

**Lancaster County
Human Services Block
Grant Plan Narratives
FY 2018-2019**

Appendix A
Fiscal Year 2018-2019

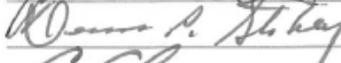
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LANCASTER

- 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>	
	Joshua G. Parsons	Date: 5/30/18
	Dennis P. Stuckey	Date: 5/30/18
	Craig E. Lehman	Date: 5/30/18

RESOLUTION NO. 37 OF 2018

On motion of Commissioner Stuckey, seconded by Commissioner Lehman;

WHEREAS, the County of Lancaster has been selected by the Pennsylvania Department of Public Welfare as one of twenty pilot counties for the new Human Services Block Grant under Act 80 of 2012; and

WHEREAS, the Human Services Block Grant encompasses mental health and intellectual disabilities base funds, Act 152 drug and alcohol funds, behavioral health services initiative (BHSI) funds, the Human Services Development Fund and homeless assistance funding; and

WHEREAS, the pilot counties will continue to receive funding for the five line items based upon categorical allocations, but will be permitted flexibility in their expenditure across program lines, with limitations; and

WHEREAS, at full implementation, in year six, the pilot counties will still be required to fund each of the five program areas and cannot defund any of the included line items completely; and

WHEREAS, pilot counties were required to inform citizens and clients of changes that may be included in the proposed content of the Human Services Block Grant; and

WHEREAS, the County of Lancaster has opted to hold four public hearings held on May 15, 2018 at 6:00 p.m., May 21, 2018 at 3:00 p.m., May 23, 2018 at 10:30 a.m. and May 30, 2018 at 9:15 a.m. to discuss the proposed Human Services Block Grant categorical funding allocations for Fiscal Year 2018-2019 and provide opportunity for public comment; and

WHEREAS, the County of Lancaster will abide by the terms outlined in the County Human Services Plan Assurance of Compliance.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF LANCASTER COUNTY, PENNSYLVANIA That the Lancaster County Human Services Block Grant Plan for Fiscal Year 2018-2019 be approved as presented.

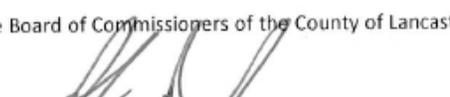
Motion passed unanimously.

ADOPTED this 30th day of May 2018, by the Board of Commissioners of the County of Lancaster, Pennsylvania in lawful session duly assembled.

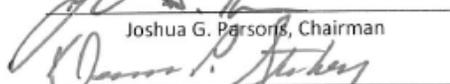
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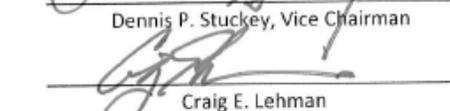
E. William Peters, Chief Clerk
County of Lancaster, PA
Date: May 30, 2018



Joshua G. Parsons, Chairman



Dennis P. Stuckey, Vice Chairman



Craig E. Lehman

Board of Commissioners of
Lancaster County, Pennsylvania

5/30/18

“Appendix B”

PART I: COUNTY PLANNING PROCESS

1. The Lancaster County Human Services Block Grant Committee meets on a monthly basis throughout the year to review programming and expenditures specific to each of the categorical allocations, in addition to planning for the Fiscal Year to come. Members of the Block Grant Committee include:

- Chief Clerk, Lancaster County Board of Commissioners
- Executive Director of Lancaster County Office of Aging
- Executive Director of Lancaster County Children & Youth
- Executive Director of Lancaster County Drug & Alcohol (Single County Authority)
- Executive Director of Lancaster County Coalition to End Homelessness
- Executive Director of Lancaster County Behavioral Health & Developmental Services
- Deputy Director of Behavioral Health Services
- Deputy Director of Intellectual Disability Services
- Deputy Director of Administration
- Representative from Lancaster County Controller’s Office

Additionally, each of these departments conducts regular consumer and provider forums throughout the year in which stakeholders are engaged with and offered an opportunity for feedback and input. Further, Children & Youth, Drug & Alcohol, Homeless Assistance and BHDS all have Advisory Boards that are utilized for the planning process specific to each categorical. Independent Consumer Groups are also consulted, including Mental Health America, The ARC of Lancaster County and the National Alliance of the Mentally Ill (NAMI).

2. Quarterly or bi-monthly meetings occur with Behavioral Health, Intellectual Disability and Homeless Assistance provider associations in which agendas are set and minutes are taken. For the third consecutive year, Lancaster County conducted three (3) public hearings on the development of the Human Services Block Grant.

3. The Behavioral Health & Developmental Services Advisory Board, which is comprised of individual utilizers of Agency services, their family members, professionals from various human

service realms and community stakeholders.

4. The County of Lancaster fully embraces the ‘least restrictive’ ethos, in principle and application. To this end, the County utilizes various tools and mechanisms to ensure fidelity to this philosophy. Each system has internal processes and protocols specific to this ‘best practice’ approach, among which are:

- Mental Health Utilization Review; a forum of mental health professionals who make service and need determinations based upon medical necessity criteria.
- Child Welfare Placement Review Committee; a multi-systemic team approach to decision making and planning for children and families at risk, with maintenance, or reunification, of the natural family the primary directive, when possible and appropriate.
- Drug and Alcohol Screening; a variety of empirically-based tools and surveys designed to assess level of need and appropriate treatment.
- Coordinated Assessment for Homeless; a thorough assessment of multiple factors impacting an individual’s ability to achieve and maintain safe and stable housing.
- Supports Intensity Scoring (SIS) in Intellectual Disabilities; a comprehensive review of an individual’s needs and abilities and utilizing the findings to arrive at an amount of support and associated funding thought necessary to allow for maximized functioning.
- Child & Adolescent Service System Program (CASSP); a bi-weekly, multi-systemic forum in which the County’s child serving agencies seek to resolve particularly challenging child and family dynamics while adhering to the ‘least restrictive’ philosophy.

5. There are no substantial programming or funding changes being made as a result of last year’s outcomes.

PART II: PUBLIC HEARING NOTICE

Public notice is hereby given that the County of Lancaster will conduct public hearings to discuss the County's proposed Human Services Block Grant categorical funding allocations for Fiscal Year 2018-19 on the following dates:

- Tuesday, May 15, 2018 at 6:00 p.m., Public Safety Training Center, 101 Champ Boulevard, Manheim;
- Monday, May 21, 2018 at 3:00 p.m., Room 701, 150 North Queen Street, Lancaster;
- Wednesday, May 23, 2018 at 10:30 a.m., Room 701, 150 North Queen Street, Lancaster;
- Wednesday, May 30, 2018 at 9:15 a.m. during the County Commissioners' Meeting, Room 701, 150 North Queen Street, Lancaster, at which time the Board of Commissioners will consider the adoption of the Human Services Block Grant categorical funding allocations for Fiscal Year 2018-2019.

The block grant encompasses mental health and intellectual disabilities base funds, Act 152 drug and alcohol funds, behavioral health services initiative funds, Human Services Development Fund, and homeless assistance funding.

Public participation is invited.

NOTE: Individuals having disabilities requiring special services or auxiliary aids attending the meeting should submit a written request for such assistance to the County Commissioners' Office, 150 North Queen Street, Suite 715, Lancaster, PA 17603.

E. WILLIAM PETERS

CHIEF CLERK

COUNTY OF LANCASTER

Advertise in the Lancaster Newspapers on Tuesday, May 1, 2018. Send bill and proof of publication to E. William Peters, County Commissioners' Office, 150 North Queen Street, Suite 715, Lancaster, Pennsylvania 17603.

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

Lancaster County Behavioral Health & Developmental Services embraces the Office of Developmental Programs (ODP) 'Best Practices' prescription that supported employment opportunities be sought over site-based workshop settings. The "Employment First" philosophy has been promoted to County-based providers through the "Think Big" initiative, the main objective of which is to create a paradigm shift away from the traditional "workshop" model of post-graduation employment expectations to one that aligns with and supports the Employment First policy. Collaborative efforts have been to engage pre-transition age students with ID (under age 14), their parents, and schools, in discussions and activities designed to encourage exploration and planning for post-graduation integrated competitive employment. An "Employment Tool Box" has been specifically designed for educators to use with third and fourth grade students. Based on education curriculum standards the 'tool box' provides teachers with fully developed lesson plans centered on the various aspects of employment, including job exploration and preparation. The "Think Big" collaborative is made up of stakeholder agencies, including; Intermediate Unit-13, the Office of Vocational Rehabilitation (OVR), the Arc of Lancaster/Lebanon County, and local school districts. The collaborative members are pleased to have been presenters at the 2017 Pennsylvania Transition Conference and anticipate launching a multi-school district pilot of the "Employment Tool Box" in September 2018.

Additionally, the Lancaster Clubhouse has programming which focuses on supported employment opportunities. The Clubhouse, though traditionally considered to be within the Behavioral Health 'domain,' has increasingly come to serve dually-diagnosed individuals. With the Intellectual Disability system's pending inclusion of Autism, the collaboration between the Behavioral Health and Intellectual Disability systems is expected to increase exponentially.

Housing:

Lancaster County Behavioral Health & Developmental Services partners with the Lancaster County Coalition to End Homelessness, which encompasses multiple housing, community agencies, religious organizations and businesses that work together to expand availability of safe and affordable housing in Lancaster County. This Coalition is leading the County's "Heading Home – The Ten Year Plan to End Homelessness in Lancaster County". Through a partnership with the Coalition we were successful in securing three Housing and Urban Development (HUD) grants to specifically secure permanent supported housing for individuals with a mental illness. This is a housing first model and follows both the Coalitions as well as HUD's requirement that all housing be housing first. There are currently 47 subsidized housing opportunities for seriously mentally ill adults, older adults and transitional age youth to reside in an apartment of their choice with a HUD defined subsidy to make it affordable. Over the last 6 years 64 individuals have successfully graduated from the program as they

have been able to secure an income to support themselves in their own apartment. This allows for additional individuals to enter the programs and to work toward self-sufficiency. It is anticipated that 9 new individuals will enter one of the three programs annually.

In addition, we will continue to leverage “Projects for Assistance in Transition from Homelessness” (PATH) funds to house individuals who have a mental illness and are in need of permanent housing. We have utilized our PATH funds and housing support funds to assist individuals to successfully transition from our Community Residential Rehabilitation Programs (CRR) to independent living. It is anticipated that 3 individuals will enter independent living from one of our CRR programs annually. In addition, Lancaster County BH/DS continues its partnership with Community Basics Housing Development Corporation to subsidize 6 set aside apartments, using the housing first approach, in the Park Avenue Apartments project funded through PHFA. Six individuals will remain in their own apartments throughout the year. Lancaster County will continue to explore opportunities through our Coalition to End Homelessness and HUD to further expand these programs. An additional program is our Master Leasing program, which has a capacity for providing four individuals who would otherwise be homeless a safe and secure place to stay for up to three months at a time while they seek employment/income and permanent housing. Sixteen individuals have utilized the program during the current fiscal year.

