

LAWRENCE COUNTY

Human Services Plan



*Fiscal year 2017-218
Submitted June 7, 2017*

Appendix B

County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS (Limit of 2 pages)

Lawrence County has worked with stakeholders, families, consumer groups, individuals who are self-identified consumers and partners from other service systems in our community. This has been done in various ways. We have been able to tap into several existing groups. In so doing, Lawrence County has offered the appropriate opportunities to solicit feedback, gain insight into plan revisions, and make any necessary funding modifications.

More specifically, the planning process has included the following groups and advisory boards:

- The Managed Care Organization (Beacon HealthOptions/VBH-PA) Oversight Committee
- The Quality Management Committee
- The local Housing Coalition Team
- The Child Infant Death Review Team
- The C/FST
- The newly created TAAG group
- The Criminal Justice Advisory Board
- The Systems of Care committee
- The MH/DS Advisory Board

Through these multiple planning teams the individuals listed below is only a snapshot of the composition of the groups who have driven our planning efforts for the upcoming year.

- **Joe Venasco** Administrator of Mental Health and Developmental Services
- **Rebecca Abrahamson** Director of the Single County Authority
- **Kathy Presnar** Housing-Lawrence County Social Services (HSDF-HAP)
- **Frank Merlino** Director of Children and Youth
- **Paulette Benegasi** Mental Health Specialist-Adult
- **Albert Antonelli** Mental Health Specialist-Children
- **Dee Welker** Lawrence County CASSP Coordinator
- **Sue Ascione** Director of Children's Advocacy Center

- **Kristin Johnston** **Developmental Services Specialist**
- **Jeff Wolfe** **MST/Parent**
- **Charmayne Bradley** **Adult Consumer**
- **John Carran** **County Fiscal Officer**
- **Holly Landolfi** **Director of the Drop In Center**

As each of these identified groups are comprised of either stakeholders, professionals of service providers, and/or consumers and family members, Lawrence County has been held accountable to stay focused and true to our current mission. With the approval and oversight of these teams, our prediction for the future of our County programs and the allocation of funds has been respectfully scrutinized. These discussions have ensured that local individuals are able to receive the most appropriate, least restrictive services necessary for success. That being said, it must be noted that our county has been placed in a desperate situation when the local inpatient unit closed in addition to the long standing lack of the State Hospital level of care for our community. With these gaps of level of care, our county has had to place emphasis on identifying alternative yet effective treatment options. As part of this, we have started looking at securing an alternative inpatient provider who would need financial assistance with start-up costs. Additional discussions have revolved around the potential to enhance our local crisis team and the psych rehab program. Given the extent of our service deficit at the point, we are also considering an enhancement of the telepsychiatry program, partial program, and respite for children. As a last recommendation to meet the community needs, we are also considering the possibility of creating a crisis residential program. Much of this information can be found with more detail in the Part IV of the County Plan under the “Program Highlights” section.

In order to develop a comprehensive and least restrictive array of supportive services, Lawrence County facilitated numerous meetings with our vital Stakeholder Community. Regular meetings were held with our Community Mental Health Center, Lawrence County Social Services (our local lead housing agency), Lawrence County’s Care Center (our consumer run CFST, representative payee program, and our Drop in Center) and our LHOT Team. In addition to these, monthly meetings consisting of our Systems of Care Team (which includes Transition of Age consumers, Adult consumers, as well as family members) were held. We have also recently brought in and instituted meetings with our local Disability Rights Pennsylvania lead. Each of these groups and meetings held significant benefit to developing not only this plan, but also in providing a direction and attainable goals for Lawrence County Mental Health and Developmental Services to focus on moving forward. Also without having a local or state inpatient option, these conversations proved invaluable in looking at new and innovated services as well as adapting and expanding on current services and practices that have proven beneficial especially from the feedback that we have received from our individuals receiving MH/BH supports.

The meetings with the mental health population did bring to light specific obstacles that the individuals receiving services face in trying to get by on the day to day basis. We found that many individuals want to work and want to live in the least restrictive settings as possible. There are many obstacles that they face daily that prevent this from being achieved to a satisfactory level. Lawrence County does have a public transportation system which is fully functioning and does make daily runs across most of our county as well as to Pittsburgh and the Grove City Outlets. However, this system does not run beyond 5pm. This was noted as an issue that prevented

individuals from evening work or taking jobs that are shift oriented. Resolution for this issue will be listed below under **FWL Transportation Programming**.

It was also stated that employment opportunities were difficult to find due to “past indiscretions” and a lack of opportunity due to their mental health illness. This is also addressed in section II under **Supported Employment for MH**.

A third major issue that was presented dealt with the current locations of our subsidized rental program. Geographically, Lawrence County is primarily a rural county with the hub being New Castle which is urban in nature. Most of our mental health housing locations fall in or right around the New Castle area. This issue is being addressed as well in section II under **Expansion of SRS Programming**.

In order to move forward with program expansion and program development, Lawrence County has worked closely with Southwest Behavioral Health Management staff as well as Value Behavioral Health (our MCO). These relationships have assisted us greatly in program development, regional services, as well as funding opportunities thru reinvestment proposals. Lawrence County meets with these entities on a regular basis thru operations meetings, board meetings and oversight meetings. These groups have been instrumental in assisting Lawrence County with the recent development of services such as *Parent/Child Intervention Training (PCIT)*, *Dual Diagnosis Treatment Team (DDTT)*, *Inpatient Support and options, treatment, meeting specialty populations needs, and placements*.

Monthly meetings have recently been instituted between Lawrence County, SWBHM, and VBH-PA in order to discuss county specific goals, trends, and on-going needs. These meetings have assisted in planning for future needs specific to Lawrence County. They have also been instrumental in identifying necessary funding streams and options to be utilized to best meet the consumer’s needs. This process has allowed our county to really streamline our processes to allow for efficient and timely referrals without delays and administrative barriers that are often in existence.

I. Services to be Developed

Due to the uniqueness of not having State Hospital beds available, Lawrence County has continued with many of the planning processes that were developed at the time of Mayview State Hospital’s closure, expanded on many more services, and have continued to develop new service options to best meet the needs of our residents. At the present time, Lawrence County does not have any CRR beds or RTF beds within the County. We do have one twelve bed LTSR.

As noted earlier, Lawrence County currently does not have access to any State Hospital beds and also does not have a local inpatient unit at this time. In December of 2016 Jameson Hospital (UPMC) opted to close the inpatient psychiatric unit in New Castle, Pa. Every effort was made by the County’s Mental Health Office as well as the Mental Health Provider Network to keep the unit open. None the less, it closed its doors. This closure is proving to be a great challenge to treatment, planning, housing, and servicing our consumers with behavior health needs. To resolve this dilemma, Lawrence County Mental Health and Developmental Services have entered into conversations with the Ellwood Hospital to expand upon the geriatric psychiatric inpatient unit to include up to **twelve general psychiatric beds**. Discussions to add **Detox options** have occurred simultaneously. Lawrence County will utilize Health Choices Reinvestment to assist and support this project. To date these discussions are moving in a positive direction.

Transitional Living Housing. As we were going through the closing of the state hospital, we realized that we needed a level of housing that we had not yet developed. In our opinion, housing locations were becoming stagnant with little to no movement of clients from one location to another. When someone was maintaining mentally at a location, then there was a fear to move them to a new location. In response to this, Lawrence County in partnership with the Human Services Center developed a Transitional Living House. This home allows for three consumers to live together, share common living spaces, but have the privacy of their own locked bedroom. This location is staffed nine hours per day to allow for needed support. On average our clients timeframe for living here is typically around 6-8 weeks before moving on to more independent locations. The results and movement of this has shown success. This location has effectively served individuals considered **Adult, Older Adult and Transition Age**. We are currently planning for a second transitional living home at this time. By adding the second location, this will allow for up to thirty individuals to reside in one of the two locations. At this point, funding a second location will be depending on future base funding. The cost will be approximately \$100k annually.

Crisis Residential Location. Lawrence County is currently discussing the possibility of a Crisis Residential Program to be developed. This is in the early stages of discussion and is dependent upon the results of our discussions with Ellwood Hospital expanding to psychiatric inpatient. If Ellwood Hospitals opts not to do inpatient for us, then we would utilize the secured funding from Health Choices to move quickly on the development of this Crisis Residential. This service would not discriminate by Age, Gender, or Orientation.

At the present time Lawrence County presents an array of services designed for early detection of potentially volatile situations and diversions to less restrictive placements. Each of these services are responsive to individuals of any age. Among these are:

A) 24 hour Mobile/Phone/ and Walk in Crisis.

This program serves approximately 200 individuals on an annual basis (1500 calls, 350 mobile responses, and 180 walk in). To expand on these services Lawrence County MH/DS is now in the planning stages of locating a crisis staff at our 911 center during critical evening hours. Presently, our 911 Center receives numerous calls of a mental health nature between 6pm and 11pm daily. Our plan is to place a crisis worker to assist with immediate response to these calls and alleviate or lower the need for police use for folks who can be de-escalated or where a mental health responder can be sent instead. We believe that this could assist up to 200 individuals per year. Anticipated start date is in early 2018.

Our Community Mental Health Center has enhanced its services to allow for immediate **walk in psychiatry appointments** on Tuesdays and Thursdays. This method is designed to de-escalate, provide medication appointments, and therapy for individuals who need immediate assistance or may have missed a recent critical appointment. This service has recently begun so critical data is not yet available to note the success rate of the program. We are confident that this service will be beneficial to meeting access for individuals who may have missed a recent scheduled appointment.

Lawrence County MH/DS has hired a specific **care management coordinator** who is responsible for tracking, arranging meetings and services for, and identifying consumers in need of supports. We anticipate a caseload of approximately 50 individuals annually. This position will allow Lawrence County to have a single point of accountability for our most critical cases.

B) Non -institutional Housing Options

Subsidized Rental Support. Lawrence County currently offers a Subsidized Rental Program through Lawrence County Social Services (LCSS). This program allows for a bridge between section 8 housing and the waiting list. This program calls for a housing case manager from the agency to work with individuals with behavioral health needs in this program. We currently have twelve slots for this program, however we will be **expanding to 36** in the very near future. Funding for this program also has built in contingency funds for individuals in need of critical housing items. Sites for the apartments will and are determined by where the consumer chooses to live.

Fair-Weather Lodge Model. Lawrence County has been a big proponent of the Fair-Weather Lodge model of housing. Since the closure of the state hospital, Lawrence County has transformed all CRR options to FWL housing. Each person living in a FWL works (they have janitorial as well transportation contracts). They also receive shared expenses and access to direct peer support.

Scattered Site Apartments: Lawrence County offers numerous scattered site apartments for people who are or have been active in their recovery. This program is monitored by our CMHC and to be placed in an apartment the individual must be active in his/her recovery.

Although our services are not typically age specific, we do collect data annually and have found the following breakdown during fiscal year 15-16. Older adults utilized 19% of our bed and treatment capacity, Adults 68%, and TAY 13%.

C) Non-Residential/Community Supports

Mobile Medication Program: Lawrence County's CMHC currently runs a mobile medication program. This program currently serves 130 individuals on an annual basis. It has proven successful for Adults, Older Adults, as well as TAY.

