistance was greater than anticipated and workers had to find other means to assist families until the Budget Impasse was resolved. We

anticipate an increase of requests for FY 2016-17 due to the economics of the area so we plan to utilize the entire allotted amount requested.

DRUG AND ALCOHOL NARRATIVE

Overview

The Luzerne/Wyoming Counties Drug & Alcohol Program's Case Management Unit employs one full-time Case Management Supervisor and four Case Managers who provide level of care assessments, coordination of services and case management for residents of Luzerne and Wyoming Counties. The Luzerne/Wyoming Counties Drug & Alcohol Program serves as the primary point of entry into partial hospitalization and inpatient treatment services. After-hours emergency detoxification services are coordinated through a contractual agreement with Help Line of Wyoming Valley.

Treatment services include detoxification, outpatient, intensive outpatient, partial hospitalization, inpatient rehabilitation (short and long term), methadone maintenance and halfway house. Detoxification and rehabilitation services are provided by contracted agencies within Luzerne and Wyoming Counties and several agencies outside Luzerne and Wyoming Counties. Also, Luzerne/Wyoming Counties Drug & Alcohol Program provides prevention services in all school districts and the community at-large through contractual agreements.

The priority issues which the Luzerne-Wyoming Counties Drug and Alcohol Program intends to address during FY 2016-17 have been developed.

The SCA's primary goal is to continue to support or to implement those strategies that will assist our individuals in their effort to achieve long-term recovery from illicit and prescription drugs and/or alcohol. Our intention is to continue education about the disease of substance use disorder in combination with various treatment modalities that make up the continuum of care which will allow individuals to re-enter society and lead responsible lives by addressing their life issues in treatment. The SCA and its provider network recognize that this journey begins by helping the patient to attain a thorough understanding of their disease and their recovery while providing a protective and supportive environment during the process. It also recognizes that the recovery process does not end when an individual completes the formal part of their treatment. Continuing support upon completion of treatment through case management services is the real key to a healthy long-term recovery.

Waiting List

Because the number of individuals seeking D&A assessments services continues to increase, the SCA expanded its assessment services through contractual outpatient agreements to include two additional Provider sites. This helps to ensure a timely (within seven days of the initial contact) access to treatment protocols and eliminates any wait for level of care assessments. The SCA continues to monitor the level of care assessment capacity and has not identified a need to further expand outpatient contractual agreements at this time. Currently the SCA does not have a waiting list for level of care assessments.

Beginning July 1, 2014, the SCA has incorporated in its contractual agreements to oversee Luzerne County's Drug Treatment Court and Restricted Intermediate Punishment referrals to

include funds allocated to provide assessment for the above mentioned populations. Also, primary outpatient Providers throughout Luzerne and Wyoming Counties have been contracted to complete full LOC assessments for all first-time DUI offenders and all others in need of assessment services.

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

Fiscal Year 2015-2016: 5% or less waits longer than 7 days for assessment

Fiscal Year 2016-2017: 5% or less waits longer than 7 days for assessment

Barriers and Capacity Issues

The primary barrier that impedes expansion of Intervention and Treatment Services in Luzerne and Wyoming Counties is the Provider networks resistance to developing co-occurring competent services as part of their on-going assessment and treatment services. Although many providers claim to have a knowledge base of issues capable of meeting the co-occurring individuals' treatment needs, true intervention-type services for this population will require further development.

Another barrier is the back log at local hospital emergency rooms which tends to lead to delays in the processing of individuals in need of emergency services for their substance abuse problems. A major gap in services occurred when Wyoming Valley Healthcare System closed its Hospital Based Detoxification Program. This action caused more delays in coordinating placements from the local Emergency Rooms to Detoxification Treatment Services. The Administrator will continue to meet with hospital administration to attempt to develop a behavioral health emergency response system.

The SCA will continue to provide assessment and treatment referrals for the criminal justice populations in both Luzerne and Wyoming Counties; however, bed availability is a growing concern for these individuals.

The SCA through the Systems of Care System does receive sufficient referrals from the other Human Service Agencies in both Luzerne and Wyoming Counties. The major barrier with expanding services to these groups is lack of bed availability once such levels of care are identified as needed. On-going educational in-service trainings related to the SCA's assessment and referral process will continue.