Lancaster County has made referrals to the 811 housing voucher system, with one of the referrals for a dually diagnosed individual currently receiving treatment at Wernersville State Hospital. Lancaster County also leverages matching funds through reinvestment for contingency funds to be used for first months’ rent, security deposits, utility needs, bridge subsidies, and household items to include beds. Lancaster County has HUD funds to support housing for families and children in both permanent supported housing options as well as rapid re-housing funds. All of these housing interventions are designed to meet the needs of the transitional age youth, adults and older adults. Finally, the Single County Authority (SCA) is expanding housing options for individuals with primary drug and alcohol issues by creating a Latino halfway house; adding a second men’s halfway house, and helping four non-profit agencies create ten recovery houses. Many of these individuals have co-occurring behavioral health diagnoses.

Finally, though no less notable, Lancaster County has partnered with the State Department of Human Services in an effort to address the ramifications of the State’s Norristown State Hospital initiative, which has resulted in a reallocation of forensic and civil beds. To this end, Lancaster has created a Forensic Diversion Program which has alleviated the need and wait time for inmates with serious mental illnesses to be committed to Norristown. Since its inception in May, 2017, the program has admitted 31 individuals, and has been so successful it will be expanded from six to eight beds at the start of the ’18-’19 Fiscal Year.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights

As a community, the Lancaster County Mental Health system continues to move forward; expanding our knowledge, recovery-oriented services, employment, forensic resources and housing opportunities with the goal of ensuring that all individuals with a mental illness have access to and choices of supports and services they need. The Lancaster County Mental Health Program has several processes in place to ensure regular and ongoing input from adults and older adults with serious mental illness, persons in recovery, transitional age youth, Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI), Veterans, family members and professionals regarding the county system of mental health care. We firmly believe that interested and involved persons should have many options to provide input throughout the year and that input is utilized to develop new programs or expand existing programs. These processes include a variety of venues from individual conversations with family members and individuals experiencing mental health issues to standing meetings with providers, County agencies, PerformCARE, our managed care organization, Lancaster County Coalition to End Homelessness, Local Lead Agency, Community Support Program, Community Support Plan (CSP) meetings at Wernersville State Hospital, Lancaster County Jail, Lancaster General Health, Child and Adolescent Services System Program (CASSP) meetings and advocacy organizations. All the meetings occur throughout the year and Lancaster County depends on the input from all stakeholders within the community to identify gaps in services, unmet needs and when existing services may need to be altered/changed to better meet the needs of individuals with a mental illness. These needs are not solely Mental Health treatment needs but also includes physical healthcare, leisure and recreation, employment opportunities, education, transportation, housing and natural supports. Lancaster County actively participates on the Adult, Older Adult and Children's subcommittee of the Mental Health Planning Council to ensure continued partnership with varied stakeholders and we continuously explore funding options from varied sources to expand our service system.

There are many prevention/training opportunities available within the County with Crisis Intervention Training (CIT), Mental Health First Aid (MHFA), Wellness Recovery Action Plan (WRAP) and suicide prevention activities to name a few. As a nationally recognized curriculum on education regarding mental illness and improving communication with (and understanding of) those experiencing symptomatology, MHFA is being offered by several local providers to specialized professions such as educators, sheriffs, Adult Probation and Parole, and law enforcement. The much more comprehensive Crisis Intervention Training continues to be provided for our police departments, as well as correctional officers within the county jail. The CIT training is a cooperative effort between the Adult Probation and Parole Department and Behavioral Health and is currently offered two times per year. Lancaster County has 177 officers trained from 29 departments including 3 University departments and the Pennsylvania State Police. Additionally, there are 101 Lancaster

County Prison staff, 16 Adult Probation and Parole staff, 10 Park Rangers and 3 Sheriff deputies who are also trained in CIT.

Our suicide prevention committees have continued to grow in membership and include many family members, transitional age youth, professionals and concerned citizens. There are currently two separate but equally important Suicide Prevention Coalition committee meetings to address and talk about suicide as well as prevention. The Stakeholder based Coalition, led by Mental Health America, has been providing events and fundraising activities to educate the community and get people talking about suicide. We are partnering with our managed care organization and Mental Health America to offer a one-day conference related to suicide prevention for professionals. Annually, the Coalition will co-sponsor the “Walk for DES,” an event created by the father of a young man who took his life several years ago. Last year the event raised more than \$15,000 for suicide prevention and awareness. The second committee is addressing ongoing needs within the Lancaster County Jail for inmates with a mental illness and suicide prevention. This is a County lead initiative that will continue meeting over the coming year with a vision to reduce/eliminate suicide within our County Jail. The County facilitated Prison Suicide Prevention Committee meets monthly and is credited with identifying various environmental and assessment strategies that have improved conditions in the Lancaster County Prison, among them being the creation of a Suicide Hotline that friends or family of inmates can call to report concerns for incarcerated loved ones.

The Lancaster County Mental Health Program partners with the Lancaster County Coalition to End Homelessness, which encompasses multiple housing, community agencies, religious organizations and businesses that work together to expand availability of safe and affordable housing in Lancaster County. This Coalition is leading the County’s “Heading Home – The Ten-Year Plan to End Homelessness in Lancaster County”. Through a partnership with the Coalition we were successful in securing three Housing and Urban Development (HUD) grants to specifically secure permanent supported housing for individuals with a mental illness. This is a housing first model and follows both the Coalitions as well as HUD’s requirement that all housing be housing first. There are currently 47 subsidized housing opportunities for adults, older adults and transitional age youth to reside in an apartment of their choice with a HUD defined subsidy to make it affordable. Over the last 7 years 66 individuals have successfully graduated from the program as they have been able to secure an income to support themselves in their own apartment. This allows for additional individuals to enter the programs and to work toward self-sufficiency. In addition, we will continue to use Projects for Assistance in Transition from Homelessness (PATH) funds to house individuals who have a mental illness and need permanent housing. We have utilized our PATH funds and housing support funds to assist individuals to successfully transition from our Community Residential Rehabilitation Programs (CRR) to independent living. It is anticipated that 3 individuals will enter independent living from one of our CRR programs annually. In addition, Lancaster County BH/DS continues its partnership with Community Basics Housing Development Corporation to subsidize 6 set aside apartments, using the housing first approach, in the Park Avenue Apartments project funded through PHFA. Six individuals will remain in their own apartments throughout the year. One additional program is our Master Leasing program and this program offers four individuals a place to

stay who otherwise would be homeless. Individuals can remain at the residence for up to three months while they seek employment/income and housing. In addition, our Philhaven Diversion program is a treatment option available to individuals who are receiving treatment on an acute inpatient unit but need some additional time/supports to be successful. This program is designed to meet the needs of individuals who otherwise would be going to Wernersville State Hospital and has been very successful in diverting many individuals from institutionalization. Lancaster County has made some referrals to the 811-housing voucher system with one of the referrals for an individual who had received treatment at Wernersville State Hospital. Lancaster County also utilizes funds through reinvestment for contingency funds to be used for first months' rent, security deposits, utility needs, bridge subsidies, and household items to include beds. Lancaster County has HUD funds to support housing for families and children in both permanent supported housing options as well as rapid re-housing funds. These housing interventions are designed to meet the needs of the transitional age youth, adults and older adults.

Lancaster County is a large county both geographically and in population size and for that reason accessibility to treatment sites can be difficult. Expansion of treatment providers to varied sites throughout the county will increase both the availability and accessibility to needed mental health and drug and alcohol treatment. This will include both outpatient therapy and psychiatry. This current year we worked with our managed care organization using reinvestment funds and opened an outpatient Drug and Alcohol (D&A) clinic in one of the areas. This new program offers dually diagnosed services using the Hazelden Model and should serve around 80 individuals annually aged 18 years of age and older.

Mobile services are an important treatment option in the array of services that are available to individuals seeking services within Lancaster County. Our crisis intervention component offers mobile outreach, phone contact and walk-in services. This program is accessible to anyone 24 hours a day seven days a week. In addition to staffing at our site, there is one identified crisis worker who is stationed at the Lancaster City Police Station to accompany the police to locations when either a call is received regarding someone with a mental illness or when an officer calls back to the station to ask for the crisis worker to respond to their location to assist with a mental health issue. This year we have been exploring a partnership with the National Suicide Prevention Lifeline. Conversations are continuing and we are both determining the ability of our office to meet their criterion.

Case management is an integral part of ensuring that individuals get connected with services and supports that they need. Lancaster County offers 4 levels of case management to ensure that anyone who has the need for case management can receive the service. To ensure that individuals have a choice in their provider of services, the case management services are provided by both Community Services Group and Behavioral Health/Developmental Services (BH/DS). There is administrative case management, resource coordination, blended case management and intensive case management and both programs meet weekly to ensure fluidity and collaboration between the programs. Case management is available to youth, adolescents, transitional age youth, adults and older adults. In addition to the levels of case management we have several specialty case managers to ensure that individuals can easily access case management and other services/supports. There are two case managers who serve individuals participating in Mental Health Court, two case managers who

outreach to individuals who are homeless, one case manager who is the contact for acute hospitals and can perform intakes on the mental health unit and one forensic case manager who spends time within our County Jail and is also the contact for the State Correctional Institutions. This year we will be expanding our case management services to include a second forensic case manager. For residents with the greatest need is the ability to receive services utilizing an evidence based program, Assertive Community Treatment Team (ACT) which is funded by our managed care organization. Case management supports and services are available to over 2000 individuals annually.

Mobile psychiatric Nursing and mobile therapy for adults is offered to individuals through County funding and PerformCARE. While the mobile psychiatric nurse is experienced and knowledgeable about medical issues, there continue to be gaps in getting medical nursing supports to individuals that we serve. Many individuals have complex medical issues/concerns that would be best served by daily medical nursing visits, however, physical health plans do not cover such intensity in this service. Most plans allow for twice a week nursing to address medical issues and an expanded service is very much needed within the Lancaster Community. Moving forward we will be exploring ways to get needed medical care into individual's homes and Community Residential Rehabilitation programs as well. This added intensity could reduce the number of individuals requiring inpatient medical care and nursing home care. Waivers and other funding opportunities will be explored. This service could reach approximately 40 people per year aged 18 years of age and older.

Psychiatric Rehabilitation is offered as both a mobile service and at our Tempo Clubhouse Program. Engagement in the clubhouse model has many areas for growth and opportunity within our community. There is an effort to educate the community about this service and to assist others to become engaged in the service. As part of this model, individuals have been able to participate in temporary employment opportunities to enhance their resume and to have job coaches support them in permanent employment opportunities. Expanding job opportunities and employer contacts will continue for this coming year to have more individuals have the opportunity to be gainfully employed. It is anticipated that with the expansion, five more individuals will be able to have work experience. The focus is to support transitional age youth, adults and older adults.