Dual Diagnosis Treatment Team: Lawrence County in partnership with the Southwest Six Counties begun offering DDTT services for individuals recommended for it. It is a relatively new program for us, but at this point appears to be a valuable asset to our services.

Outpatient Services/Tele-pysch options: We currently have 8 outpatient providers within the County lines. Services offered range from general outpatient, tele-psych, medication management, behavioral health rehabilitation services, school based services, school based outpatient, blended case management, psych rehab, mst, parent-child intervention training, adult partial hospitalization and child partial hospitalization (true school based).

Suicide Prevention Coalition: Made up of leaders from multiple sectors of the social service programs in Lawrence County.

Systems of Care: Lawrence County is enrolled as a System of Care County. We have utilized this opportunity to expand and bring a multitude of supports to the table to support our most critical individuals.

Adult CAST: Coordinated Adult Service Team. This was a creation that stemmed from looking at how our CASSP System as well as the CSP process at the state hospitals functioned and got important individuals for the SMI to the table. We utilize those principles in encompassing all possible options for the person seeking recovery. This process is triggered by multiple inpatient admissions, deterioration at current location (at risk for more restrictive), and often for individuals who are just difficult to place (provider rejection).

Complex Case Review: Meetings with the presence of Mental Health, CYS, JPO and SCA for our multisystem youth.

Mental Health and Treatment Court: Multisystem treatment team to assist individuals with mental illness with substance abuse who are in dire risk of incarceration. To this point, though relatively a new venture this process is proving beneficial at a success rate of over 80 percent.

Forensic and Community Liaisons: These positions were created to assist individuals who are incarcerated or in an acute setting. They are designed to be a mobile intake and to ensure that individuals are scheduled with an outpatient provider immediately upon discharge or release.

D) Peer Support/ Peer Operated

Lawrence County Cares Center: Lawrence County Cares Center operates our Drop in Center, our Consumer Satisfaction Team, and our Representative Payee Program. This center's employees consist of individuals who are/were consumers of mental health services and are at different stages of their recovery. At the present time LCCC employs twelve individuals. The Drop in Center portion has more than 200 regular consumers who use the facilities and support.

Certified Peer Specialists: Lawrence County also has a Certified Peer Specialist Program that operates thru our CMHC. The CMHC currently employs five peer specialists with varying caseloads.

Fair-weather Lodges: Currently forty six individuals reside in County FWL's. Each of these individuals is also employed thru the FWL contract.

- **Note: Lawrence County did offer a Warm-line as well. However, it was discontinued after only receiving one call over a two year period.**

E) Supported Employment Services

Fair-Weather Lodge: Lawrence County currently has five FWL's which are operated by the individuals who live in the homes. They vote in new members after interviewing them for residence there. They also have two businesses that they run and operate. It is a mandate to live there. One is a commercial cleaning/janitorial company which they contract with many local businesses to clean after hours. The second business that they run was offered by the County after meeting with consumers and it was stated that they wanted to work but couldn't get transportation. So the FWL folks started a transport business to ensure that our mental health consumers could get to and from work at any time. Typically they charge a low fee and have proven to be a great support system.

Lark Enterprises: Lark currently offers both a workshop and also supported employment with job shadowing and coach services. This is offered to both ID individuals and MH consumers. They currently employ and work with more than 100 individuals per day.

Lawrence County Care Center: Employs twelve individuals at varying levels of recovery.

Caratis and Westfield: Both are enhanced PCH's that offer employment in growing crops and then selling them. They also offer composting, wood working and sales of all items made. Proceeds go to the individuals who work there.

Certified Peer Specialist: Lawrence County's CMHC currently runs and facilitates our CPS programming. This has proven to benefit both the CPS and the users of the program. Almost

immediately after starting this program, we saw approximately a 5% decrease in hospital readmissions.

At the present time Lawrence County does not have a waiting list for any supported employment opportunity. Access is being met, however we are always looking for opportunities to expand.

Given the outcomes from last year, our intention is to expand the aforementioned programs and, if possible implement the necessary changes to the existing programs. In so doing, this will allow our county to continue to meet the needs our SMI population in the least restrictive setting as well as compensate for the lack of a local inpatient unit. We do NOT anticipate this to be a long term gap in service however, until a new local contract is secured, we will work closely with each entity to provide the appropriate level of care as medically necessary.

PART II: PUBLIC HEARING NOTICE

- 1. Proof of publication;
 - a. **New Castle News, Published May 24, 2017**
- 2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)

Signatures of Attendance May 26, 2017

- 1. *Albert Antonelli* LC MH/DS
- 2. *Dee Wecker* CASSP/SOC COORD.
- 3. *Lisa Matteo* Law. Cty CYS.
- 4. *Sally Rondelf.* Lawrence County Cares.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Appendix A
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Lawrence

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Date: <u>6-13-17</u>
<u>Robert M. Signore Sr</u>	Date: <u>6-13-17</u>
_____	Date: _____

NOTE: The public hearing notice for counties participating in a LCA should be made known to residents of all counties

AFFP

NOTICE Notice is hereby given o

Affidavit of Publication

STATE OF PA }
COUNTY OF LAWRENCE } SS

Laurie Doyle, being duly sworn, says:

That she is Advertising Manager of the New Castle News, a daily newspaper of general circulation, printed and published in New Castle, Lawrence County, PA; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

May 24, 2017

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

Laurie Doyle

Advertising

Subscribed to and sworn to me this 24th day of May 2017.

Karen A. Nestor

Karen A. Nestor, , Lawrence County, PA

My commission expires: April 10, 2019

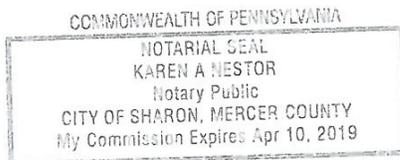
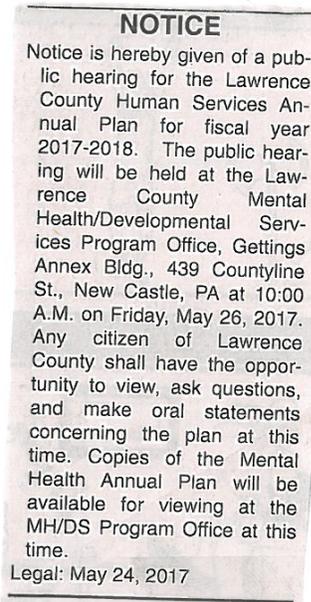
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LAWRENCE COUNTY MENTAL HEALTH
439 COUNTYLINE ST
NEW CASTLE, PA 16101

NOTICE

Notice is hereby given of a public hearing for the Lawrence County Human Services Annual Plan for fiscal year 2017-2018. The public hearing will be held at the Lawrence County Mental Health/Developmental Services Program Office, Gettings Annex Bldg., 439 Countyline St., New Castle, PA at 10:00 A.M. on Friday, May 26, 2017. Any citizen of Lawrence County shall have the opportunity to view, ask questions, and make oral statements concerning the plan at this time. Copies of the Mental Health Annual Plan will be available for viewing at the MH/DS Program Office at this time.

Legal: May 24, 2017



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

Employment: Our county is unique in that it is one of the smaller entities. Our opportunity to assist in offering successful employment options is vast. We currently utilize the local agency LARK in order to promote employment for our local consumers. In order to do so, our office follows a process designed to identify an individual's type of need for successful employment then offering the appropriate funding to support these needs within the budget set forth on an annual level. When and if the need for increased funding occurs, we are then able to adjust the contract, draw down the dollars and disseminate the funds to enhance and support appropriate employment endeavors as necessary.

In addition to this process, our office also holds fast to the idea that employment should and is a key component to successful recovery. Given this mind set, we have enhanced numerous treatment facilities which currently include an employment opportunity for those who are interested. The Fair Weather Lodge models have been provided with a vehicle in order to allow an increased ability to access available work sites. Additionally Westfield and Carritas offer employment opportunities on site. Each place is set up as temporary housing, treatment and employment. Westfield offers, gardening, cleaning, and recycling components. Carritas offers a unique and rare opportunity for raising alpacas and animal grooming services.

In order continue with this trend, our Drop In Center is also comprised of an employment component. Individuals are strongly encouraged to take part in routine clean up, daily cooking activities, and/or multiple other odd jobs that arise on a daily basis. Lastly, our office staff has worked closely with the District Attorney's office and is now a part of the "jail to jobs" program. The Lawrence County District Attorney's Office officially launched the Jail-to-Jobs (JTJ) Program in February of 2014 funded by a grant from the Hoyt Foundation, Lawrence County, Pennsylvania. The Jail-to-Jobs Program is the first of its kind being offered by any District Attorney's Office in the Commonwealth and aims to assist otherwise eligible convicted felons in finding gainful employment in an effort to help them support themselves and their families as well as lowering countywide recidivism. **The program has exceeded all expectations** and as of August 18, 2015, more than 130 convicted felons are gainfully employed fulltime in Lawrence County earning between minimum wage and \$24.50/hr.

The Jail-to-Jobs Program is restricted to convicted felons presently living in Lawrence County who complete an application through the District Attorney's Office and do not have one or more of the following disqualifiers:

1. Convictions for any sexual act in which a child and/or minor is a victim;
2. Applicant is presently incarcerated;
3. Applicant has criminal charges pending;
4. Applicant has revocation hearings pending;
5. Applicant is defendant in pending Protection From Abuse Hearing;
6. Applicant has pending warrants of arrest;
7. Applicant has pending restitution and/or support obligations and has failed to enter into a payment agreement; and/or
8. Refusal to honor any disclosure agreements and/or comply with restrictions, conditions or prohibitions of the District Attorney's Office.

While Lawrence County understands that funding multiple supportive services and programs are vital, we have identified the need for meaningful daily activities to be a key aspect of successful recovery. That being the case, it continues to be our intention to fund and enhance those programs that offer employment as part of the treatment regimen. Should other providers or services desire to enhance the services offered by adding an employment component, this county office will assume a reduction in cost of other treatments and reallocate funds to better support those employment opportunities.

Housing: The County administers a variety of housing services meant to provide all County residents with safe, affordable housing. Currently, HSDf provides Housing Services within the Adult Services Program in order to enable persons to obtain and retain adequate housing, Homemaker Services under the Adult Generic Services, and the Homeless Assistance Program provides rental assistance. The County leverages multiple funding sources and programming in order to stretch available dollars as far as possible and make the largest impact. Households are screened for the County's Emergency Solutions Grants, CDBG, NSP, and HOME programs as well as funds administered by local organizations such as Continuum of Care Funds and SSVF funds through the Coordinated Entry system. This allows residents to access all of the services they are eligible for and streamlines the process for entrance into the system.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

The Lawrence County MH/DS office and the local stakeholders, consumers groups and advocates have historically worked in tandem to create a vision and mission statement that accurately reflects the individuals of this county. With the closure of Jameson Hospital's inpatient unit and the increase of co-occurring disorders have the individual needs of Lawrence County required such a collaborative and innovative approach.