County Limits on Services

An area needing to be addressed is building co-occurring disorders capacity. The local Drug & Alcohol and Mental Health Systems continue to work to establish this programming and the SCA will continue to encourage Providers to become licensed to provide co-occurring services. The SCA will continue to identify Providers within the networks who are qualified and credentialed to provide co-occurring services and offer client choice through the facility options offered at time of assessment. The SCA has identified Choices as an outpatient provider who has completed the state requirements necessary to treat co-occurring individuals. It should also be noted that the SCA has secured contracts with several inpatient providers who have successfully obtained Department of Health Licensure for co-occurring treatment.

The SCA will continue to cross-train all new employees within the Mental Health and Drug and Alcohol Systems to assure that both level of care assessments and outpatient treatment is available.

The SCA will need to identify a provider to treat adolescents in need of level 3A and 3B treatment services. Reallocation of existing funds to meet this unmet need will be necessary.

Opioid Epidemic – Impact on County System

Luzerne and Wyoming Counties, like others throughout the Commonwealth, are experiencing a critically high rate of heroin/opiate addiction and overdose deaths. The prevalence of heroin/opiate use disorders has increased to epidemic proportions.

For the past five years opiates and heroin are number one or number two in the substances abused in Luzerne and Wyoming Counties. Based on the Luzerne County Coroner's report, there have been 67 confirmed opiate and other substance combination overdose deaths in 2014. This trend has continued since 2001 with the total since that time exceeding 825 deaths. In Wyoming County, the confirmed overdose deaths in 2013 as a result of heroin totaled 14. The direct correlation between opiate/heroin use and criminal activity is well known. In Luzerne and Wyoming Counties Criminal Justice System the substance abuse related arrests account for 67% of the overall incarcerations in those counties. The Luzerne/Wyoming County SCA provides drug and alcohol assessments for all inmates referred by the County Correctional Facilities. In a review of the drug treatment court and criminal justice referrals opiate substance abuse disorders continue to be the largest group referred for assessments by the Luzerne/Wyoming Counties Case Management Unit.

Substance Use Trends

To further expand any of our medicated assisted treatments or to enhance and develop additional buprenorphine services, additional funding would need to be allocated. Currently, the SCA contracts with two methadone clinics and has worked steadily to increase access through HealthChoices eligibility of those individuals in need of MAT or MMT services. Also, long-acting injectable Vivitrol will be utilized as part of a continuum of care, thus enhancing Evidence Based MAT Services.

Also, the SCA is working in conjunction with our HealthChoices System to establish a Behavioral Health Emergency Room Service. This will allow individuals in need of drug and alcohol and/or mental health services to be treated in a more compassionate and competent manner. The staffing of such a unit will be trained to be empathetic to the suffering drug and alcohol addict thus leading to a stream-lining of the referral process for those in need of drug and alcohol treatment. Continuing training for emergency room staff (doctors and nurses) on how to identify and treat the suffering addict will be part of this newly developed crisis response system.

Through a HealthChoices reinvestment initiative which will allow for Providers to bill for Certified Recovery Specialist services, the SCA will strongly encourage the hiring of such Certified Recovery Specialists at all levels of care.

Target Populations

The SCA maintains a functional case management unit for Luzerne and Wyoming Counties and shares responsibilities for the case management system. The unit, which is staffed by case managers, provides screening and referral services for all SCA liable consumers. The unit currently employs the DDAP Screening tool and maintains scheduling for all functional unit staff that has LOC assessment duties as part of their job description. Screening calls are taken by the receptionist, emergency placements are ruled out, and a face-to-face drug and alcohol LOC assessment is scheduled within seven (7) days of this initial contact. Assessment staff, utilizing the DDAP assessment instrument, determines LOC and eligibility for participation in the SCA intensive case management service. SCA funding liability determination is also completed during this first face-to-face session. A case manager using the Pennsylvania Client Placement Criteria (PCPC) or American Society of Addiction Medicine (ASAM) placement criteria facilitates the referral to one of the treatment service providers with the SCA network.