Socialization is a very important component to recovery and to the individuals that we serve. Lancaster County has both site based and mobile socialization programs that offer individuals an opportunity to make friends, establish relationships with others and to have a good time engaging in various activities. In addition, Compeer and CompeerCORPS offer the opportunity to establish lasting friendships and trusted relationships. Compeer is limited only by the number of volunteers willing to engage in the matching with a friend. This service is available to individuals 18 years of age and older.

Outpatient services within the County are offered by varied providers with varied expertise in treatment modalities. The outpatient providers are trained and utilize evidence based services and have expertise in trauma care, Multi Systemic Therapy (MST), Parent Child Interactive Therapy (PCIT), Cognitive Therapy, Dialectical Behavioral Therapy (DBT) and this year we have Functional Family Therapy (FFT). At this time, DBT is only available to individuals with PerformCARE as there are no county dollars to pay for this service. These specialty treatment options vary across the age span with PCIT having focus on youth, MST and FFT focusing on adolescents and DBT for

adolescents and adults/older adults. This year, training is being offered to clinicians by our managed care organization for Eye Movement Desensitization and Reprocessing (EMDR) so that this can be another therapeutic intervention available to our residents.

Outpatient services continue to expand to our youth and adolescents in a project titled Flexible Outpatient. This service is a joint venture with PerformCARE and allows the clinician, who is based at an outpatient setting to be able to leave that setting to provide some limited treatment in the community setting as well. This was initially a pilot project with one provider within Lancaster County, however, this has been expanded to multiple providers. The projection is that 50 youth would be able to benefit from this service this fiscal year.

A Common Ground support center is being developed within an outpatient office in order to assist individuals to be prepared for their psychiatric appointment. This will be fully operational next fiscal year and has the potential to offer approximately 100 individuals the opportunity to use this web based service with the assistance of a peer to address issues/concerns/ questions during their psychiatric appointment. Research has shown this to be a valuable tool in taking ownership/responsibility for their treatment and will be available to anyone aged 18 years of age or older.

In collaboration with our Intellectual Disabilities (MH/ID) component and PerformCARE we recently began a mobile Mental Health /Intellectual Disabilities behavioral intervention service. This program provides a mobile MH/ID team consisting of two professionals who assist adults ages 21 years of age and older with a mobile team to address behavioral/psychiatric issues. This team works with the individual and their existing team to provide service interventions and activities to reduce escalations in behavior or divert a crisis. Three individuals from Lancaster County have benefited from this service this fiscal year with planned expansion next fiscal year.

Lancaster County residents can engage in peer support services that are offered by two separate programs. One such program, Recovery Insight is peer run and owned and offers WRAP training within Lancaster and surrounding counties. This program receives funding from both PerformCARE and the County. Our other program, Philhaven Clubhouse is also an option for individuals who would like to engage with a peer and is solely funded by PerformCARE. Lancaster General Health our largest hospital with inpatient psychiatric treatment has peer support embedded within their unit. A warm line is often discussed at meetings and is a service that we would like to include if funds are able to be identified. This service would serve approximately 200 individuals per year aged 18 years or older.

Additionally, utilizing our CASSP process and strong partnerships with the child serving agencies within the County we continue to look for gaps and needs within the community and ways to enhance our service delivery system and reduce the number of youth in residential treatment facilities. One such gap that has been identified within the County and can reduce the number of adolescents being admitted to Residential Treatment Facilities is the development of a partial hospitalization program. This program which will be jointly provided by a mental health provider and the Lancaster/Lebanon Intermediate Unit #13 and will be able to provide services to adolescents who are currently struggling in the home and school setting and who require additional supports to be successful.

Families often find themselves unable to participate in treatment if their child is in a Residential Treatment Facility (RTF) located a great distance from their home. Lancaster County currently has 57 youth receiving services in these facilities. Using reinvestment funds, we will be working with a provider to have the ability to use the same technology as tele-psy to have sessions/visits between families and their children. Two residential providers will be chosen for Lancaster County, however, once the technology is in place at multiple RTF's shared by the Capital Area 5, this will allow a family access to multiple RTF's. This new opportunity will be operational next fiscal year.

To meet the changing needs of families with young children who are struggling due to mental health issues/behavioral difficulties within a day care setting we will expand our service delivery to include Supporting Positive Environments for Children (SPEC). SPEC is rooted in evidenced based practices, specifically utilizing principles of the Pyramid Model, as developed by the Center on the Social Emotional Foundations for Early Learning and the Technical Assistance Center on Social Emotional Intervention. This supportive model will be operational next fiscal year as the providers are in the process of being identified and trained.

Goodwill Industries continues to focus on supported employment and not site based workshop. Individuals aged 18 years of age or older will be referred for employment opportunities through this program and will be supported to meet their goals of gainful employment. We are partnering with Goodwill to support their systemic change to this new philosophy and will continue to provide funding for individuals to gain skills necessary to be gainfully employed. Additionally, Ephrata Area Rehabilitation Services (EARS) is also moving in the direction of supported employment and changing their services from site based workshop. Lancaster County also has an active Clubhouse which focus on supported employment opportunities.

Lancaster County currently has three treatment courts that offer additional supports to their participants. They include Mental Health Court, Drug Court and Veterans Court. Lancaster County BH/DS has staff that participate on both MH court and Drug Court and there are two designated case managers who provide the case management services for the MH court participants. These courts are designed to assist offenders to take responsibility for their crimes and to get connected with needed services and supports. This integrated involvement with these courts has afforded the participants and our county with a cooperative and collaborative relationship with the judicial system and Adult Probation and Parole. Participation in the treatment courts is for individuals aged 18 years of age and older.

CompeerCORPS, a Veteran-to-Veteran peer monitoring program is available to veterans in Lancaster County aged 18 years of age or older. This program is designed to create a supportive network for veterans who could benefit from a veteran peer mentor. With funding from the Office of Mental Health and Substance Abuse Services, this program matches a veteran resident of Lancaster County who has a diagnosed mental illness with a veteran Volunteer to enjoy friendship activities in the community.

Lancaster County is exploring new ways to support individuals with a mental illness that are incarcerated or have a criminal history. With additional funds from OMHSAS this fiscal year we were able to develop a new program, Transition to Community (TTC), to serve individuals currently

incarcerated at either the Lancaster County Jail or the State Correctional Institutions. This program is licensed as a Residential Treatment Facility for Adults (RTFA) and serves 6 individuals at a time for a period of up to three months. This program provides an opportunity to get individuals out of incarceration sooner and offer individuals the supports/treatment that they need to be successful. The program has served 22 individuals since it's opening in May 2017. Planned expansion will occur next fiscal year to include 2 additional beds so that 8 individuals can be served at a time. In addition, the development of a new "step-down" from TTC or "step-down" from incarceration is being developed that will be able to serve 3 individuals for up to 6 months. This "step-down" program will offer individuals with or without income the ability to reside in an efficiency "type" setting to practice their skills and independence with staff support nearby. Development of 3 forensic Community Residential Rehabilitation beds will also be developed with one of the beds being a specialized program for individuals who are deaf.

In partnership with PerformCARE, managed care organization, 2 Extended Acute Care (EAC) programs are available to Lancaster County residents with accessibility to 8 designated beds. Expansion of this service is being explored by PerformCARE and additional beds for the county is a critical need as we are participating in a 6-person CHIPP Project. Currently 3 identified CHIPP residents have successfully transitioned from Wernersville State Hospital to a regionally based enhanced personal care home. A 3-person home is being developed for the additional 3 CHIPP individuals with planned discharges from the hospital in the fall of this year. This will reduce the total number of allocated WeSH beds for Lancaster to 54.

In a partnership with Lancaster General Health there are three mobile services identified to support individuals with complicated medical issues to ensure that their needs are being met. Care Connections, ambulatory Collaborative Care and Community Health Workers. All three programs offer the support of medical staff and social workers to address the needs of our medically fragile individuals. Working cooperatively with our local AAA and Lancaster General Health to find innovative ways to address the medical concerns of our aging population both within the community and at Wernersville State Hospital will begin this year.

b) Strengths and Needs:

- **Older Adults Strengths:** Our ongoing collaborative relationship with our local Office of Aging has significantly enhanced our ability to improve the services for older adults that are served jointly by our agencies. This relationship extends beyond the normal workday with both the on-call Office of Aging worker and our crisis intervention program workers cooperatively addresses the needs of our older adults. With innovative relationships developed with our intake/case management staff and local physicians' offices, we are better able to identify and support the needs of older adults. The peer educator, employed by Mental Health America is providing outreach and groups to individuals at our senior centers and in our subsidized housing programs for the elderly. One of our local hospitals has an inpatient mental health unit that specializes in treating older adults. Working with multiple counties to utilize enhanced care home beds for three individuals needing this level of service as a

discharge option from Wernersville State Hospital. **Needs:** Continued outreach to our older adult population through education so that they understand services that are available to them and to reduce the misconceptions that this population has regarding mental health services. Working with our provider network to ensure that adequate staff exist that are credentialed and able to bill Medicare for service delivery.

- **Adults Strengths:** Support and treatment for adults comes in many forms with services ranging from outpatient treatment, mobile treatment services, peer support, Clubhouse, socialization programs, employment opportunities, support groups, community residential rehabilitation services, housing supports and HUD programs and case management. There are four levels of case management available to include; administrative, resource coordination, blended and intensive case management through either the county or another provider. Also, Assertive Community Treatment (ACT) is available through our managed care program. Expansion of Extended Acute Care was developed this year at Wellspan/Ephrata Hospital. Five beds have been designated for Lancaster County with the availability of medical supports as needed. We worked with our managed care organization to open an outpatient MH and D&A clinic in the borough of Columbia using the Hazelden model. This new program will use an evidenced based model to address the needs of individuals with a mental illness and substance abuse needs. Through our reinvestment dollars we can continue accepting individuals into our Master Leasing program. This program is designed to be short term housing (up to three months) for adults, older adults or transitional age youth who are being released from prison or a local hospital and need housing. This short-term housing opportunity for five individuals allows time to have benefits started or reinstated, for services to be started and for permanent housing searches. There are also separate funds available for security deposits, first months' rent, supported housing services and housing searches. To reduce evictions and utility shut offs for individuals, funds are available to pay for these hardships that individuals face so that they will not lose their housing. **Needs:** Lancaster County is a large county both geographically and in population size and for that reason accessibility to treatment sites can be difficult. Expansion of treatment providers to varied sites throughout the county would increase both the availability and accessibility to needed mental health treatment. These would include both outpatient therapy and psychiatry.
- **Transition-age Youth Strengths:** The Lancaster County Mental Health Program provides specialized transition age intensive case management to our youth as well as a specialized support/educational group. We have five dedicated case managers to provide supports to this age group. In addition, there is a transitional age coordinator who works closely with the transitional age population to assist them in preparing for adulthood. The funding for this coordinator position is a result of reinvestment funds through our Health Choices program. Utilizing a specialized Community Residential Rehabilitation Program, we can provide five (5) transitional age youth the opportunity to develop life skills and practice those skills in a safe environment. This program assists them in locating employment, completing their education, developing budgeting skills, and prepares them to live independently within the community. **Needs:** Expansion of our transitional age/specialized support group to reach additional youth and assist them with needed supports and

skills.