Our goal is to see a continuity of mental health care that identifies the needs of the consumer that reflects a comprehensive system of recovery. To achieve this we need to work closely with local consumers and their families, advocates, treatment providers and other stakeholders to identify and provide effective treatment that reflects evidence-based practices.

Our local priorities are those living with a mental illness, to provide them with a lifelong recovery process that encompasses all of the following

- Every consumer is a person first
- Trauma informed care is supported and encouraged by all mental health professionals. It provides a services that is grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and the

prevalence of these experiences in persons who seek and receive mental health services.

- Recovery includes physical wellness and inclusion of PCP participation
- There should not be a “one size fits all” approach to services and supports
- Every person has different needs, goals, and preferences which are vital to their recovery
- Diversion from incarceration and hospitalization is a high priority
- Lawrence County embraces the philosophy and development of a recovery oriented system
- Lawrence County is committed to providing quality mental health services to all adult populations (transition age youth, adults, LGBT and older adults)

Our mission is to improve the quality of life for the transition age youth, adults, LGBT and older adults with mental illness that we serve with effective treatment and support services. We have to enable them to live full and productive lives in their community. In order to achieve such a progressive system, the Lawrence County Mental Health Program is committed to the following purposes:

- Continuing a valuable relationship with the administration of the local Aging Program.
- Continuing to work with our local Medical Assistance Office.
- Continuing to build our relationship with the Local Housing and Urban Development programs.
- Continue to work closely with Lawrence County Social Services for program and housing development.
- Continue to work closely with our Community Mental Health Center in refining and supporting current programs, as well as developing future programs to enhance our service system.
- Continue working with Lawrence County Hospitals, UPMC Jameson and Ellwood Hospital.
- Continue to work closely with our local NAMI, Consumer Satisfaction Team, and Consumer Support Center to ensure consumer involvement.
- Continue working closely with our Single County Authority to find effective strategies to providing appropriate supports for our ever growing co-occurring population.
- Continue to build working relationships with the criminal justice system. This would include Adult and Juvenile Probation, Pre-Trial, Lawrence County Jail, Central Court and Treatment Court.
- Work closely with emergency services to identify and divert consumers into the least restrictive setting.

In order to continue to provide innovative and effective mental health services, we understand that numerous hours and extreme cooperation must remain our focus. Lawrence County has committed to this work effort by reviewing and adhering to feedback, being flexible, and openly reviewing each programs efficacy. Our county has been able to

ensure a recovery oriented system through this strong commitment to the vision mission, as well as our extensive and elaborate relationships with our local stakeholders.

The following programs reflect the effort and commitment to collaboration of consumers, families and stakeholders to identify treatment needs and providing them in a recovery based system. Program development is driven by the needs of the consumer while removing obstacles and barriers that prevent access to services. Programs need to encompass an evidence based approach while providing sustainability in all settings of the consumers lives. Obstacles such as stigma, lack of transportation, family involvement, and insight due to untreated symptoms are taken into account when developing programs.

a) Program Highlights: (Limit of 6 pages)

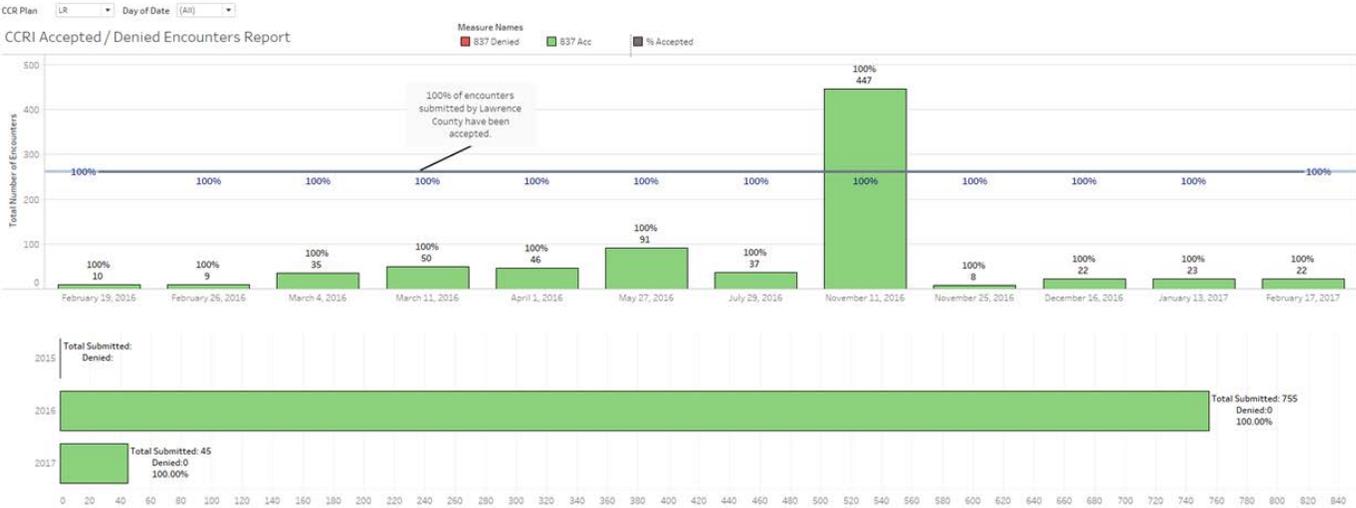
Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

Consolidated Community Reporting Initiative (CCRI Implementation)

In order to implement the Consolidated Community Reporting Initiative (CCRI) for Lawrence County the first step was to work with our base-funded mental health providers in completing the CCRI Base Enrollment Application. After each provider's completed applications were submitted and the enrollment occurred for the CCRI provider, a letter was generated and mailed to the CCRI provider and a copy of the letter was generated to the county.

CCRI has allowed Lawrence county to be able to accurately report data to the state. Each month providers upload an encounter batch of services used by consumers. Reports can be run to verify all information is correct before submitting. A listing of consumers that are included in the batch can be printed to verify they have been submitted. These encounters are then submitted to the state and are what the county uses to bill their mental health providers.

Up to date, 100% of encounters submitted by Lawrence County have been accepted.



agencies to ensure that the appropriate services are recommended, accessible and utilized. Additional duties will include outreach to providers, jails, hospitals, justice systems and any other relevant services in order to create a more effective and efficient treatment, offering a better opportunity for long term recovery in the least restrictive setting. The Care manager will also work to perform some of the duties of the person focused planning meeting pilot program. For the Person Focused Planning Meeting Model, the purpose of the meeting is to give adult consumers and families an opportunity to work with the professionals who are providing behavioral health services and the natural support systems available to assist them in making the best decisions regarding the most appropriate care. The adult consumer works with the group facilitator to decide upon the appropriate participants for the meeting. All parties will have the opportunity to engage in the discussion with the goal of developing an action strategy to assist the consumer and family in achieving self-determined goals. The group facilitator and or the single point of accountability (case manager) will communicate with the consumer and, as appropriate, the family during the course of treatment to assure that the action strategy is meeting the needs of the consumer and family and that progress towards the self-identified goals continues. The PFPM Model is a strengths-based, person-centered, family-focused process that promotes self-sufficiency in the consumer and family as well as service integration. The PFPM operates under the belief that ALL consumers and families have strengths and that these strengths are what will ultimately help them to resolve the concerns that have led them to seek services. All concerns for the consumer and family are addressed in a way that is engaging, collaborative and empowering. The MCO automatically authorizes the services that have been recommended by the planning team during the PFPM meeting within established parameters.

This position will be crucial for monitoring the SMI, dual diagnosed population. When performed correctly, this type of casemanagement and oversight will reduce the discrepancy of funding sources as well decrease the cost for multiple, higher level cost centers.

Intercept Model

Lawrence County utilizes an Intercept Model of diversion from the Criminal Justice System. The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. The interception points are law enforcement and emergency services; initial detention and initial hearings; jail, courts, forensic evaluations, and forensic commitments; reentry from jails, state prisons, and forensic hospitalization; and community corrections and community support.

Rental Subsidy Program

Lawrence County currently contracts with LCSS to offer rental subsidies to consumers while they await a section 8 Housing Voucher. To date, 55 consumers have benefited from this program. There continues to be a need for those considered to be of the transition age youth as well as older adults who have a diagnosed mental illness. Our vision for the transition age program encompasses an additional housing team that would teach skills for activities of daily living, cleaning, financial responsibility and domestic functions. Conversely, for the older adults we would look to have two additional units in complexes already designed for an elderly population. The focus would be supporting these individuals in an independent setting and creating normal interaction and relationships with peers.

Drug and Mental Health Treatment Court

Mental Health Court accepted its first participant in March 2015 and held its first graduation ceremony on 02/09/2017. We currently have five participants with three individual in aftercare. We receive new applications monthly and currently have two pending applicants. Most of the applicants to Mental Health Court have a substance abuse issue. Based on this we have a representative from Lawrence County Drug and Alcohol Commission that participates on the Mental Health Court Team. We have expanded our Court Team to now include Cathy Clover a licensed psychologist with extensive history working with forensic populations, Dave Hunter from UPMC Jameson Hospital Partial Program and William McLachlan of Human Services Center.

Lawrence County Client Satisfaction Team (LCCST)-

The focus of the LCCST program is to provide a strictly confidential way to report consumer's concerns and increase the level of satisfaction involving the behavioral health services they receive. Each year LCCST completes approximately 2,500 surveys with the consumers of behavioral health services in Lawrence County. This is accomplished by visiting provider sites, attending health fairs, and community meetings. The information gathered by LCCST is reported to the behavioral health providers, the MH/DS office, and the managed care company. LCCST is also a part of local service providers' grievance and appeals process. This information and feedback from clients is a valuable tool for planning and enhancing the behavioral health system in Lawrence County. At all times the LCCST program shall comply with the relevant sections of Appendix L.

Representative Payee Program-

The Rep. Payee Program is a supportive and education program in which consumers can be provided with hands-on assistance with monetary tasks such as budgeting, paying bills, enrollment in assistance programs and debt reduction. At the beginning of January 2017 we had 40 clients, as of May 1, 2017 we have a total of 46 clients. We are receiving at least 2 referrals per week from various agencies within the community. We are working closely with Life Lawrence County and have 7 shared clients. We are making strides to update our systems to accommodate the increased number of clients by now paying clients bills online through the GNC online bill pay. We are hopeful that this program will continue to grow. On a monthly basis an internal audit is conducted of our client files by our accounting department.

Lawrence County Cares

Lawrence County Cares is a drop-in center that operates five days a week from 8am to 4pm, offering consumers social and support networks as well as access to community resources. Monthly speakers include The Urban League, Lawrence County Community Action Partnership, Value Behavioral Health, the Ombudsman program, etc. Through donations, the Next Step Center is able to provide meals to the clients we serve. The Next Step Center provides vital resources for consumers to enable them to have greater independence and success in the community.

Mobile Medication Program-

The Mobile Medication Program is designed for individual who have difficulty managing their medications on their own. The service provides support, education and skill building for individuals to become independent and responsible for their medications. Failure to take medications as prescribed is a major contributor to inpatient hospitalizations. The goal of the Mobile Medication Program is to allow the individual to gain control of their medications as part of their recovery plan while minimizing inpatient hospitalizations. There are approximately 60 clients being served through Mobile Meds.