After-hours screenings and emergency assessment/detoxification placements are facilitated through Help Line. The SCA Case Management Supervisor verifies all after-hours screenings, assessments, and emergency detoxification placements during the next regular business day. These after-hours service providers screen patient, and those determined to be non-emergent are directed to call the SCA case management during the next regular business day. Those deemed to be emergent are placed into detoxification or directed to the nearest emergency room for further examination.

Pursuant to contract requirements with the Pennsylvania Department of Drug and Alcohol Programs, the SCA has targeted priority services for special need populations. This means that these individuals will always be given first priority when waiting lists for assessment or treatment services are needed because of a lack of funding or a lack of slots available. These priority populations, in priority order, are: Pregnant Injecting Drug Users, Pregnant Substance Abusers and Injecting Drug Users, Overdose Survivors and Veterans.

If the Level of Care Assessment indicates a need for residential drug and alcohol treatment and the patient is; without any 3rd party health insurance or MA, and budgeted funds for the residential placement are still available, he/she will be entitled to one SCA supported residential treatment episode. A treatment episode will begin when the patient is advised and understands (acknowledging same in writing) the limitations of this SCA funding.

For the purposes of determining who is eligible to participate in the SCA benefit package, "resident" shall be defined as anyone who is living within the geographic boundaries of this SCA for at least thirty-days. A rent receipt, utility bill or other expense invoice with an address can be used to establish residency. Deviation from this definition for transfer referrals from other Single County Authorities will be considered on a case-by-case basis at the discretion of the Case Management Supervisor.

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:

- 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.

Luzerne/Wyoming Counties Drug and Alcohol Commission is committed to continued development of a system which utilizes recovering individuals of the community to sponsor and educate individuals seeking treatment and re-entering society post residential treatment. The SCA has supported HealthChoices reinvestment plans to train and hire Certified Recovery Specialists (CRS) and to establish Recovery Support Centers in Luzerne and Wyoming Counties.

Currently the SCA is working with the local HealthChoices administration to implement the DHS approved service description for Certified Recovery Specialist services as a supplemental service through a reinvestment initiative submission.

Finally, the SCA will work with local provider agencies to continue community education on the importance of recovery support services and aftercare services for those individuals re-entering the community following residential treatment stays.

The SCA Administrator continues to meet with recovery support groups from the provider and the community at large to identify ways in which ROSC services may be improved.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose **one** of the allowable service categories that are listed under each section.
- Which client populations are served? (Generic Services only)
- Planned expenditures for each service.

Note: Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

Adult Services: Please provide the following:

Program Name/ Description: **Home Delivered Meals** – The program provides 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 delivered on a weekly basis along with supplementary groceries (bread, milk, margarine and juice) to the homebound adult population who otherwise, primarily due to geographic location, low income, or special diet are not able to access other nutritional feeding programs.

Service Category: Home Delivered Meals

Planned Expenditures: \$23,971

Program Name/ Description: **Homemaker Services** – The program consists of activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide such services or to provide occasional relief to the person regularly providing such service. Services include instructional care if the person is functionally capable but lacks the knowledge, and home help and non-medical personal care if the person is functionally unable to perform life-essential tasks of daily living. The goal of this program is to prevent or minimize the need for institutional care for eligible individuals. The target population will be adult residents of Luzerne County between the ages of 18-59 who meet the financial eligibility and need determination requirements of the Adult Services Program and who are functionally unable to perform essential tasks of daily living or care for his/her dependents themselves.

Service Category: Homemaker Services

Planned Expenditures: \$15,000

Program Name/ Description: **Housing Services** – The program consists of activities to enable persons to locate, secure and/or retain adequate permanent housing. The cost of room and board is not covered under Housing Services. Service activities will include helping persons living in inadequate housing to locate, obtain and move into adequate housing; either through rental or purchase. Other services provided include helping persons in dealing with landlords, utility companies and other related housing concerns; and helping persons with the necessary paperwork for the financing of homes or home improvements. The target population will be Luzerne County households where the head of the household is between the ages of 18-59 and the household meets the financial eligibility and need determination requirements of the Adult Services Program.