- **Children Strengths:** Lancaster County currently has 57 youth receiving treatment within a Residential Treatment Facility. Many of the youth are also involved in services with either Intellectual Disabilities, Children and Youth or Juvenile Probation. Lancaster County has a strong and influential CASSP system that is supported by the executive directors of all the County child serving agencies. Our CASSP Coordinator reaches out to all agencies to ensure that children and youth get the services and supports that they need. Evidenced based interventions such as Parent Child Interaction Therapy, Multisystemic Therapy, Functional Family Therapy and Family Group Decision Making are just a few avenues utilized to meet the challenging needs of our children and youth. There are many school districts within the County that have school based behavioral health services that can be easily accessed by children/youth experiencing mental health or drug and alcohol issues. This year we will be able to expand our flexible outpatient services to additional providers. The funding for this service is through our managed care organization. This enhances the outpatient therapist's ability to provide treatment both within the outpatient setting and within the home when needed. This year we will continue to work with our local Children and Youth agency to participate in their Placement Review Committee. This is an endeavor to provide them with information and guidance to ensure that youth they are serving are getting the mental health treatment that they need. We will continue our funding to include family based services for families who do not have medical assistance or MCO funding. This year 45 youth will be able to attend summer camps that are inclusive within the community so that they can fully experience this activity. Additionally, respite services are available to our youth using reinvestment funds. Our local MHA has staff and consumers providing education and awareness about mental health issues within the varied school districts.
Needs: Continued coordination with our Children and Youth agency as well as our Juvenile Probation department to ensure that we are meeting the needs of youth with multiple system involvement. Our CASSP Policy committee in collaboration with our local intermediate unit is working on developing a school based partial program to support youth within the school setting. This new service is being viewed as a means to reduce the need for Residential Treatment. In addition, we are planning to implement an evidence based model, Supporting Positive Environments for Children (SPEC) within identified day care settings. This model addresses a positive behavior support framework that fosters socially and emotionally competent young learners. Also, we are working closely with our managed care organization with the development and expansion of peer support services to youth 14 years of age and older.
- **Individuals transitioning out of state hospitals Strengths:** There are currently fifty-seven (57) individuals from Lancaster County receiving treatment at Wernersville State Hospital. This number reflects a reduction of 4 beds from the previous year due to the successful discharge of 3 individuals involved in the CHIP project and 1 individual who was identified through the Jimmie Lawsuit. We work jointly with the hospital through the Community Support Plan (CSP) process to identify individual strengths/needs and community resources to ensure that any resident from Lancaster County is discharged with the available treatment and resources that they need to be successful.

Through the (CSP) process many of our residents have been identified as needing Community Residential Rehabilitation Supports (CRR) and nursing home level of care. The medical frailty of many of our aging residents has warranted the need to explore and to look to develop programs that would offer the increased nursing supports that they need. **Needs:** Funds sufficient to develop an Enhanced Personal Care home with necessary staff, therapies and nursing supports. Availability of nursing home openings in programs that can serve individuals with medical and psychiatric issues/concerns.

- **Co-occurring Mental Health/Substance Abuse Strengths:** The Lancaster County Mental Health Program is a participant and active member on both the Lancaster County Court of Common Pleas Adult Drug Court and the Lancaster County Court of Common Pleas Mental Health Court. Attendance at weekly team meetings promotes coordination of appropriate and varying levels of treatment in addition to providing intensive supervision and judicial monitoring. Both treatment courts are a valuable resource and opportunity for individuals, some who are incarcerated, to participate in a process to promote their recovery while they are taking responsibility for their crimes. The purpose of these courts is to divert individuals from incarceration and if incarcerated to provide services and supports upon release. The county has two providers, T. W. Ponessa and LG Health who are identified as Centers of Excellence. This modality allows for additional supports/services for individuals experiencing D&A addiction. With the utilization of reinvestment funds, we developed a dual program within the borough of Columbia this year. This new program address both MH and D&A issues utilizing the Hazelden model and was developed in a community with limited resources. **Needs:** Accessibility for D&A treatment in surrounding communities within Lancaster County.
- **Justice-involved individuals Strengths:** Participation in the Forensic Interagency Task Force has afforded the County the opportunity to develop new relationships with the staff from the Department of Corrections (DOC) and to learn about many new processes that other counties have developed to better serve our justice involved individuals. Through a collaborative effort with our local County Prison, we receive a daily listing of persons who were incarcerated the day prior. We can compare this list with individuals who may be open with case management services. This alerts case managers that someone with whom they are working has been incarcerated so that they can work with the prison, attorneys, and the individual to ensure that mental health services are provided to them within the jail and that services can be set up upon their release. If the County Prison identifies someone with a serious mental illness who is not open with case management, then a referral is made to our office and we complete an intake while the individual is still incarcerated. Services/supports can then be arranged prior to their release. Our forensic case manager has the primary responsibilities for working closely with individuals who are incarcerated, prison staff, assistant district attorneys, public defenders and community providers to collectively assist individuals to get out of the prison sooner and into treatment and supports that they need. We developed a new program, Transition to Community (TTC) utilizing state funds that offers inmates in the County Jail and at the State Correctional Institutions a resource upon release that assist in their successful reunification to the community. The program provides services/supports for up to three months for the newly released

inmate to include therapy, residential programming, psychiatry, peer support and nursing. In a cooperative endeavor between the prison, BH/DS and LG Health the County successfully developed a protocol and practice to provide needed inpatient treatment for inmates who require that level of care during their incarceration. Our local MHA provides education and support within the prison utilizing both their staff and a peer educator. **Needs:** More intensive supports within the prison for individuals who need additional group and individual therapy. Expansion of available resources within the community for the justice involved to include; addition of 2 beds to our TTC program, a step-down program from TTC that would enable 3 individuals to practice their skill development with their own “efficiency” setting but have access to staff as needed, 3 CRR beds for individuals with forensic involvement/history. Ability to connect individuals with medical assistance/insurance so that coverage is available upon release. Availability of at least a 30-day supply of medication upon release and the ability to have that medication refilled.

- **Veterans Strengths:** CompeerCORPS, a Veteran-to-Veteran peer monitoring program is available to veterans in Lancaster County. This program is designed to create a supportive network for veterans who could benefit from a veteran peer mentor. With funding from the Office of Mental Health and Substance Abuse Services, this new program matches a veteran resident of Lancaster County who has a diagnosed mental illness with a veteran Volunteer to enjoy friendship activities in the community. Lancaster County also has a specialized Veterans Court designed to assist Veteran offenders to take responsibility for their crimes and to get connected with needed services and supports. In addition, there is specialized housing program available to veterans who would otherwise be homeless. **Needs:** Treatment providers with a military background that Veterans feel comfortable receiving supports from.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex Strengths:** Growing awareness within the County of the specialized needs of this population and some therapists with specialized training to support individuals. **Needs:** A continued need within the County for providers with expertise to provide services to individuals who are LGBTQI. The pressures that our youth struggle with regarding the stigma related to identification of being LGBTQI and additionally having a mental illness puts them at great risk for self-defeating behaviors and suicide. We will be working with both our outpatient providers and the inpatient units to expand their expertise and abilities to appropriately treat individuals who identify as LGBTQI. Our local inpatient units are ill equipped to serve LGBTQI individuals especially individuals who are Transgender and decisions about which sex individual they may need to share a room with.
- **Racial/Ethnic/Linguistic minorities Strengths:** Lancaster County has a large population of Hispanic individuals and within the past year the services provided by one of our identified Bi-Lingual, Bi-Cultural providers has grown tremendously. This growth has shown not only the need for outpatient services but that individuals are accessing this valuable service. This year we were able to enhance services for Hispanic individuals by having another Bi-Lingual, Bi-Cultural provider

of outpatient services expand their service provision. **Needs:** Even with the expansion of services within the community there is a need for additional psychiatric services, partial hospitalization services and outpatient services for individuals who are non-English speaking.

- **Other -Medically involved individuals Strengths:** Meeting the physical health needs of many of our community members with no insurance is challenging and resources are very limited. In a partnership with South East Health Services, a patient certified medical home and community health center, one of our behavioral health providers is embedded within the daily schedule to provide assessment/treatment. If a physician identifies that one of the patients that he/she is seeing could benefit from behavioral health intervention then the patient is seen immediately by the clinician. Utilizing an integrated behavioral health model, the individual can receive treatment for both medical and behavioral health issues/concerns at the same site. **Needs:** Outreach to our community physicians so that they are better able to understand mental illness and ways to connect their patients with our agency for services as well as treatment providers within the community.
- **Other - Co-occurring Mental Health/Intellectual Disabilities Strengths:** We are seeing a growing number of individuals who need both mental health and intellectual disabilities services. This population requires skilled professionals who have the knowledge and experience in working with this specialized population. We currently have two identified supports coordinators who work specifically with both adults and youth who are dually diagnosed as having a mental illness and an intellectual disability. This year we have been able to offer a specialized MH/ID mobile treatment program to adult individuals being served by the County's Intellectual Disabilities program and who are experiencing significant MH issues. This is a joint project with our managed care organization and offers therapeutic interventions to a population of individuals who would not otherwise been able to get such an intensive service. Three individuals have benefited from this service this year and it is expected that additional individuals will be served next year. **Needs:** We continue to have a need for therapy, partial hospitalization services, employment, and housing needs. We are seeing a growing number of refugees who need services from multiple programs/providers and language as well as cultural awareness and understanding is creating a barrier for service delivery. Expanding our provider service capacity to meet the needs of our refugees will be explored this year.