Telepsychiatry

Telepsychiatry is traditional psychiatric services provided over a secure connection between two computer monitors. The purpose and benefit of this service is to provide more timely access to psychiatric services. Telepsychiatry came out of a need in Lawrence County to access children's psychiatry services. It is offered through Human Services Center Monday, Wednesday and Friday with possible expansion to School Based Services. There are currently 275 children being served through Telepsychiatry.

TiPS Program

TiPS is a new program designed to provide real-time resources to physicians seeking consultation and advice for pediatric patients with behavioral health concerns who are served by Medicaid. A physician who uses the TiPS service will have access to a child and adolescent psychiatrist to discuss treatment options and get help linking the child to appropriate treatment if services outside of primary care are deemed necessary. TiPS is provided through UPMC Children's Hospital and is available to all Primary Care Physicians in Lawrence County.

Crisis Intervention

Crisis Intervention is available through Telephone, Mobile and Walk-In services. Telephone and Mobile services are available 24hrs a day, 7days a week. Walk-In services are available Monday – Friday 9am to 5pm located at Human Services Center. With the closure of our inpatient unit crisis continues to look for progressive and innovative ways to proactively engage individuals at risk for hospitalization in the community. Crisis works closely with area outpatient providers and hospital emergency rooms to perform follow up services on consumers that may need additional support and encouragement in treatment or supported in their currently recovery period.

Supervised Care

a. Edgewood

Edgewood is a fully supervised, 10 bed, rural based, residential program for individuals with serious psychiatric difficulties. Admission is directly from inpatient psychiatric care. This program's focus is a step down from hospital care, leading to stabilization, and ultimately less intensive community and/or residential care.

b. Westfield

Westfield is a fully supervised, 8 bed, rural based, residential program for individuals with serious psychiatric difficulties. Typically, they have an extensive history of mental health treatment including numerous acute as well as extended hospital stays.

c. Caritas

Caritas is a fully supervised, 11 bed residential program. The rural based program is located on 41 acres in Slippery Rock Township. This program serves individuals with a history of serious psychiatric difficulties that have been treated with a variety of methods including acute and long term hospital care. On site vocational programming for the residents includes Canine Cuts Animal Grooming/Shelter/Kennel, raising alpacas, weaving, and farm product management.

Supportive and Independent Living

a. Fairweather Lodges

The Human Services Center's Fairweather Lodge Program is a 34 bed, residential program located at five sites throughout the New Castle area. These are congregate living sites that are administered by the residents who have a history of mental health treatment. Resident governance includes oversight of admission, supports, every day living and discharge. Residents are required to be employed commensurate with their skill levels at a minimum of 10 hours per week.

b. Transitional Living

The Human Services Center operates two facilities. The first facility houses up to six adults who are homeless. Persons stay until they gain the skills and resources to move into more permanent living quarters. The second facility is for up to three persons with chronic mental illness who need significant support to be maintained in the community. These individuals may transition to a more structured setting or into one with less

Certified Peer Specialist

This program provides support, encouragement and guidance to consumers during their recovery. The staff are comprised of individuals who have received services from the mental health system, have made significant strides in their own recovery, and have received extensive training regarding pertinent/effective strategies to overcome the impact of mental health difficulties.

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

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

- **Older Adults (ages 60 and above)**
 - Strengths: Our office has a firm relationship with the Area Office on Aging. We take part in quality management meetings as appropriate. Our local CMHC has services that specifically reach out to older individuals. Our crisis workers are trained specifically in the needs of older adults. Our community inpatient hospital is a geriatric unit and has worked with older adults on a long term basis.
 - Needs: The continuum of care for older adults has gaps for housing needs as well as meaningful and gainful employment. Our certified peer specialists are not trained specifically to address this older adult population.

- **Adults (ages 18 and above)**
 - Strengths: The behavioral health services that are offered in this county are strongly geared toward individuals within this age range. We offer plenty of housing, employment and treatment options. Many of these are highlighted in the body of this plan. In an effort to divert individuals from higher levels of care, we also continue to utilize the CAST meeting framework of which the community liaison works closely to monitor and facilitate meetings/discussions as necessary. As an addition to this, we are part of pilot program. One staff has been appointed to act as the “point” person” in those instances where the case is considered to be complex. This is a new aspect of our services and oversight, however 5 cases have been identified and are actively going through this process.
 - Needs: One of the strongest needs in this county is an increase in psychiatric time. It is difficult for new patients to be seen in a timely manner once a crisis occurs. Most recently, our county has lost the ability to treat people at on the inpatient level of care. Our long-time inpatient unit, Jameson Behavioral Health, has eliminated this service.

- **Transition-age Youth (ages 18-26)- Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.**
 - Strengths: As part of our efforts to increase opportunities for individuals in this age range, we have worked closely with several providers of employment services. We have contracts with Lark to support individuals with gaining skills and with job support. Our office also works with the local OVR programs to obtain services, supports and employment opportunities for individuals just transitioning into the work force. We also work with school districts who have identified individuals who would benefit from post-secondary training experiences. Our local county government has been open to employing individuals who have dual diagnoses. This has opened up employment opportunities for several motivated and qualified people. As reported last year, our local TAAG has flourished and is working to be a positive voice of individuals who have mental illness. While much of these activities are done by the

staff of this office, we also work with the Lawrence County Social Services to address the training needs and possibilities.

- Needs: Again, the voices of our TAAG and other transition age people have clearly stated that permanent housing is one of the biggest obstacles and challenges that they are faced with at this age. Going hand in hand with housing, comes the need to understand budgeting, cleaning, independence and responsibility for the daily duties of living alone.
- **Children (under 18)- Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.**
 - Strengths: We have a strong working relationship with the local CYS. We have been able to continue the monthly complex case meetings to discuss children who utilize both service systems. This has given us a much more successful rate of resiliency and reunification. During the past several years, our office has worked with the treatment teams of many children in order to identify the appropriate use of our respite services. This has also been beneficial to the children and families in our local community.
 - Needs: One of the most profound needs for this age group is a specific type of respite or treatment for children with autism or autism spectrum disorders. Several other needs remain for the younger population of Lawrence County. An increase in the capacity of the Family Based program in conjunction with more specialized psychiatry for the young children in our community

:

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

- **Individuals transitioning out of state hospitals**
- **N/A we do not have a state hospital and zero admissions since 2008.**
 - Strengths:
 - Needs:
- **Co-occurring Mental Health/Substance Use Disorder**
 - Strengths: Lawrence County Drug Court has been an effective way at dealing with an influx of drug related crimes. Shortly after Drug Court started the treatment team identified the need to bring a Mental Health component to the Drug Court Team. Most individuals who entered the program with substance abuse issues also have an underlying mental health need. This collaboration has started an improved working relationship with Drug and Alcohol providers to work closely with their Mental Health counterparts. Currently on the Drug Court Team are representatives from Human Services Center, UPMC Jameson, Licensed Psychologist Cathy Clover and Lawrence County MH/DS.

- Needs: Although progress in communication has improved, there are still barriers that need to be addressed. D&A providers tend to view HIPPA differently than the MH system. Even with signed ROI in place, communication and an understanding of confidentiality needs to improve. A lack of appropriate housing options is not available through the D&A Commission. Mental Health housing receives numerous referrals for housing for primarily D&A individuals. These referrals can be inappropriate due to the individual may be in active use. A supportive housing option through the D&A Commission would be a more appropriate option. There is a need to assist and educate county prescribers on appropriate prescription use of mental health medications for individuals in recovery. Currently there is no licensed identified Dual Treatment provider in Lawrence County.

Justice-involved individuals- Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.

- Strengths: Lawrence County MH/DS actively participates on the Criminal Justice Advisory Board. Through working collaboratively, an Intercept Model is utilized in Lawrence County. Currently the position of Forensic Liaison, that is funding through Lawrence County MH/DS and staffed through the Human Services Center regularly attend Central Court. The Liaison works closely with the Public Defender's Office and the District Attorney to identify individuals that may be diverted into treatment as opposed to incarceration. Many times individuals complete treatment requirements and charges are dismissed at the Preliminary Hearing. In addition to Central Court the Forensic Liaison along with Lawrence County MH/DS, work closely with the Lawrence County Jail to divert inmates with acute mental health issues into treatment. If an inmate has been identified and referred for diversion, MH/DS will coordinate a bond reduction with the Public Defender's Office. The inmate will be released and often times taken to the Emergency Room for a crisis assessment. Lawrence County MH/DS has a close working relationship with the Criminal Justice System. MH Court has expanded due to identification and bringing awareness to our Criminal Justice partners.
 - Needs: Although CJ relationships have greatly improved, there are barriers and needs that must to be addressed. Currently there are no certified CIT Officers in Lawrence County. Information has been presented to county police departments on CIT programs. None have expressed an interested to date. Having trained CIT officers would help with identification and diversion from arrest for individuals who may be better served in MH treatment. Lawrence County has a Pre-Trial program that only includes Adult Probation and the D&A Commission. Partnering with the Forensic Liaison would help identify MH Clients using the Pre-Trial program and would assist with co-occurring clients to streamline services. The Criminal Justice Advisory Board has discussed a Day Treatment Center, where individuals on probation and pre-trial services would report and have access to a variety of services, including MH. This program is currently being discussed.
- **Veterans**
 - Strengths: Although our local MH/DS office does not have specific programs in place for veterans, we do have programs that address their needs such as counseling and

housing. We currently have a very strong relationship and referral system to Lawrence County Social Services. This agency does have programs and money allocated especially for the veteran population. As we may not currently have dollars directly allocated for veterans MH needs, we do an excellent job of tapping into the community resources in order to promote the health and safety of our local veteran population.