Service Category: Housing Services
Planned Expenditures: \$125,000

Aging Services: Please provide the following:

None

Children and Youth Services: Please provide the following:

None

Generic Services: Please provide the following:

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

Service Category: Information and Referral
Client Populations Served: Entire County Population
Planned Expenditures: \$77,000

Program Name/ Description: **Project Remain** provides such services as needs assessments, referrals to other agencies, arranging appointments, completion of documents, wellness awareness and prevention. It also provides informational sessions and contacts with residents to assist in addressing current and future needs of the elderly and or disabled residents in Wilkes Barre City high rise buildings.

Service Category: Information and Referral
Client Populations Served: Poor elderly and/or disabled residents residing in Wilkes Barre City high rise buildings, aged 18 years of age and older.
Planned Expenditures: \$5,000

Specialized Services: Please provide the following:

None

Interagency Coordination: Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of county human services.

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	Estimated Individuals: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. This column should include all expenditures from the non-block grant county's allocation for each categorical.
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services. This should not include the portion of D&A Administration from the non-block grant county. The non-block grant county's Administration expenditures should be reported in the Non-Block Grant D&A Admin line item in the Drug and Alcohol section of the budget.
NOTE: Fields that are greyed out are to be left blank.	
<ul style="list-style-type: none"> ■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget. ■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services). 	

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	46		275,000	0	16,198	
Administrative Management	10,548		3,331,357	51,921	196,217	
Administrator's Office			916,636	274,992	53,990	
Adult Developmental Training	0		0	0	0	
Children's Evidence-Based Practices	0		0	0	0	
Children's Psychosocial Rehabilitation	0		0	0	0	
Community Employment	113		16,369	16,930	964	
Community Residential Services	162		2,476,932	296,118	145,891	
Community Services	120		257,759	44,785	15,182	
Consumer-Driven Services	0		0	0	0	
Emergency Services	3,042		1,486,468	88,560	87,553	
Facility Based Vocational Rehabilitation	76		49,446	3,631	2,912	
Facility Based Mental Health Services	96		6,813	1,176	401	
Family Support Services	108		118,957	7,584	7,007	
Housing Support Services	94		1,287,643	110,000	75,842	
Mental Health Crisis Intervention	5,879		481,152	25,895	28,340	
Other	0		0	0	0	
Outpatient	11,876		494,470	27,112	29,124	
Partial Hospitalization	772		160,905	9,866	9,477	
Peer Support Services	0		0	0	0	
Psychiatric Inpatient Hospitalization	127		315,517	71,240	18,584	
Psychiatric Rehabilitation	689		400,801	20,784	23,607	
Social Rehabilitation Services	0		0	0	0	
Target Case Management	1,956		289,105	15,275	17,028	
Transitional and Community Integration	0		0	0	0	
TOTAL MENTAL HEALTH SERVICES	35,704	12,365,330	12,365,330	1,065,869	728,318	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,237,568	142,213	72,893	
Case Management	43		248,995	29,374	14,666	
Community-Based Services	353		1,323,254	79,965	77,940	
Community Residential Services	16		1,199,117	112,955	70,628	
Other	35		18,420	400	1,085	
TOTAL INTELLECTUAL DISABILITIES SERVICES	447	4,027,354	4,027,354	364,907	237,211	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	80		127,491		7,509	
Case Management	390		69,884		4,116	
Rental Assistance	600		508,752		29,966	
Emergency Shelter	719		9,444		556	
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	1,789	753,690	715,571		42,147	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	124		234,511		13,813	
Promising Practice	52		194,890		11,479	
Alternatives to Truancy	153		118,252		6,965	
Housing	42		25,000		1,473	
TOTAL CWSG SERVICES	371	572,653	572,653		33,730	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Non-Block Grant D&A Administration				10,953		
Case/Care Management	515		128,490	4,229	7,569	
Inpatient Hospital						
Inpatient Non-Hospital	226		812,489	81,808	47,855	
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	17		30,220		1,780	
Partial Hospitalization						
Prevention						
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	758	1,094,839	971,199	96,990	57,204	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	924		163,971		9,658	
Aging Services						
Children and Youth Services						
Generic Services	100,000		82,000		4,830	
Specialized Services						
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	100,924	306,357	245,971		14,488	0
7. COUNTY BLOCK GRANT ADMINISTRATION			222,145		13,084	
GRAND TOTAL	139,993	19,120,223	19,120,223	1,527,766	1,126,182	0