Lancaster County is not currently utilizing Cultural and Linguistic Competence (CLC) training.

c) Supportive Housing:

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

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

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

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

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
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 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input checked="" 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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	Health Choices Reinvestment	\$26,290	\$28,000	45	45	45	\$595	4	2014
	US Dept of Housing and Urban Development	\$389,106	\$400,000	72	55	72	\$690	2	2009, 2010, 2011
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" 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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	Health Choices Reinvestment	\$52,398	\$43,942	18	18	1	4	\$450	2014
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input checked="" 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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	PA State Human Services Block Grant	\$65,238	65,238	150	250			1	2016
Notes:									

5. Housing Support Services for Behavioral Health				<input checked="" 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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	US Dept of HHS, SAMHSA Project for Assistance in Transition from Homelessness	\$74,390	\$79,022	27	28			1	2009
	PA State Human	\$520,278	\$638,242	150	225			8.5	1995, 1998,

	Services Block Grant								2010, 2017
	Health Choices Reinvestment	\$59,333	\$0	38	0			1	2014, ended 2017
	US Dept of Housing and Urban Development CoC and Consumer Program Funds	\$100,014	\$65,433	51	52			1	2009, 2010, 2011
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
	Health Choices Reinvestment	\$46,121	\$47,000	72	80			\$543	2013
	Consumer Service Fees	\$7,400	\$8,000	25	25			\$375	2009
Notes:									

7. Other: Identify the Program for Behavioral Health 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**.

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
Long Term Subsidy	PA State Human Services Block Grant	\$25,974	\$27,500	9	7			2009
Notes:								

d) Recovery-Oriented Systems Transformation:1) Recovery Promotion/Stigma Reduction

- Stigma and misconceptions continue to inhibit individual's ability to seek treatment/supports within the community. Our local Mental Health America (MHA) our Community Support Program (CSP) as well as other key stakeholders continue to educate the community about Recovery and to address Stigma. With the addition of a designated CSP director, additional efforts/events will be occurring to provide education about recovery as well as identification of need areas within the county. One such event is our annual recovery picnic which is a time for individuals with a mental illness, family members, professionals and community leaders to come together to celebrate wellness, recovery and to join in friendship and support of one another. This event occurs annually in June and over 600 people participated in the event in 2017. This past year, members of CSP met with local legislators to tell their stories and request that funding for MH services continues.
- Planning for these events as well as other events that are identified will occur within this coming year through regularly scheduled stakeholder meetings.
- Funds for these events and educational efforts occur from both donations and block grant funds.

The county funds the MHA CSP Director position using block grant dollars Both MHA and the National Alliance for the Mentally Ill (NAMI) have various programs/events to educate our community about recovery and ways to support people as they recover.

- Both NAMI and MHA will monitor the progress and implementation of programs/events provided. The CSP director will monitor the implementation and completion of the events. Strategic planning meetings with the County occur on a quarterly basis.

2) Certified Peer Support

- Within the County, we have two providers of Certified Peer Support, with one of our providers being a consumer run program. The growing demand for this service and the benefits shown for individuals who receive this service is invaluable. Not only do individuals receive a service that assists them in their recovery, the hiring of certified peer specialists to provide this service offers employment opportunities to many.
- To enhance the services provided to individuals while on the inpatient mental health unit, Health Choices reinvestment dollars are being utilized and have allowed the largest local hospital to hire a peer support specialist who is embedded within the unit and provides peer support services to individuals on the mental health unit.
- MHA is receiving funds from the Block Grant to provide wellness education within our County jail. The County also contracts with Recovery Insight, utilizing Block Grant funds, to provide peer support services to residents who do not have other funding options. Funding for peer support is also provided by the MCO with a vision to expand

this service within the County.

- With the development of our new Transition to Community Program as well as the new Extended Acute Care Unit within Wellspan/Ephrata, there is now embedded peer support services available. In addition, the peer educator from MHA provides education and peer support to all the local hospitals. As the development of the new forensic services occur, emphasis will be placed on the hiring of additional forensic peers.
- This program is tracked by MHA and the County to determine the number of individuals who receive and participate in services.

3) Suicide Prevention

- There are currently two separate but equally important Suicide Prevention Coalition committees meeting to address and talk about suicide as well as prevention. The Stakeholder based Coalition, led by MHA, has been providing events and fundraising activities to educate the community and get people talking about suicide. We are partnering with our managed care organization to develop a one-day conference targeting professionals to gain an understanding of suicide. The second committee is addressing ongoing needs within the Lancaster County Prison for inmates with a mental illness and suicide prevention. This is a County lead initiative that will be meeting over the coming year with a vision to reduce/eliminate suicide within our County Jail.
- Within the coming year, it is anticipated that the Suicide Prevention Coalition will continue its' partnership with the County's 16 local school districts and Student Assistance Programs in coordinated awareness and prevention presentations for students. In September, 2018, the Coalition will co-sponsor the annual "Walk for DES," an event created by the father of a young man who took his life several years ago. Last year the event raised more than \$15,000 for suicide prevention and awareness. The County facilitated Prison Suicide Prevention Committee continues to meet and is credited with identifying various environmental and assessment strategies that have improved conditions in the Lancaster County Prison, among them being the creation of a Suicide Hotline that friends or family of inmates can call to report concerns for incarcerated loved ones. These initiatives are regarded as being of an ongoing nature.
- Funding for these groups and their resultant outreach efforts comes solely from fundraising events and charitable donations, in addition to costs incurred by the County's General Fund. No Block Grant funding is utilized.
- Both committees convene on a scheduled basis for strategic planning purposes.

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 checked="" type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input type="checkbox"/>	<input 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 type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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	Yes	52	TMACT	MCO	Annually		Yes	
Supportive Housing	Yes	37	Aspects of critical time intervention	Agency	Annually		Yes	
Supported Employment	No							Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	80		Agency				
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes	15		Agency	Annually		Yes	
Functional Family Therapy	Yes	8		MCO			Yes	
Family Psycho-Education	Yes	20		NAMI			Yes	

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	No		
Compeer	Yes	75	
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	100	
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	15	
Other Funded Certified Peer Specialist- Total**	Yes	25	
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	3	
Dialectical Behavioral Therapy	Yes	40	
Mobile Meds	Yes	32	
Wellness Recovery Action Plan (WRAP)	Yes	25	
High Fidelity Wrap Around/Joint Planning Team			
Shared Decision Making			
Psychiatric Rehabilitation Services (including clubhouse)	Yes	240	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	45	
Consumer Operated Services	Yes	1	
Parent Child Interaction Therapy	Yes	52	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	40	
Eye Movement Desensitization And Reprocessing (EMDR)	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

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

Reference: Please see SAMHSA's National Registry of Evidenced Based Practice and Programs for more

information on some of the practices at the link provided below.

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	21
Number Full Time (30 hours or more)	11
Number Part Time (Under 30 hours)	10

Intellectual & Developmental Disability Services:

The Intellectual and Developmental Disabilities (IDD) Program, under the umbrella of the Lancaster County Behavioral Health and Developmental Services, supports approximately 2000 individuals over the course of a year with an average of 1800 individuals diagnosed with an intellectual disability open for services at any given point in time. Since July 1, 2018 and the acceptance of Autism Spectrum Disorder (ASD) as a stand-alone diagnosis into the IDD program, we have seen a significant increase in the number of individuals with ASD seeking and entering our services: approximately 10 to 14 individuals per month. By the end of the 17/18 fiscal year we expect to have enrolled over 2100 individuals into the IDD program. Should this trend continue we anticipate the number of individuals in IDD services to increase yearly by approximately 70-100 additional individuals open at any given point in time. While this increase may pose capacity issues from an administrative, supports coordination and waiver resources standpoint, we believe that each person we support, regardless of diagnosis or funding stream, has the inherent right to live the same Everyday life as any other citizen of Lancaster County and the Commonwealth of Pennsylvania.

To help ensure all individuals open in the Lancaster County IDD program have the options and opportunities to reach their goals of achievement and independence, we have partnered with an expansive network of both service providers and community resources. These partnerships allow for a continuum of services that is anchored by a dedicated and knowledgeable Supports Coordination unit. Working as facilitators, assessors, educators, and disseminators of information for both community and systemic resources the Supports Coordinators diligently support individuals and their families/care-givers in the identification of needs, strengths, and goals which are then matched with the appropriate services and supports. Among the continuum of services available to all individuals open with Lancaster County IDD program are:

- 1.) Participant Directed Family Support Services, including respite care, family aide, nursing care and home and community supports.
- 2.) Vocational Training; including supported employment, transitional (small group) employment, volunteer work, Discovery and customized employment, job search and placement, job loss prevention, and facility-based settings.
- 3.) Adult Day Services; including adult developmental training, community habilitation, and senior programs.
- 4.) Residential Services; including supervised apartments, semi-independent living, group homes and family living/life sharing.

This list is by no means exhaustive, and does not speak to the ongoing collaboration which occurs with the Lancaster/Lebanon Intermediate Unit 13 (IU13), school districts, advocacy agencies and other Lancaster County human service agencies such as Behavioral Health, Early Intervention, Children & Youth and the Office of Aging.

The Lancaster County Intellectual and Developmental Disability program (IDD) recognizes the importance of having a continuum of services available that can respond to the changing needs of individuals throughout their lifespan. With the Everyday Lives principles as our foundation we have developed and implemented several strategies aimed at strengthening and enhancing the continuum of services and ensuring individuals and families/caregivers have the access to the information and supports they need to gain and maintain an Everyday Life. The strategies include;

- An upgraded agency website that is user friendly and allows for quick links to community and system information, community agencies and provider network, as well as comprehensive information regarding the IDD Program and how to access supports and services.
- Pathways (Family Support Program) – Developed in partnership with the Arc of Lancaster/Lebanon County, the Pathways program works with those families/supporters who are struggling to adapt to the changes created when an individual in IDD services encounters significant transitional events, such as school graduation and/or a move to alternative housing. The overall goal of the Pathways program is to assist family/supporters in successfully navigating their way through a difficult change so that they are then better able to support and assist their loved as they move forward in life. The Pathways program assists the family/supporters by employing a clinical specialist who works with the individual's family/supports to identify transition related challenges and to then develop a goal plan designed to alleviate the identified stressors. Using Life Course tools, the program also helps the family/supporters with both community and IDD system related resource information, support in working through the goal plan, as well as links to applicable community agencies and services. During the 2017/2018 fiscal year the Pathways program has been of assistance to 26 different families/supporters experiencing transition related challenges.

- Teaching, Reaching & Achieving Independent Living (TRAIL) Academy – The TRAIL Academy is an innovative training program that embraces Everyday Lives concepts by teaching adults how to successfully live in the community as independently as they desire and are able. The program is 18 months in length and works with 2 adults at a time. Both adults live together in the program's community apartment which serves as a temporary residence and a living classroom. Through the academy the participants learn daily living skills such as cooking and cleaning. They also learn safety skills, medication and medical management, budgeting, community resources, public transportation skills, as well as employment and housing attainment skills. The apartment is fully staffed at the start of the program term and by the end of the 18 months the individuals have only minimal contact with staff and can live, work and play with little paid supporter involvement. At the time of graduation, the goal of the academy is for both participants to have secured community housing, competitive employment, expanded social involvement and the abilities and support to successfully live the life that they desire.