- Needs: Our strongest need is to meet with the veteran's affairs office and create a better relationship and understanding of the expectations and needs of the veterans. Safe, permanent and affordable housing is always a top priority however, we are slow to address this in an appropriate manner that actually addresses this issue.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - Strengths: Lawrence County has become more active in seeking unique ways to address the needs of this population. Recently the Systems of Care committee sponsored a free training at a local venue. This training was an overview of gender and sexual orientation as well as identity development and the emotional risks. Our county is attempting to educate the community regarding appropriate language and reduce the negative stigma that is sometimes seen in our area. NorthWest Alliance at Clarion University to provide support, advocacy and education this population. They will also provide rapid HIV and HEP C testing along with support groups.
 - Needs: Continued work with our community and professionals to reduce the bias and prejudices that are presented to this population. Our county needs to reach out to professionals and service providers in order to better identify appropriate works and mh supports.
- **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**
 - Strengths: All Clear Translations offers services of translation to our non-English speaking population. The services have been useful to those in treatment who need translation in order to reach the maximum benefit of their treatment modality.
 - Needs: : In order to better meet the needs of those individuals who are non-English speaking, an increase in knowledge of multi-cultural dynamics and service providers would benefit this specialized population.
- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**
 - Strengths: On several occasions our office has reached out to the COMCARE waiver broker. We have been through the assessment process. This process is easy to navigate and the system provides benefit to those who qualify for this waiver.
 - Needs: Our county office places much of its resources into programs that currently exist. Unfortunately, these programs have not evolved or progressed into the more diagnosis specific needs of individuals who fall into the categories listed above

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

Yes No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)

c) Supportive Housing:

The DHS' five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

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

2. Bridge Rental Subsidy Program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	CHIPP	135618	135618	17	20	21	665.00	5	2008

3. Master Leasing (ML) Program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

5. Housing Support Services for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	CHIPP	108904	107896	42	45			2.0	1989

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

7. Other: Identify the program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other .									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started
	CHIPP	281589	274955	107	100				2006

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

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

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

1. Partial Hospitalization Expansion

Narrative including action steps:

Lawrence County Administration has been and will continue to meet with the current provider of the PH program, UPMC. The intention is to better serve the individuals who are discharged from higher levels of care in a less restrictive, more cost effective manner. In order to do so, the meetings and/or discussions will continue on a bi-weekly basis between MH/DS and UPMC. We currently serve an average of 65 individuals per year and in order to meet the increased need identified in the community, we expect the expansion will allow us to increase the number served by 5%. Additionally, conversations with Southwest Behavioral Health Management will begin on a more regular basis as they assist this office with expansion projects. Given that this is simply an expansion project, once the specifics for the program are decided upon, the benefits of this should be realized within 6-8 months of implementation.

Timeline:

Due to the recent closure of our local inpatient unit, this has been a priority discussion for approximately 6 months or more. The actual expansion is expected to be completed by the beginning of the new fiscal year. If they are expecting to hire new staff to assist the program in serving more individuals, it may take longer to get new staff onboard than July 1. With advertising, interviewing, accepting and giving notice to current jobs, we may be looking at August 2017.

Fiscal and Other Resources:

This endeavor will utilize the current MCO/VBH funding once the expansion is approved and operational. In order to assist in any unseen costs for this project, the Administrator has been working with the SW-6 counties and board members to secure the necessary funds and draw down reinvestment dollars.

Tracking Mechanism: the success of our 'expansion' can easily be tracked through utilization of this service. The number of people served in the program (capacity), and/or increase the total number of people benefitting from the service can be pulled in the utilization data on auths and claims on the HC side. This utilization data will also expose increases in the capacity, utilization and length of stay in the program, as well as the level of care they are discharged to and any utilization of higher levels of care in the 3-6 months following completion/discharge from partial.

2. Crisis Expansion

Narrative including action steps: With the closure of our local inpatient unit and the loss of our SH beds, Lawrence County has identified a need in the community that would necessitate a change and expansion of our local crisis program. Inner-office discussions have begun in order to design an appropriate service which would better meet this identified need. We have also reached out to Southwest Behavioral Health Management for some statistics across the state which will support this change and assist with creating the most effective crisis program for our area. We are also working very closely with our current crisis provider to design and develop a quality program for our residents. Our next steps include holding a more formal meeting with the CMHC Board to solicit input into the necessary changes. It is our expectation that the crisis program will become a team approach with an increase in outreach/education duties to the community. This will entail some additional training and perhaps the addition of another staff to this program.

Timeline: Given the current diverse role of our crisis program, our anticipated timeline for the implementation of this improved crisis program should not take longer than 5-6 months for full implementation of this design.

Fiscal and Other Resources: The resources for this change should be minimal as we envision a shift from inpatient cost as a result of the development of this new crisis program. Additional training may be required prior to implementation.

Tracking Mechanism: As this service will continue to be funded by the MCO our tracking will remain the same. Utilization of all relevant levels of care will be tracked and analyzed to ensure a positive impact on the system as a whole. This new crisis program will also be closely monitored and reviewed by the MH/DS Administrator on a quarter basis. Modifications will be made accordingly.

3. Inpatient Unit

Narrative including action steps:

Lawrence County has NOT had the state hospital level of care since 2008. Within the last 12 months our local inpatient unit run by UPMC Jameson has disclosed their intentions to eliminate this service from their hospital. The local inpatient closure became effective much earlier than anticipated because of staff reductions. This loss of an inpatient unit has been on the forefront of all discussions on a daily basis. Originally an RFP was expected to be written and disseminated in order to identify a new provider of this level of care within our county. Human Services Center was a candidate for award of this service. As this did not come to fruition for several reasons, we are now having concrete discussions with Ellwood City Hospital. This hospital currently has psychiatric beds for the geriatric population. This facility has the potential to easily expand the unit and offer an additional 12 beds for general psychiatric inpatient admissions. In order to bring this level of care to the Ellwood City hospital, the next steps include an agreement with the Board members of that hospital. This topic is on the agenda of this hospital's board for June 2017. Upon approval, we will work with SBHM to ensure funding which would assist in the necessary modifications and/or purchases of inventory for this expansion.

Timeline:

Should approval be given in June, the additional 12 inpatient beds are expected to become available to the community within 4-6 months (no later than November 2017). This time frame will allow for the creation of plans, securing of funds, additional training and staff recruitment.

Fiscal and Other Resources:

Fiscally, this will be supported for start up costs with reinvestment dollars that have been designated for this project since the closure announcement of UPMC Jameson. As necessary resources will also include additional staff, recruitment may include former UPMC psychiatric personell. Once this service is available to the community, all routine costs associated with such a program will be covered by the MCO.

Tracking Mechanism:

Our office has the ability to use data from authorizations and claims to track the utilization and effectiveness of these services by the new provider as this level of care is developed and rolled out. Through the use of this tool, we will also be able to track data on lengths of stay, discharge levels of care and readmissions to this and other hospitals by individual on the HC side.

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment								
Supportive Housing	Y	64	SAMHSA EBT model	provider	Entry and yearly	yes	no	
Supported Employment								Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery								
Medication Management (MedTEAM)								
Therapeutic Foster Care								
Multisystemic Therapy								
Functional Family Therapy								
Family Psycho-Education								

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Y	1630	
Family Satisfaction Team			
Compeer			
Fairweather Lodge	Y	30	
MA Funded Certified Peer Specialist	Y	18	
Other Funded Certified Peer Specialist	N		
Dialectical Behavioral Therapy			
Mobile Meds	Y	80	
Wellness Recovery Action Plan (WRAP)			
High Fidelity Wrap Around			
Shared Decision Making			
Psychiatric Rehabilitation Services (including clubhouse)	Y	75	
Self-Directed Care			
Supported Education			
Treatment of Depression in Older Adults			
Competitive/Integrated Employment Services**	Y	15	Include # employed
Consumer Operated Services	N		
Parent Child Interaction Therapy	Y	29	
Sanctuary	Y	4000	
Trauma Focused Cognitive Behavioral Therapy	Y	53	
Eye Movement Desensitization And Reprocessing (EMDR)	Y	35	
First Episode Psychosis Coordinated Specialty Care			
Other (Specify) Drop In Center	Y	1090	

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	3
Number Full Time (30 hours or more)	0
Number Part Time (Under 30 hours)	3

INTELLECTUAL DISABILITY SERVICES

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17- 18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	50	10%	51	10%
Pre-Vocational	114	22%	117	23%
Adult Training Facility	81	15%	80	15%
Base Funded Supports Coordination	198	38%	200	39%
Residential (6400)/unlicensed	90	17%	90	17%
Life sharing (6500)/unlicensed	7	1%	3	1%
PDS/AWC	21	4%	21	4%
PDS/VF	4	1%	4	1%
Family Driven Family Support Services	143	28%	136	27%

SUPPORTED EMPLOYMENT

Lawrence County Developmental Services (LCDS) continues to strengthen community partnerships to identify future participants with involvement in the Local Transition Counsel that consists of area school districts, Intermediate Unit 4 transition staff, Office of Vocational Rehabilitation, PA CAREER LINK and parents. We also continue with the development and implementation of trainings for future participants, families and professionals with annual Tool Box Training with the local Right to Education Task Force. We utilize needs based assessment/planning for ODP Graduates Initiatives and are working closing with ODP and providers with all the current changes within the ODP system. We continue to distribute information at intake, as well as information to the SCOs and monitor the use of the Employment Indicators on the Individual Supports Plans. We maintain productive relationships with our local providers and continue to become educated and promote Employment First. The AE also continues to pursue the most current trainings for our staff with community based solutions offered by ODP.

In addition, Lawrence County currently offers customized employment and actively participates on the Executive Boards and Advisory Committees of Project SEARCH and Project Educate. LCDS is dedicated to locating and supporting appropriate educational and training experiences for students with disabilities to ensure that they transition successfully into work and community life after

graduation. Project SEARCH is a one year, high school transition program, which provides internships and education leading to employment for students with disabilities. Project SEARCH is a total workplace immersion that facilitates a seamless combination of classroom instruction, career exploration, and on –the-job training and support. The goal for each student is competitive employment in the local community using the skills they acquire. The program provides real-life work experience combined with training in employability and independent living skills to help youth with disabilities make successful transitions from school to productive adult life. LCDS has partnered with the Office of Vocational Rehabilitation, Vocational and Psychological Services, UPMC Jameson and local school districts to plan and implement the Project SEARCH Program to enhance pre-employment services and employment opportunities for the youth in Lawrence County. The program will begin at UPMC James Health System in September of 2017.

Project Educate is a one year Innovation and Expansion Project to address the needs of transition age youth and their families. The program goal of this project is to provide transition to work related education, information, support and services to parents/families of students with disabilities to facilitate parent/family members understanding of and participation with the school to work transition process of their child, leading to competitive integrated employment and, to the extent possible, independent functioning in the community. Lawrence County Developmental Services is working collaboratively with Project Educate with the Office of Vocational Rehabilitation, providers, educators, business representatives, parents and students.

Supports Coordination

LCDS program staff will continue to meet on a regular basis and as needed, including attendance at individual support team meetings to support the organizations to engage individuals and families in the conversation to explore natural supports available within the community. This will include insight and involvement in the developmental/approval of individual support plans that maximize community integration and Community Integrated Employment utilizing the new service definitions from the Office of Developmental Programs. We will continue to work with the SCO units with the PUNs to determine the level of individual needs to effectively plan for individuals on the waiting lists and will consider each respective guideline established by the Office of Developmental Programs for areas of expansion, including graduate and aging caregiver initiatives, as well as any expansion within the existing and new waivers.

Lifesharing Options

Lawrence County is committed to providing supports for residential services, including the service option of LifeSharing. LifeSharing is an opportunity to share a home with family or a person to whom the individual is not related. LCDS works to expand the number of participants and providers with the following efforts:

- LCDS has a LifeSharing Point Person who attends Regional meetings and trainings.
- Encouraging providers to consider making current Life Sharing vacancies eligible for respite as a means of developing future potential LifeSharing placements. This

- would assist in the needs assessment and the formation of bonds between potential participants and providers.
- Distribution of information at intake.
 - Distribution of information to SCO's, including Lifesharing Facts Sheets, utilizing the LifeSharing Indicator on the ISPs and discussion points for offering choice.

We continue to engage local providers for expansion of service provider options for Lifesharing, which continues to be the largest barrier in growth in the program. The program area that has been most successful long-term in lifesharing is the transition from the individuals in foster care placement with Children and Youth Services as the family transitioned in age from that program to Lifesharing. The Office of Developmental Services can assist in the expansion of the Lifesharing option in Lawrence County but supporting the growth and expansion of willing and qualified providers. In addition, the involvement in long term planning for program barriers associated with aging of providers and individuals within the program and expanded respite opportunities for providers/lifesharing families.

Cross Systems Communications and Training

LCDS will continue to utilize available Base funds towards provider needs with system demands to the enhancement of services provided to participants, including those with multiple needs. We continue to work collaboratively with mulita systems to meet regularly with system stakeholders to continue efforts of quality management to enhance services. We continue to work with ODP and Support Coordination Units (SCO), providers, local agencies and school districts to engage school age individuals and their families. LCDS received grant funding from ODP to establish Community of Practice Regional Collaborative with Armstrong/Indiana, Beaver and Butler counties. The funds were awarded for community awareness and integration into our communities and have chosen to initially begin to focus on Early Intervention and the children who transition into services funded by ODP. To start the joint collaborative and embrace the framework of Communities of Practice and supporting families throughout the lifespan we collaborated and delivered a multi-county training and a forum to begin the framework towards our common goal of communicating and collaborating with local children and youth agencies and educational systems to ensure individuals and families are provided with the information, access to services and supports needed.

We continue to work on previously established collaborative efforts discussed in prior Community Block Grant Plans such as our Transition Coordination Council with the IU4, OVR, SCOs, providers, school districts, individuals and families as well as the Right to Education Task Force, which provides support the needs and interests of students with disabilities and their families. This group provides trainings to the community on a quarterly basis. Members of this Task Force include the IU4, PEAL, providers, school districts, individuals and families.

We continue to also work in concert with the Local Options in Aging, ODP and local hospitals and nursing homes to strategize and resolve system issues for information sharing, and recommendation of individual needs as well as individual emergency issues with OBRA referrals.

We also continue to be a part of the Child Multi-Service System that meets regularly from multiple child service systems for a comprehensive approach to identifying at risk youth that includes Lawrence county MH/DS, Children and Youth Services, Juvenile Probation, CAASP, Drug and Alcohol and our Managed Care Organization liaison from Southwest Behavioral Health

In fiscal year 2017-2018, will continue to participate in several collaborative efforts with local and regional stakeholders to provide training and improve cross-system communication and include the following:

Collaboration with Support Coordination Organizations (SCO): LCDS collaborated with the two local SCO units on a regular consistent basis to monitor implementation of ODP policies and procedures, as well as to consistently identify risks associated with the waiting list and ODP initiatives.

Collaboration with the Office of Developmental Programs and Regional Counties: LCDS collaborates on a consistent basis with the ODP Western Regional Office regarding risk management and the avoidance of state hospital/center admissions. We currently work with ODP's current policies and procedures and utilize their best business practices to assist those at risk with the least restrictive settings and utilize assistance with ODP funded supports including the Health Care Quality Units with Complex Technical Assistance to better assist and support individuals with risks associated with medical and behavioral concerns, ODP Positive Practices Referral Team and partners with ODP on the Western Region Positive Practices Committee and Benjamin Litigants Teams. We also frequently work with other Administrative Entities in the Western Region for provider monitoring efforts and to also work to eliminate common barriers of services.

Integrating services for adults with complex needs: LCDS initiated the collaborative efforts with Northwestern Human Services to utilize a recover-oriented approach to supporting individuals with co-occurring mental health disorders and intellectual disabilities.

Emergency Supports:

When individual emergency situations occur LCDS utilizes Base funds until long term funding with commitment to capacity can be established with waiver funds with ODP. We do not reserve a specific dollar amount for emergencies, however we utilize all other state and federal funds prior to the use of Base funds, such as exploration of waivers, i.e., Independence Waiver, Autism Waiver, Dom Care or Personal Care Boarding Homes so that in the event of emergencies we have been able to address and secure the initial expenses resulting in the emergency need of services. LCDS follows ODP's Unanticipated Emergency Request Process when an individual's health and safety is at immediate risk. We also work in conjunction with Lawrence County Mental Health for mental health housing to meet the needs of dually diagnosed individuals.

Lawrence County Developmental Services Emergency Response Plan outside normal work hours includes the Administrator and Director being accessible 24/7 to our Human Services Center Crisis team, local Supports Coordination Organizations, provider and other county or social service agencies. In the event an individual needs emergency services, residential or otherwise during normal business hours, the procedure is for an individual to contact their Supports Coordination Organizations for coordination of those services. Should the individual be a new referral to the system an intake will be provided from Lawrence County Developmental Services, as well as a referral for choice of an SCO and the services coordinated as needed.

Please refer to the Mental Health mobile crisis team regarding the information requested on mobile crisis.

Administrative Funding:

LCDS maintains an Operating Agreement with the DPW Office of Developmental Programs (ODP) to perform operational and administrative functions. Administrative management of the expectations with the Operating Agreement includes the assurances in quality, which is accomplished via our annual internal Quality Management Plan. Quality Management is an essential component of services and LCDS 2016-2017 AE Quality Management Plan includes action plans/objectives that reflect ODP's focus areas the following objectives:

- 1. Individuals will have the ability to choose the Supports Coordination Organizations of their choice, within Lawrence County***
- 2. Providers will address the considerations to improve a person's life.***
- 3. Incidents which require an investigation from the AE as well as provider (as determined by ODP) will be documented and investigated fully 100%.***
- 4. Participants will have an increased opportunity for careers, employment, and vocation***
- 5. Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences, and decisions concerning his/her life.***
- 6. Lawrence County will ensure patient safety and rights by organizing a team of people who will address the participants needs in emergency cases or those who have been hospitalized***
- 7. Individuals with a dual diagnosis and/or repeat psychiatric hospitalization will have a team assigned to them to address all safety issues and immediate needs.***
- 8. Supports Coordination Organizations will keep complete, accurate files for participants.***

Reflective of ODP strategy LCDS implements each objective with a Plan-Do-Check-Act methodology which includes the collection of essential data, establishing target objectives, and performing quarterly reviews of progress and performance measures. LCDS collaborates with local Support Coordination Entities' (SCO), Providers and additional stake holders on a regular basis to identify local objectives for enhancement of quality services.

Additional assurances of quality are reflective of the ongoing evaluation of the needs in the Individuals in the ISPs to ensure all registrants have an active and current plan that is implemented according to the standards set forth by the AE Operating Agreement. Plans are reviewed to confirm assessed needs are addressed, outcomes related to individual needs and preferences, updates are completed as needed and support team members are involved in the planning process. Also included is the evaluation and analysis of Incident Management to assure the overall health and safety of all registrants.

LCDS collaborates with a group of local counties in the region to provide management oversight of the Health Care Quality Unit (HCQU). While LCDS does not hold the direct contract with the local HCQU we are directly involved in the oversight and direction of the services provided which include training, complex technical assistance on individual cases and local healthcare resources and emergency planning development.

LCDS also collaborates with local stakeholders for efforts involved in the ODP mandated Independent Monitoring for Quality (IM4Q) Program. IM4Q monitors the satisfaction and quality of life of people receiving services in the ODP service system. IM4Q indicators are organized into the areas of individual satisfaction, dignity and respect, choice and control, inclusion and physical setting. LCDS contracts with a local provider, Lawrence County Social Services to implement this service and LCDS directly manages the oversight of the local program.

Lawrence County Developmental Services received grant funding from ODP to engage in the PA Family Network Community of Practice Regional Collaborative with Armstrong/Indiana, Beaver and Butler counties. The funds were awarded for community awareness and integration into our communities and have chosen to initially begin to focus on Early Intervention and the children who transition into services funded by ODP. To begin the joint collaborative and embrace the framework of Communities of Practice and supporting families throughout the lifespan we collaborated and delivered a multi-county training and a forum to begin the framework towards our common goal of communicating and collaborating with local children and youth agencies and educational systems to ensure individuals and families are provided with the information, access to services and supports needed. We will continue to work with our Regional office and the ODP Family Policy Specialist who continue to help us with family trainings and networking opportunities for individuals and families.

LCDS works with our local Health Care Quality Unit (HCQU) and participates as an active Advisory Board member. We engage with the HCQU collaborating local trainings and individualized health and medical needs with the SCOs, providers, individuals and families. The HCQU also participates as an active member of our Quality Management team and assist with their expertise in the medical field, training, patterns and trends of medical and behavioral needs. The HCQU has been instrumental in not only assisting with finding current issues, but also with resolving them.

The Independent Monitoring for Quality (IM4Q) is also an active member of our Quality Management team in Lawrence County. The interviews, information and any considerations collected as part of their work is utilized as direct feedback from the individuals and family recipients of service and used to improve the quality of services.

Lawrence County Developmental Services continues to meet with local providers on a regular basis as they are stakeholders with our Quality Management Team. We engage providers to share with us the issues that they face in providing services including their competency and capacity to support individuals who present with higher levels of need related to aging, physical health and behavioral health. The HCQU continues to be a tremendous resource to the providers for issues related to aging and physical health, but the providers continue to struggle with behavioral and mental health needs of individuals they serve. It is very difficult for providers to increase capacity for new referrals with these needs, in addition to Benjamin Litigant recipients due to their being no supporting funding from ODP. The providers continue to request for more direct assistance locally from ODP with provider, individual and systemic issues.

PDS/ VF Services

LCDS offers PDS services to every person applying for services. We present the information in service application packets and during ISP meetings, thus ensuring individuals always have this choice available.

The provider of AWC services for Lawrence County is Pathways of Southwestern PA. Approximately 30 people are currently being served and will continue

For the 2017/18 fiscal year there have been very little barriers with this service and much success with our individuals.

The provider of Vendor Fiscal services for Lawrence County is Public Partnerships, LLC. Approximately 3 people are currently being served and will continue for 2017/18 fiscal year.

Each agency provides training for Lawrence County individuals, families, guardians, and providers. They also have one on one meeting if necessary.

Risk Management:

LCDS Program staff associated with the Individual Support Plans and Incident Management work in conjunction with the LCDS Director, SCO staff and providers to communicate incident data that has been reviewed, as well as other relevant data sources to identify individuals who may be at risk in order to prevent adverse situations prior to the possibility of them occurring, as well as minimize those that may have occurred.

Community for All:

LCDS continues to work in conjunction with ODP in the Benjamin Litigant Settlement. We have transitioned three Benjamin Litigants within the past two fiscal years and remain committed to successfully transition the remaining individuals into community settings. We work effortlessly with both the State Hospital staff, as well as community providers to diligently plan and prepare to appropriately transition each person according to their individualized needs. We have in the past

utilized Base funds to cover costs associated with the transitions. LCDS will continue to be actively engaged in planning for any additional ODP initiatives.

Non-Waiver funded Individuals:

LCDS will utilize Base funding to meet the needs of those with Intellectual Disabilities whose services are not covered through waiver funding. LCDS estimates that it will serve approximately 220 individuals in FY 17-18 consistent with FY 16-17 with Base funding.