To date the TRAIL Academy has successfully graduated its first two (2) participants. Each participant has gone on to live in their communities, either independently or with a roommate, and both have achieved integrated competitive employment and fuller social lives. Two (2) new participants have entered the original program and we have been able to expand the TRAIL Academy to include another apartment setting. The new apartment will begin operations prior to July 1, 2018 and will allow for a total of 4 adults to be enrolled in the academy at one time.

- Provider meetings – held quarterly, these meetings are coordinated and facilitated by IDD and are attended by both established and new service providers as well as IDD management staff, including Supports Coordination Supervisors and Administrative Program Specialists. The meetings are designed as a forum for information exchange, needs identification and resolutions, and for systemic/service training sessions based on the identified needs.

The collaboration between IDD and providers has led to increased systems/regulatory understanding for the providers and an increased willingness on their part to look at not only beginning to expand their service arrays into some of the newer ODP services, but also to expand the diagnostic scope of individuals they are willing to support.

Because of these meetings Supports Coordinators can disseminate provider information to individuals and families. This information allows individuals and family/caregivers to make better informed decisions about supports since they are aware of provider related changes and alternative service options. Another result of these meetings is a stronger partnership between the Lancaster County IDD program and our provider network which helps ensure the delivery of quality services to Lancaster County residents.

- 60+ Project- Currently under development, the 60+ Project is an assessment and planning process to be used with aging caregivers of individuals in IDD services who are 60 years of age or older. The assessments will be administered by a contracted entity and will focus on identifying caregiver stress, stability of the current living arrangement and future planning needs for when/if a caregiver emergency should occur. Community resources based on identified need/s will be shared with the caregivers to assist in supporting them in their caregiving role for as long as they wish or is appropriate. All information relevant to the individual's wellbeing and service needs will be shared with the individual's Supports Coordinator to address any additional or new support needs. We anticipate a September 2018 start date for this project.

Individuals Served

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	33 (\$83,000)	2%	40	3%
Pre-Vocational	0	0	0	0
Community participation	18 (\$99,000)	1%	20	2%
Base Funded Supports Coordination	330 (\$135,000)	25%	350	26%
Residential (6400)/unlicensed	38 (\$1,956,946)	3%	39	3%
Life sharing (6500)/unlicensed	1 (\$49,000)	.08%	1	.08%
PDS/AWC	N/A		N/A	
PDS/VF	88 (\$78,000)	7%	88	7%
Family Driven Family Support Services	507 (\$310,000)	38%	507	38%

Of note:

- Base funded SC supports services rose by 61% from the 16/17 fiscal year to the 17/18 fiscal year (202 individuals to 330 individuals).
- All percentages represent the total of individuals served in all funding streams.

Supportive Employment:

Lancaster County IDD program believes strongly in the Employment First philosophy. Through supported employment services individuals with intellectual disabilities and ASD are given the opportunity to achieve and maintain competitive employment within their home communities. These employment services not only enhance the individual's employability and personal skills, they also allow their employers and communities the chance to experience firsthand what an employee in the IDD system can do and the value they can bring to the workforce when given the opportunity.

Increasing Lancaster County's capacity to grow and support integrated competitive employment opportunities is an ongoing priority. In the past, as well as this current fiscal year, Base/Block Grant funding has allowed the Lancaster County IDD program to offer grant funding to Lancaster's employment providers to assist in the acquisition of the certifications needed to deliver Discovery and Customized Employment services per the new ODP service regulations and definitions.

We are firm believers and supporters of Employment First ideals and the customized model of employment services and have seen an increase in the number of provider's willing to become qualified to deliver these services, as well as an increase in people wanting to engage in these enhanced employment supports. Unfortunately, the reality is that Lancaster County's capacity to deliver Discovery and Customized Employment to all those who wish to use these supports has been hampered by the fact that the demand has outpaced the supply. This can be attributed to several factors:

- a. the length of staff time and provider cost involved in obtaining the credentialing required to offer Discovery and Customized Employment services – both require the upfront expenditure of financial and staff resources with no guarantees of recoupment. This is especially difficult for many of our smaller providers.
- b. limited available credentialing opportunities – there are too few approved credentialing organizations for the entire commonwealth. This limits the provider's ability to have staff trained locally (travel cost then adds to the overall expense) or as needed due to staff departures and/or increased service requests
- c. an ongoing staffing crisis – this statewide issue continues to see providers struggle to both hire and maintain qualified staff across all service areas, including supported and enhanced employment.

Identifying some of the barriers to growing enhanced employment opportunities in Lancaster County is only a first step. To keep efforts moving forward the Lancaster County IDD program continues our partnership with employment providers and meets with them on a regular basis. These meetings have created an environment of collaboration that encourages the sharing of knowledge, ideas, strategies and tools, as well as opportunity to problem solve around the issues posing barriers to broadening the acceptance and availability of competitive employment for the individuals we support.

For those individuals working in facility-based vocational settings, individual/family/supporter resistance to community employment continues to be one of the issues impeding the expansion of integrated competitive employment. However, once we are better able to demonstrate integrated employment can be successful for individuals in IDD it is anticipated some of the fear-based resistance will subside. We also hope that the efforts of the "Think Big" collaborative will eventually change the fears and uncertainties surrounding the idea of community employment.

The "Think Big" collaborative's main objective is to create a paradigm shift away from the traditional "workshop" model of post-graduation employment expectations to one that aligns with and supports the Employment First policy. The collaborative efforts have been to engage pre-transition age students with ID (under age 14), their parents, and schools, in discussions and activities designed to encourage exploration and planning for post-graduation integrated competitive employment. To this end, the "Think Big" collaborative developed an "Employment Tool Box" specifically designed for educators to use with third and fourth grade students. Based on education curriculum standards the tool box provides teachers with fully developed lesson plans centered on the various aspects of employment, including job exploration and preparation. The "Think Big" collaborative is made up of stakeholder agencies, including; Intermediate Unit-13, the Office of Vocational Rehabilitation (OVR), the Arc of Lancaster/Lebanon County, and local school districts. The collaborative members are pleased to have been presenters at the 2017 Pennsylvania Transition Conference and anticipate launching a multi school district pilot of the "Employment Tool Box" in September 2018.

Supports Coordination:

Supports Coordination (SC) services include the locating, coordinating and monitoring of supports to all those in need and the Lancaster IDD program is fortunate to have its' Supports Coordination Organization (SCO) remain as a close working partner under the Lancaster County umbrella. This relationship allows for the quick sharing of knowledge and information about initiatives, resources, services and funding options, regulatory changes, etc. The result of which are well-informed SC staff who can assist individuals and families/caregivers, regardless of funding or TSM eligibility, to identify support needs and to then put a plan into place for how those needs can be addressed.

While system services are important to address needs, they cannot be the only focus or option in assisting individuals in their quest for an Everyday Life. To assist SCs in engaging the people they support in conversations that include what natural resources might be available to them in their communities, we have enlisted the aid of the PA Family Network. During this current fiscal year trainers from the PA Family Network have presented sessions to SCs on the life course tools along with strategies to use when helping families to connect to generic resources in the community. The training sessions with the PA Family Network were well received and are slated to be at least an annual occurrence for new SC staff as well as those looking for an information refresher. Another way the Lancaster IDD program is supporting our SCs in the identification and utilization of natural supports and life course is through our involvement in ODP's Community of Practice collaborative.

All supports, whether community, natural, or base/block grant funded, are considered as potential resources and utilized as appropriate and available by our SCs for individuals on the waiting list. The SCs engage waiting list individuals and their families in an active planning process that seeks to put into place those supports that can assist in the maintenance of as healthy and productive a life as possible until waiver funding becomes available. This wholistic perspective helps SCs to ensure as many needs as possible are met while the individual is on the waiting list to receive a Home & Community Based Services (HCBS) waiver.

Providing information and linkage to resources is not the only ways SCs assist Lancaster's IDD consumers in obtaining an Everyday Life. Lancaster County's IDD program has long recognized the importance of supporting individuals and families/caregivers in their ability to be in the "driver's seat" when it comes to their services. SCs are required to promote the options of self-directing supports and services on a regular basis. Examples of when these conversations happen are during monitoring contacts and whenever new services are being introduced.

SC's are also very active in helping those already self-directing their services through PPL. The paperwork and regulatory requirements of those who choose to self-direct services can be overwhelming and SC's are often needed to lend aid to individuals and families who are struggling to navigate the many complexities involved in self-directing. Whether introducing the idea of self-directing as a new option for consideration or helping someone to maintain self-direction as an existing support delivery model, the IDD program is committed to promoting the ideals of self-determination and self-direction. To this end we will continue to disseminate information to our SCs regarding self-direction advances and changes and/or learning opportunities.

Lifesharing and Supported Living:

The Lancaster County IDD program encourages the exploration and utilization of all residential service types, including Lifesharing and Supported Living. Via our Lifesharing Lead, the IDD program is continuing to look for avenues that will promote the growth and availability of these two (2) residential options throughout Lancaster County. The Lifesharing Lead communicates regularly with our residential provider network and is the key disseminator of information pertaining to all Lifesharing/Supported Living regional and statewide events.

The ID program's ongoing goals related to Lifesharing are to identify and address obstacles and deterrents to growth while also positively promoting the service and expanding Lifesharing options to those who wish to select this model of residential service.

Despite ongoing efforts on our part and our provider community, the barriers to Lifesharing/Supported Living growth in Lancaster County have been relatively unchanged. The issues identified are:

- Difficulty in recruiting and retaining community families/individuals interested in becoming Lifesharing/Supported Living providers
- Natural families' resistance to Lifesharing/Supported Living option
- Significantly higher needs (behaviorally and/or medically) of new individuals receiving residential services than Lifesharing/Supported Living families are willing/able to support
- Resistance to moving from a traditional residential setting to a Lifesharing/Supported Living setting from existing "group-home" residents and/or their families
- Existing individuals currently in Lifesharing/Supported Living are aging and it is becoming increasingly more difficult for their Lifesharing/Supported Living families to support the higher care needs
- Lifesharing/Supported Living rates are not always adequate to cover the Lifesharing families' costs
- Licensing processes often cause complications and delays that community families are unprepared for and/or are unwilling to incorporate into their family home
- Good economy and availability of less intensive jobs in the community

To date Lancaster has 15 waiver funded individuals utilizing Lifesharing services. This is the same amount as last fiscal year. Of the two (2) Lifesharing individuals Base/Block Grant funded last fiscal year, only 1 remains in service. The second person was transferred into traditional residential service due to an increase support needs that went beyond what the Lifesharing family was able/willing to provide.