Continuum of services within the county:

LCDS will utilize Base funding to meet the needs of those with Intellectual Disabilities whose services are not covered through waiver funding. LCDS estimates that it will serve approximately 220 individuals in FY 17-18 consistent with FY 16-17 with Base funding. The strategies that will be utilized for all individuals regardless of funding stream are incorporated throughout the body of the plan.

Funding from the Office of Developmental Programs (ODP) continues to allow Lawrence County to provide a continuum of ODP services per the ODP Approved Service Definitions to meet the needs of the ID population. This includes Base and Waiver funding. The new Waiver Renewal approved by the Center for Medicaid Services (CMS) approved effective July 1, 2017 announced that in addition to the ID population, individuals diagnosed on the autism spectrum and children with developmental disabilities with a high probability of also being intellectually disabled are now eligible for waiver services. Should Lawrence County receive the HSBG funded services it would provide individuals eligible for ID, autism or DD, regardless of their funding stream with available support to meet the urgent or emergency health and safety needs. It will be used in conjunction with other community-based services and/or financial assistance programs to support individuals' needs on the PUNs waiting list in urgent or emergency situations. Should we not receive the HSBG grant we will continue to support individuals' needs from the emergency PUNs waiting list with the availability of Base funds and Consolidated or Person Family Support Waiver capacity. This funding for services utilized for any eligible participant enrolled in services assists the individuals to successfully live "Everyday Lives" in their homes and communities. All Base and Waiver services are contingent upon a formal or informal assessed need and is based upon individual need and funding availability. These services are available to all individuals who are eligible for ID, autism, and/or DD services including children, adolescents, high school graduates, young and aging adults, Early Periodic Screening and Diagnostic Treatment recipients, inmate, Residential Treatment Facility (RTF) residents, Adult Protective Services placements, Children and Youth recipients, nursing home residents and individuals discharged from Intermediate Care Facilities and Intellectual Disability (ID) Centers.

HOMELESS ASSISTANCE SERVICES

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

Bridge Housing: N/A

- Please describe the Bridge Housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of Bridge Housing services?
- Please describe any proposed changes to Bridge Housing services for FY 17-18.
- If Bridge Housing services are not offered, please provide an explanation of why services are not offered.
 - Budget restrictions resulted in the termination of these services about five years ago. Emergency Solutions Grant has been able to meet most of this need.

Case Management:

- Please describe the Case Management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

This service is provided by Lawrence County Social Services, Inc. All individuals/households who identify themselves as experiencing homelessness or facing eviction, are afforded the opportunity to participate in case management services. LCSS assures that each individual/household is screened through the Continuum of Care's Coordinated Entry system to ensure they are vetted for housing opportunities including, but not limited to: Permanent Supportive Housing, Transitional Housing, Rapid Rehousing Services, Emergency Solutions Grant, Supportive Services for Veteran Families, etc. LCSS makes referrals and enrolls participants in housing programming that will meet their needs and additionally connects them to services that will promote their housing stability. These services could include linkages to: Food, clothing, shelter, mental health services, drug and alcohol services, transportation, budgeting, early learning/child care, budgeting, employment, and education services.

The goal of these services is to provide participants a supportive environment where they may overcome any and all barriers that prevent them from becoming successful tenants.

LCSS is committed to finding safe, affordable, permanent housing for all participants. LCSS has built sound working relationships with private landlords and Realtors who have collaborated with the agencies through various programs, including, but not limited to: Homeless Assistance Program, Supportive Housing Programs, ESG, SSVF, CDBG, HOME, and Lead Hazard Control Grant. These programs have allowed LCSS to work with property owners to: address rental arrearages by tenants, establish new tenants in residences through a rent and/or security payment, provide longer term subsidies through Supportive Housing Program funds, rehabilitate units to create more affordable housing units, and eradicate lead based paint issues for affordable housing units for families with children. Through these programs, partners have created an extensive list of property owners who have a collaborative spirit, are invested in their communities, and care about the general well-being of their tenants.

Case Managers also act as a Housing Clearinghouse and provide a variety of housing information and services including, but not limited to:

- Landlord/ available housing lists
- Coordination of housing support services
- Referrals to housing opportunities

- Provision of housing related training, as needed
 - Supportive Services
 - Housing search assistance
 - Financial Assistance (short or medium term)
 - Emergency shelter services
 - Landlord Mediation/Negotiation
-
- How does the county evaluate the efficacy of Case Management services?

LCSS tracks “returns to homelessness” and the length of time it takes to house someone (from identifying a household that is homeless/facing eviction to housing placement). LCSS maintains that less than 20% of its households return to homelessness within 2 years and that the average time it takes to house a participant is under 30 days.

- Please describe any proposed changes to Case Management services for FY 17-18. **N/A**
- If Case Management services are not offered, please provide an explanation of why services are not offered. **N/A**

Rental Assistance:

- Please describe the Rental Assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps

LCSS provides this services and offers a maximum of up to \$1,000 for adult only households and \$1,500 for families with children within a 24 month period. If these households require additional assistance within their 24 month period (after their original request for services), only those households who have continued to work toward their goals set forth by their service plans will be eligible for additional monies. Funds are issued directly to the property owner on behalf of the participant household.

LCSS screens each participant (Through the Coordinated Entry System) for all services available. This allows the Rental Assistance funds to be stretched as far as possible and utilized only for those households who would “fall between the cracks” without the Homeless Assistance Program.

During FY 2016-2017, LCSS provided rental assistance to 46 households (average cost \$761/household).

- How does the county evaluate the efficacy of Rental Assistance services?

LCSS tracks “returns to homelessness” and the length of time it takes to house someone (from identifying a household that is homeless/facing eviction to housing placement). LCSS maintains that less than 20% of its households return to homelessness within 2 years and that the average time it takes to house a participant is under 30 days.

- Please describe any proposed changes to Rental Assistance services for FY 17-18.**N/A**
- If Rental Assistance services are not offered, please provide an explanation of why services are not offered.**N/A**

Emergency Shelter: N/A

- Please describe the Emergency Shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Emergency Shelter services?
- Please describe any proposed changes to Emergency Shelter services for FY 17-18.
- If Emergency Shelter services are not offered, please provide an explanation of why services are not offered.
 - Local Emergency Shelters are able to provide sufficient shelter space for Lawrence County residents.

Other Housing Supports:N/A

- Please describe the Other Housing Supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Other Housing Supports services?
- Please describe any proposed changes to Other Housing Supports services for FY 2017-2018.
- If Other Housing Supports services are not offered, please provide an explanation of why services are not offered.

Homeless Management Information Systems:

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

LCSS case managers have been trained by PA DCED on the PAHMIS system and continue to participate in on-going training as it is provided. LCSS Case Managers have been entering data daily into PAHMIS since 2007.

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

This section should describe the entire substance use disorder service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

Drug and Alcohol Services

In 1990, the Lawrence County Commissioners designated the Lawrence County Drug and Alcohol Commission, Inc., as the Single County Authority (SCA). It is a non-profit organization responsible for the planning, coordination and administration of drug and alcohol services for the county.

The SCA is anticipating that the Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services, will flat fund it in fiscal year 2017/18, providing \$289,075 in Behavioral Health Services Initiative (BHSI) and \$67,351 in Act 152 funding to Lawrence County for the period. These funds will be administered through the SCA. Sixty percent (\$213,856) of these funds will be utilized for treatment services on a fee-for-service basis, nine percent (\$32,079) for Case/Care Management, twenty-three percent (\$81,978) for Recovery Support Services and eight percent (\$28,513) for the administration of these funds.

The SCA serves as the primary point of entry for all individuals seeking treatment for drug and alcohol addiction. These individuals may seek treatment on their own or be referred by a family member, hospital, human service agency, criminal justice agency, etc. Access to services usually begins with a screening to assure there are no needs requiring emergent care. The individual is then scheduled for an assessment within 7 days of the request for services. Based on the assessment, a Level of Care (LOC) determination is made, which matches the identified needs to the most appropriate level of treatment, and a referral is made to the appropriate provider. Treatment services include hospital-based detoxification and rehabilitation, non-hospital detoxification and rehabilitation, partial, halfway house and outpatient/intensive outpatient. Barriers to treatment are caused by lack of bed availability, especially at the detoxification and halfway house levels of care. Although a detoxification bed may not be immediately available the same day, one will generally become available within the next day or two. Bed availability for halfway house, especially for men, has also been a concern. The SCA is currently working with Highland House, Inc. to determine if they have interest in establishing a men's halfway house in Lawrence County in the near future. The SCA has designated a staff member with the responsibilities of contacting treatment providers regarding bed availability. Once a bed becomes available, she then reserves the bed for our case management team. This has helped streamline the process as well as free up Case Managers time allowing more time to be spent directly with the individuals we serve.

During FY 15/16, the SCA implemented the warm hand-off protocols in the local hospital in New Castle during regular office hours, Monday thru Friday from 8 a.m. – 4 p.m. The Warm Hand-off Case Manager sees individuals admitted to the hospital as well as those in the emergency room. To date, the Warm Hand-off Case Manager has made contact with 172 individuals and referred 47% of those individuals to treatment. If the individual refuses to engage in treatment, the Case Manager leaves the individual with an informational packet containing pamphlets describing services available through the SCA or local community, etc. The SCA anticipates hiring another Case Manager to provide these services on the weekends and during evening hours within the next year and is seeking funding to do so.

The SCA also provides Case Management and Recovery Support services to individuals. Through Case Management services, individuals receive one-on-one coordination of care with agencies within the Human Services system and other entities such as Lawrence County Community Action Partnership for housing, Lawrence County Legal Aid for free legal services, etc. The SCA provides Recovery Support Services in both an individual and group capacity at Kauffman's Korner Recovery Center, the SCA administrative office, Freedom Healthcare (located in Ellwood City) and also within the community at the Crisis Shelter of Lawrence County, Discovery House methadone clinic, the Lawrence County Jail and other agencies as requested. The goal of recovery support services is to provide a mentor that individuals can confide in, connect with, and explore a recovery plan that will empower the individual to live a drug and alcohol free lifestyle. In the fall of 2015, the SCA utilized grant funding for a "warm line" that is available during evening hours and staffed by Recovery Support Specialists. The purpose of the "warm line" is to answer general questions regarding SCA services, other available services in the area, addiction and also offer another level of confidentiality for someone who may not be ready to engage in services but is reaching out for help.

In June 2016, the SCA secured a standing order from a local physician to purchase Naloxone. To date, the SCA has trained individuals and distributed 278 kits of Narcan. Individuals trained include the Adult Probation and Juvenile Probation officers as well as at-risk individuals and family members or friends of those individuals. The SCA also has an agreement in place with UPMC Jameson hospital to provide Naloxone for distribution through the Emergency Department for at risk individuals who report due to overdose or other medical concerns. To date, 70 of the 278 kits have been distributed through UPMC Jameson. This program continues to grow as the SCA has recently received requests from the Human Services Center, local schools and other local agencies/businesses. The SCA also has knowledge that many individual's lives have been saved due to distribution of these kits into our community through both processes at the SCA as well as UPMC Jameson hospital.

In early 2017, the SCA secured HC Reinvestment funding for the Kauffman's Korner Recovery Center allowing the SCA to expand the size of the Center to include a gym and workout equipment therefore promoting a healthy lifestyle for its members. In addition to this initiative, Reinvestment funding was also secured to increase the number of Recovery Support staff so that more individuals could receive recovery support services between the hours of 8 a.m. to 11 p.m.

In April 2017, the SCA secured a contract with Positive Recovery Solutions (PRS) to bring their mobile Vivitrol unit to Lawrence County. It took several months to secure a location to park the unit but finally in August 2016, the Lawrence County Commissioners graciously allowed PRS to park the unit in a county owned parking lot. To date, PRS has served 99 unduplicated individuals. The SCA and PRS also collaborated with the Warden at the Lawrence County Jail to implement inmates receiving the Vivitrol shot prior to being released from the jail and being referred to treatment. This program has shown a lot of interest by at risk individuals and continues to grow daily as more individuals attempt to gain control of their lives and seek treatment alternatives for substance use disorder.

Target Populations

Overview of specific services provided for the following populations:

- **Adults (Older Adults, Transition Age Youth, ages 18 and above)** –*full continuum of services as described earlier.*
- **Adolescents (under 18)** –*full continuum of services as described earlier. In addition, the SCA Prevention staff provides representation on the Student Assistance Program (SAP) teams and ATOD education for all school districts within the County. The SCA also contracts with a local outpatient provider for Intervention services provided to SAP team referrals and the Challenges Alternative Education program.*
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders** –*full continuum of services as described earlier. The SCA contracts with facilities specializing in providing services to this population.*
- **Women with Children** – *full continuum of services as described earlier.*
- **Overdose Survivors** –*full continuum of services as described earlier.*
- **County’s identified priority populations** – *In addition to DDAP’s required priority populations, the SCA identified Adolescents as well. Please see above under Adolescents (under 18).*

The SCA Case Management Unit completes approximately 985 assessments annually and works with other funding sources (i.e. private insurance, the County’s Assistance Office, Value Behavioral Health, self-pay, etc.) to ensure that the SCA’s dollars, including BHSI and Act 152, are utilized as a last resort. The SCA serves all individuals who present either in person or via phone regardless of funding stream; whether it be private insurance, MCO funded, SCA funded or another funding stream. It recognizes that this is a unique system and the only way to ensure individuals receive adequate care and transition through the full-continuum of care is to assist them through the entire process beginning with the screening, assessment, referral to treatment and recovery support services.

The need for drug and alcohol services continues to increase in Lawrence County. Heroin and other opiates continue to be problematic and local hospitals are overcome daily with individuals who have overdosed. In recent months, the SCA has also recognized the return of cocaine and specifically crack to our area. The SCA collaborates with many entities involved in the planning process to seek advice and input from various sources including Mental Health & Developmental Services, Adult Probation and the District Attorney.

The SCA is governed by a Board of Directors with members representing the community at large. The SCA meets regularly with its provider community, meets with individuals in recovery, and participates in various community meetings (i.e. New Visions, Lawrence County Prevention Coalition, Peer Leadership, Council of Community Services, Juvenile Advisory Committee, Child Death Review

Team, etc.). The Recovery Coalition has become an integral part of reducing stigma in the community. The Coalition meets monthly, discusses goals they would like to achieve and the methods in which to achieve those goals. To date, the Coalition has adopted a mission, developed a logo, had a member's success story publicized in the area newspaper and promoted an anti-stigma movie, The Anonymous People, through various media outlets and participated in a local parade to promote the Coalition. Currently the Coalition is planning on participating in the National Overdose Awareness Day on August 31, 2017. They are currently planning an event titled "Paint the Town Silver" in recognition and planning a walk for participants to bring attention to the overdose epidemic.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail).

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

Children and Youth Services: Please provide the following:

Program Name: Nurse Family Partnership

Description of Services: Children's Advocacy Center, a nationally recongnized provder of services geared to at risk families' utilized HSDF funds to provide Life Skills to pregnant or new paretns up to the child's age of 2years. The purpose of this program is to help youong parents adjust to adult life with children by helping with everything from preparing healthy meals to obtaining good health care for the child. Servcies are provided in the home by a qualified nurse

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Generic Services: Please provide the following:

Program Name: Homemaker Services

Description of Services: Disabled and elderly individuals with no family available, are provided thing their own home, services by a trained homemaker providing basic care and management of the home that ensures safe and sanitary conditions which the individuals are unable to provide for themselves. Included are washing of clothing, cleaning of bathrooms, kitchen floors, etc. These services are utilized to keep persons safe and secure in their own homes and not having to be placed in personal care of some type.

Service Category: Homemaker - 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 the services, or relief for the regular caretaker.

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Allied Coordinated Transportation Services

Description of Services: Allied Coordinated Transportation, Inc. will provide door-to-door transportation services specifically for those disabled, elderly individuals who need getting to and from both social and medical services. This service will be provided only if there is no other appropriate means including family to get the individual to their appointments.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name:

Service Category: Please choose an item.

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

Adult Aging CYS SUD MH ID HAP

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

Program Name: LCSS Employment Services

Description of Services: Youth and Adults who are seeking assistance in obtaining and/or retaining employment will be provided a variety of services including in both group and one on one settings. Services will include, but not be limited to: assistance with job search, assistance with completing applications, developing jobs within the community, mock interviews, workshops on work etiquette, appropriate dress, hygiene; assessments to determine relevant job skills/fields.

Interagency Coordination: (Limit of 1 page)

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

1) Program Name/ Description: Coordinated Summer Food Program

LCCAP, the county's Community Action group will work with in cooperation with various service providers, non-profits, faith-based, etc. to assure the continued development of the local summer food program which provides summer meals to children living within low income communities. In 2012, LCCAP was active in providing meals through 8 locations to over 868 children. It is our goal to continue this effort by increasing the sites offering food to over 12. The HSDF monies will pay for the salary of the program coordinator.

Planned Expenditures: \$10,751

2) Program Name/ Description: Lawrence County Housing Coalition

Lawrence County's Housing Coalition has been critical to providing, increasing and improving low-income housing services of all types throughout our communities. The continuation of the coordination of over 24 agencies, government authorities, private citizens will make an even greater impact within our community with the its recent increase in importance as written into

the HUD’s Hearth Act, as well as the increased need due to the decreased budgets provided to area agencies. HSDf monies will pay for the coordinator of this coalition.

1) Program Name/ Description: Coordinated Summer Food Program

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Planned Expenditures: \$10,751

2) Program Name/ Description: Lawrence County Housing Coalition

Lawrence County’s Housing Coalition has been critical to providing, increasing and improving low-income housing services of all types throughout our communities. The continuation of the coordination of over 24 agencies, government authorities, private citizens will make an even greater impact within our community with the its recent increase in importance as written into the HUD’s Hearth Act, as well as the increased need due to the decreased budgets provided to area agencies. HSDf monies will pay for the coordinator of this coalition.

Planned Expenditures: \$10,751

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

Other HSDf Expenditures – Non-Block Grant Counties Only

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

Category	Allowable Cost Center Utilized
Mental Health	Community Employment and Employment Related Services (excludes client wages)

Intellectual Disabilities	Community-Based Services
Homeless Assistance	Case Management
Substance Use Disorder	

Note: Please refer to Appendix C-2, Planned Expenditures for reporting instructions.

Homeless Assistance: LCSS homeless and housing services \$20,000

Description of Services: This service provides homeless and near homeless households with services that assist them in obtaining and remaining in permanent housing. Activities include: locating housing, assisting with obtaining move-in costs assistance with accessing utilities, negotiating with landlords and assistance with completing housing applications.

Intellectual Disabilities: Lawrence County ARC \$20,800

Description of Services: This service provides life skill services for persons with developmental delays and/or disabilities. The program ensure that beneficiaries gain skills that will allow them to perform safely the activities of daily living. Services will include: nutrition and food preparation, health maintenance and personal hygiene, and mobility and adaptive techniques for handicapped persons to perform daily living activities.

Appendix D

Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Adult Development Training (ADT)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilities

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance

Bridge Housing

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; e.g., have no permanent legal residence of their own.

Other Housing Supports

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness 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.

Substance Use Disorder

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer to peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund

Administration

Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.
Lawrence	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

MENTAL HEALTH SERVICES

ACT and CTT					
Administrative Management	4,428		\$ 596,260	\$ 59,626	
Administrator's Office			\$ 190,465	\$ 18,350	
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	27		\$ 91,732	\$ 4,957	
Community Residential Services	175		\$ 1,222,522		
Community Services	4,285		\$ 648,126	\$ 23,226	
Consumer-Driven Services					
Emergency Services	528		\$ 91,732		
Facility Based Vocational Rehabilitation	17		\$ 137,600	\$ 13,760	
Family Based Mental Health Services	4		\$ 3,000	\$ 150	
Family Support Services					
Housing Support Services	25		\$ 526,111		
Mental Health Crisis Intervention	415		\$ 20,846		
Other					
Outpatient	2,970		\$ 871,457	\$ 55,200	
Partial Hospitalization					
Peer Support Services	2		\$ 1,000		
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation					
Social Rehabilitation Services	180		\$ 183,465		
Targeted Case Management	15		\$ 2,300		
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	13,071	\$ 4,586,616	\$ 4,586,616	\$ 175,269	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 478,618	\$ 31,142	
Case Management	100		\$ 29,743	\$ 2,974	
Community-Based Services	107		\$ 585,709	\$ 56,490	
Community Residential Services					
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	207	\$ 1,073,270	\$ 1,094,070	\$ 90,606	\$ -

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.
Lawrence	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES

Bridge Housing					
Case Management	1,800		\$ 75,476		
Rental Assistance	114		\$ 35,000		
Emergency Shelter					
Other Housing Supports	50		\$ 18,000		
Administration			\$ 12,051		
TOTAL HOMELESS ASSISTANCE SERVICES	1,964	\$ 120,527	\$ 140,527		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	43	\$ 61,964	\$ 61,964		
Act 152 Administration		\$ 5,387	\$ 5,387		
BHSI Administration		\$ 23,126	\$ 23,126		
BHSI Case/Care Management	68	\$ 32,079	\$ 32,079		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	30	\$ 151,892	\$ 86,578		
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP	88		\$ 65,314		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	85	\$ 81,978	\$ 81,978		
TOTAL SUBSTANCE USE DISORDER SERVICES	314	\$ 356,426	\$ 356,426	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	40		\$ 8,800		
Aging Services					
Children and Youth Services					
Generic Services	240		\$ 9,579		
Specialized Services	100		\$ 31,325		
Interagency Coordination			\$ 13,510		
Administration			\$ 10,409		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	380	\$ 114,423	\$ 73,623		\$ -

Please note any utilization of HSDF funds in other categoricals and include: categoricals and cost center, estimated individuals, estimated expenditures.

GRAND TOTAL	15,936	\$ 6,251,262	\$ 6,251,262	\$ 265,875	\$ -
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\$20,800 moved to ID services Community Based

\$20,00 moved to Homeless Casemanagement