Given the ongoing issues, expanding Lifesharing/Supported Living opportunities in Lancaster County continues to be a struggle. We will continue to engage stakeholders to look for solutions but believe that many of the issues impeding expansion lie beyond county control. Some potential solutions that would fall under the purview of ODP are:

- Examine and revamp regulatory requirements to take into consideration Lifesharing/Supported Living environments are family homes, not provider-run homes.
- Increase rates to make becoming a Lifesharing/Supported Living provider a more viable option in competitive job markets

Cross Systems Communication & Training:

Lancaster County IDD program believes in a holistic, bio-psycho-social approach, especially when it pertains to guiding service/support decisions for those individuals in our program who have significant and multi-faceted diagnostic needs. This wholistic, cross-systems collaborative approach means that each realm of need is addressed, not only through IDD services, but often in conjunction with other systems, agencies and organizations. To this end we have nurtured

longstanding, mutually beneficial relationships with other organizations and agencies such as Office of Vocational Rehabilitation, Behavioral Health, Children & Youth and IU-13, to name just a few. This cross-system approach has become increasingly important as more complex individuals with co-occurring disorders have entered the ID system.

One of the greatest challenges we continue to face in Lancaster County is the emergence into the adult service system of very high-need individuals transitioning from either intensive community school settings, or most frequently from institutionalized Residential Treatment Facilities (RTFs). Many of these children/young adults are dually diagnosed with ID and Autism Spectrum Disorder (ASD), or since the 7/1/18 eligibility changes, ASD alone.

To successfully support these individuals as they transition into adult services it has become very clear that cross systems training and general collaboration is helpful, but not enough. The Lancaster County IDD program is currently developing a Base/Block Grant funded program that is designed to work with identified high-needs children while they are still in the school or RTF setting. The program will use assessment and planning tools during the child's last year of school that will increase the likelihood of a smooth and successful transition from children's services into the vastly different world of adult services. Collaborating with us in the development of this transition program are staff from PerformCare Behavioral Health, MelMark RTF, Chester County Intermediate Unit Behavioral Support, and two (2) adult ID providers, Person Directed Supports and Excentia.

Individuals, both children and adults, who have more extensive medical needs are fortunate to have available a large and experienced network of medical/nursing agencies within Lancaster County. Over the years the Lancaster IDD program has actively engaged in building strong relationships with these providers. Considering the amount of administrative work required to acquire and maintain provider waiver eligibility, coupled with the fact that IDD funded consumers comprise only a small fraction of most of our nursing agency network's overall business, we recognize the import role our ongoing partnership and collaboration with these agencies plays in ensuring individuals in the IDD program continue to have their medical support needs met.

The holistic, cross system collaboration approach is used not only to address existing challenges, but can also be used to promote best practices. To that end during the 18/19 fiscal year we will be working with Lancaster's IU 13 and the various school districts across the county to introduce the Life Course tools and the benefits their use can bring to students and families. Strategies to engage schools in this conversation will include meetings and correspondence with school officials and educators, invitation to join the Lancaster County Community of Practice Collaborative as well as invitations to join any related events.

The Lancaster IDD program continues to appreciate the value of system partnerships and will continue to share service information to our provider network, our individuals and their families/caregivers, and advocacy organizations. The SCO administrative staff position created in a past fiscal year continues to be of great assistance in this endeavor. Working in part as the IDD program trainer and liaison to community and human service agencies such as CYA, OOA, BH, local school districts and the Intermediate Unit (IU#13), we are able to reach a large audience and disseminate information to better ensure that those in need have access to resources of all types.

Emergency Supports:

The Lancaster County IDD program is fortunate to have a SCO that is both responsive and creative when faced with emergent situations, regardless of funding. Their knowledge of community supports is extensive. Examples of support include; assisting individuals in securing emergency food and shelter via food banks and homeless shelters, linking individuals to emergency funding for utilities like LIHEAP, etc. As mandated reporters in the case of abuse, neglect, etc we are also links to Child or Adult Protective Services organizations who are then able to provide further supports to alleviate any emergent health and safety needs.

Further emergency response plans include:

- The Lancaster County ID Program has been able to manage its' Base/Block Grant funding in a manner that has allowed us to consistently meet both short-term and longer-term emergencies needs as they arise. Base/Block Grant funding has allowed us to provide emergency services for many individuals within the community. The services have included out-of-home respite, various in-home supports, and residential services. Continuation of such emergency supports is of course contingent on funding availability as well as service/provider availability.
- Whenever the Lancaster County IDD Program is notified of an emergency, actions are put into place to take whatever measures are needed in order to reduce/eliminate the immediate risk to the individual's health and safety. This most often means working in partnership with whatever other community resources are needed to assist in resolving the emergent situation. Partners include but are not limited to: Crisis Intervention, 911 services, County Office of Aging, County Children & Youth Agency, Office of Developmental Programs, Adult Protective Services (APS), as well as the Lancaster County IDD provider network and the Commonwealth-wide ID provider network. Among the available options for psychologically and behaviorally based emergencies that arise outside of normal working hours are Lancaster County Crisis Intervention and, for medical issues, the proximity of four 'full-service' hospitals. Lancaster County ID's Administrative Entity monitors reported Incident Management activity over the weekend, and the Agency continues to study how best to provide 24 hour on-call coverage in a manner that is practical and responsive.
- Lancaster County BH/DS has a Crisis Intervention Unit (CIU) who is able to mobilize workers into the community and who have had experience working with individuals with ID and Autism both in the field as well as via their call center. At this time two (2) CIU staff hold master's degree with the remaining staff holding bachelor's degrees. All the college degrees of CIU staff are in a human service field. In addition to a minimum four (4) year degree, all CIU workers are given extensive training in crisis management and mitigation which they are able to successfully apply during interactions with the many and varied disorders associated with the individuals they support. Regardless of a specific diagnosis, the family, SCs, and/or service providers are integral partners in assisting and evaluating/determining the need for mental health treatment during an emergency. CIU staff are encouraged and given the opportunities to expand their knowledge base in both ID and ASD. Training specific to ID is available to the CIU through the Lancaster ID program as well as via the HCQU under ODP. Training for Autism specific topics is available through Lancaster County's Behavioral Health (BH) unit, various BH providers, as well as via ASERT under the Bureau of Autism.

Administrative Funding:

- The Lancaster County Intellectual Disabilities program is a partner with Dauphin, Cumberland/Perry, and Lebanon Counties in the ODP Community of Practice initiative. Through the work of the collaborative we have elicited the assistance of the PA Family Network in events held for individuals, families and community members. The collaborative continues to explore various ways to further utilize the services of the PA Family Network to support individuals and families participating in the system. The Lancaster County IDD program will also continue to work with providers, the ARC of Lancaster/Lebanon County, and ODP to develop more local training opportunities for individuals and families to attend and as mentioned previously, we will also continue to engage with the PA Family Network as person-centered trainers for our SCO supervisors and Supports Coordinators.
- In addition to the PA Family Network as a means for individuals and families to discover and navigate both community and systems supports, the BH/DS website enhancements mentioned earlier will give individuals and families more immediate access to information and training events. The improved website will also provide direct linkage to a wide variety of supporting agencies, organizations and networking opportunities, such as: The Arc of

Lancaster/Lebanon, United Way Link, ODP, ASERT, and the PA Family Network to name a few. As we continue to see in-person participation to events decrease and the increase of a preference for the delivery of informational needs through technology we anticipate the website enhancements to prove a successful information dissemination strategy for individuals, families, and the community.

- Regarding how ODP could be of support; develop and facilitate state-wide electronic networking forums for individuals and for families. People in services want to be connected, not just locally but across the state. A statewide platform would give people in the IDD system the opportunity to “talk” with all their peers and to be connected in a way that gives them a collective voice.
- The South-Central Health Care Quality Unit (HCQU) provides services that include individual and provider trainings, medical assessments & data collection, as well as reviews of challenging individual cases. These services are open to individuals 18 years of age or older, regardless of the funding the individual receives. The HCQU is a unique resource as many of the services can be personalized to meet the specific needs of the individual. The Lancaster IDD program continues to utilize the valuable resources offered by the HCQU to improve individual lives as well as to provide assistance to their support systems.
- In addition to training resources, the data generated by the HCQU is useful in the identification of emerging healthcare trends. Any trends are then incorporated into ongoing quality management activities, not only across Lancaster County but the Central Region as well. The IDD program continues to participate in quarterly HCQU meetings with other Central Region counties to review HCQU data and to develop solutions to system-related issues being seen across the region.
- The Lancaster County IDD program has contracted with The Arc of Lancaster/Lebanon County to manage the Independent Monitoring for Quality (IM4Q) program. The purpose of IM4Q is to provide information that could help improve the quality of life for people with disabilities. The County and local program collaborate to make sure that each consideration is addressed to the fullest extent possible in an effort to meet that individual’s need. Data generated from the IM4Q process is used in the development of the quality management plan with a focus on safety considerations as well as major considerations. These considerations are thoroughly addressed so that the local program can determine the loop is closed and that the individual is no longer at risk. While most of these quality improvements occur at an individual level, the County continues to review data to determine if there are concerns that could be addressed at a systemic level.

While the data generated by the various sources available such as IM4Q, the HCQU and HCSIS can be useful in the development of QM plans and overall systemic improvement activities, at the local county level it is of minimal value in solving the lack of community providers who are willing and/or able to support high-needs individuals which include the incoming individuals with ASD. The issues preventing providers from increasing their competency and capacity to support the ever-increasing number of complex and challenging individuals include, but are not limited to the following:

- o An aging and less complicated consumer base who would be put at risk by the introduction into their programs of the younger, more behaviorally challenged individuals who are coming into the adult system; especially in a residential setting
- o Persistent system-wide high staff turnover rates make keeping well trained and competent staff difficult. Providers have trouble staffing regular consumer-to-staff ratio programs and so often do not have the additional staff available to support 1:1 and/or the 2:1 staffing ratios needed for the high-needs individuals.
- o The ID system regulations and treatment modalities, are not always compatible with the support needs of many of the higher needs individuals with Autism who are entering the ID system. Behavioral treatment for persons with Autism often rely heavily on restraint and restrictive procedures, which is counter to ID treatments and philosophy.

Many providers are unwilling to employ the behavioral supports prescribed for this population. They are also less and less willing to devote the time and human resources taken up by the myriad of paperwork and processes required by ODP in order to obtain and maintain the documentation needed to put the restrictive procedures into place and/or to have the level of staffing needed to successfully support the persons with complex needs.

- o The current Consolidated Waiver residential start-up cost allowances do not support the actual cost of establishing a home for higher need persons, whether the challenges are behavioral, medical in nature, or a combination of the two. Home adaptations/renovations are often needed prior to the move in date, as is extensive staff training.
- To assist our provider network and increase service capacity within Lancaster County to effectively support high-needs and unique needs individuals, the Lancaster IDD program will continue to assess provider training needs during regularly scheduled IDD provider meetings. Based on the identified provider needs we will continue to sponsor informational and training presentations by ODP and other content experts. We will also continue to address the staffing crisis which is a significant issue in Lancaster County.

In March 2018, the Lancaster County IDD program kicked off the Staff Crisis Task Force. We did this by hosting a day-long work session facilitated by IDD system content expert, Mary Lou Bourne, Director of NCI and Quality Assurance with NASDDDS. The initial session was well attended and was mainly comprised of provider upper management and HR staff. During the event, the group worked on identifying shared barriers to the recruitment and retention of staff. They then spent the majority of the day brainstorming solutions with the focus on looking at those areas that were within a provider's ability to control. Since this initial work session, the Task Force has met a second time and has additional meetings scheduled with plans to continue into the 18/19 fiscal year.

While the Lancaster IDD program initiated the formation of this work group, leadership of the Staff Crisis Task Force has been transferred to the providers. However, the IDD program will remain a partner in this endeavor since the staffing crisis impacts us all and it is imperative that it be addressed to the best of our ability. The reality is, no matter the amount or type of training and support we offer to help increase provider capacity to support individuals with higher levels of need, without staff available to deliver the services, the training, etc becomes a moot point. The Lancaster IDD program is committed to ensuring that the needs of individuals of all levels are met by competent and caring providers and will continue to work with our provider network towards increasing the availability of competent and caring staff.

- ODP can be assistance to not only Lancaster County, but all counties across the commonwealth by raising the staffing crisis to a priority level. Again, even if individuals have funding for services, whether block grant, base, or waiver, they will still be without the needed services and supports as long as providers are unable to hire or keep staff.
- The Lancaster IDD program is committed to ensuring the health and safety of all individuals enrolled in our services. This includes not only remediation of existing issues but also using risk management processes to identify issues both individually and systemically before they adversely impact consumers. There are many ways that the program approaches this area. The IDD management team routinely discusses at-risk individuals and action plans for potential resources and supports. A Risk Management team is also in place to review individual cases as well as analyze data from the Incident Management process.
- To involve a wider range of stakeholders in systems improvement, risk management trends will be taken to quarterly provider meetings for discussion and problem solving. These meetings are attended by providers as well as the local advocacy agency, the Arc of Lancaster/Lebanon. The HCQU is also routinely utilized to minimize risk to individuals via trainings and consultation. Finally, it is the IDD program's practice to invite appropriate stakeholder input when developing policies stemming from risk management information, or other quality management efforts. Stakeholder could include providers, individuals receiving services, families, and/or other community partners.

- ODP can be of assistance in relation to stakeholder interactions around risk management by providing clearer guidelines and expectations of these interactions and how they differ from other quality management activities.
- At this time, the Lancaster IDD program has no housing coordinator. When needed we have worked closely with our Lancaster Behavioral Health partners to access resources via their Housing Specialist who coordinates housing supports across multiple human service agencies. We also continue to use Base/Block Grant funds to contract with a local community agency specializing in housing supports. These supports have proved successful for many of our individuals facing a housing crisis. We plan to continue the contract for housing services into the coming fiscal year should funds be available to do so.
- Lastly, providers of IDD services are engaged in the development of an Emergency Preparedness Plan as a topic of discussion at the Lancaster IDD provider meetings. The meetings are used as a forum to discuss system changes and issues, provide updates, share information, as well as to brain-storm ideas for system improvements.

Participant Directed Services (PDS):

Lancaster County IDD program currently has 88 individuals using the Participant Directed Services (PDS) model to fund various Base/Block Grant supports. This is a decrease from the previous fiscal year due to the program funding of several heavily utilized camps as well as an increase in PFDS slots for graduates. A PDS model continues to allow for individuals and families to choose from an array of community based, non-system services that would otherwise not be available to them except as self-pay. Services covered under PDS include: respite, family aide, camp, social/recreational activities, as well as limited home modifications and vehicle adaptations.

Formal promotion of PDS has not been an issue as evidenced by the number of people using PDS. Individuals and families in IDD are well aware of these service options. In fact, many of the persons entering the Lancaster IDD program do so because they have been made aware of what we offer via PDS. This awareness comes from various sources including, “word-of-mouth” from other families and information sharing activities done with schools, community agencies and advocacy groups. For others, “training” related to PDS happens during intake where families/individuals are given information about PDS and all service options.

Because the Lancaster County IDD programs retains the SCO under its umbrella, our SCs are very knowledgeable and adept at assisting individuals/families in making informed decisions about determining the best service choices and if using the PDS option is the best fit for their needs and circumstances. Ongoing support and training in this area happens via SCO unit meetings and other joint AE/SCO meetings.

Due to cost-prohibitive administrative fees charged by existing Agency with Choice (AWC) we do not offer this model of PDS. The Lancaster IDD program has instead chosen to keep the funding in actual services for individuals by using the Vender Fiscal (VF/EA) model. Not only is the AWC not as cost-effective, but it also requires individuals/families to fill their own staffing needs. This has proven problematic since just as with IDD service providers, families who choose to self-direct services also find it difficult to hire and maintain staff.

While the use of PDS VF model in Lancaster has been steady over the course of many years with most individuals/families having success in obtaining the supports they need, the largest challenge to any PDS model, including VF, continues to rest in the requirement that staffing for services such as respite and family aide be obtained by the individual/family. From a theoretical “choice and control” perspective this concept makes sense, but it often falls short from a practical standpoint. As mentioned above, most families struggle to find staff on their own. For those who do find staff, maintaining them for any length of time becomes an issue as quality staff tend to move on to higher paying jobs and the less than quality staff tend to create a revolving door effect, leaving individuals/families continually looking for someone new to hire. Regardless of these challenges the Lancaster IDD program remains committed to the continuation of a PDS service delivery model wherever feasible.

Community For All:

The Lancaster County IDD program has been able to work in partnership with ODP to acquire appropriate community services for our remaining “Jimmy” litigant. The individual is now living locally in a community residential home that is able to support this individual’s unique mental health and significant medical needs.

Currently Lancaster has four (4) residents still residing in the Hamburg State Center which is slated for closing within the next 3 months. Three (3) of these individuals have been accepted for local residential placement by a Lancaster County provider. Move-in to their new homes is expected within the next 1-2 months.

The fourth individual from Hamburg State Center was scheduled to move along with their peers. However, due to a significant change in medical status and the subsequent increase in required medical care levels, the residential provider engaged to support him felt they could no longer meet his needs. At this time, an alternate plan is being solidified with a local Intermediate Care Facility (ICF) provider with a tentative late spring / early summer move-in timeframe.

Substance Use Disorder Services:

The Lancaster County Drug and Alcohol Commission, known by its state name as Single County Authority (SCA), is a Public Executive Commission model, an independent department within Lancaster County government. The D&A Commission employs nine staff, including administration, prevention, fiscal, and a small case management unit. Most services are contracted to outside agencies, such as treatment, prevention, education, Student Assistance Program, some case management services, recovery support services, etc.

The Lancaster D&A Commission provides substance abuse treatment for low income and uninsured clients that are not eligible for Medicaid, along with community based prevention, education, and intervention services for all citizens in Lancaster.

The D&A Commission also provides management and oversight in the delivery of mental health and drug and alcohol treatment services for Medicaid recipients, also known as Medical Assistance (MA) covered consumers, in the HealthChoices managed care project. The Executive Director of the D&A Commission is a member of the HealthChoices Board of Directors, managing the Medicaid HealthChoices project in a five-county collaborative called the Cap Five, also known as CABHC.

The HealthChoices project enrolls more than 85,000 Lancaster County Medicaid covered citizens, and a total of 211,000 Medicaid consumers in the five-county collaborative. The provider network for the HealthChoices project is the same provider network for the Lancaster SCA, which allows for coordination of client services between SCA and HealthChoices funded treatment services. In Lancaster, the SCA purchases approximately two million dollars of D&A treatment each year, and the HealthChoices project provides more than eighteen million dollars of D&A treatment. This does not meet the demand for treatment services.

The Lancaster County SCA treatment needs assessment and annual plan are created for both the HealthChoices project and for the Lancaster SCA. Committees, which include consumers and family members, assist in the collection of information and provide input into the development of the plan. Committees include Consumer and Family, Provider Network, Clinical, and Fiscal.

Along with these committees, the SCA meets six times each year with a citizen advisory board. These members are appointed by the Lancaster County Commissioners and serve a six-year term. This fifteen-member citizen board assists the SCA in prioritizing the services and “steering the ship.” Some of the advisory board members are people in recovery.

The D&A Commission also meets three times each year with the contracted treatment providers. Many of the members of the provider network are also in recovery, thereby providing additional consumer feedback.

The SCA Executive Director is a member of 35 local and statewide committees and boards, during which he gathers input and shares information regarding the needs of Lancaster County. This includes CJAB, the Reentry Management Organization/RMO, CASSP, Youth Detention Board, PACDAA, SAP Management, Joining Forces, South Central Pa Opioid Awareness Coalition, etc.

1. Waiting List:

The Lancaster SCA does not keep a “waiting list”, since addicts do not wait around for days or weeks for a placement into detox or rehab very often. The D&A Commission calls the detoxes when a bed is needed and if the 24/7 detox call center cannot find a bed, to determine where the open beds are located, since there is an urgent need to enter detox, when a person is withdrawing from a chemical.

With Medicaid expansion over the past few years, there are occasions when it is difficult to find an open detox or rehab bed in the network of providers. The client, family member, case manager, or counselor working with the client simply calls the detox and rehabs a few times each day, looking for a bed that might become open. If the client is in distress, they are asked to go to a local Emergency Department or to their physician, to have a health screening and maybe medication or admittance into the hospital. In the past year, detox and rehab expansion has occurred in the region, and beds are more readily available.

The Lancaster D&A Commission is expanding the network of detox and rehab contracts. It recently contracted with a detox and rehab facility in York, and the detox beds in Dauphin County expanded. There is also a new detox and rehab facility in Berks County that is under contract, called Teen and Adult Challenge, under contract with the Lancaster SCA.

The Lancaster SCA is also placing pressure on its small detox unit in the county, to expand the number of beds, and include women on the detox unit. The facility has hired a realtor, and they are pursuing this expansion. Finding an affordable facility, along with zoning challenges, is making this effort difficult.

If a client is not eligible for Medicaid, Lancaster SCA funding is used for treatment. Unfortunately, the SCA usually runs out of residential rehab funding, before the end of the fiscal year. If that occurs, SCA placements into rehab are suspended.

In the current year 2017-18, the Lancaster SCA did not run out of treatment dollars. Thanks to the additional funding from DDAP to the SCA's, along with Medicaid HealthChoices funding many people in D&A treatment, the Lancaster SCA kept all modalities of treatment open for the entire year.

Lancaster is the sixth largest county in the state, with a population of over 538,000 citizens. The SCA annual budget is approximately four million dollars. This allocation has never been adequate to meet the demands for SCA treatment or prevention services. Although Medicaid expansion took the pressure off of the SCA treatment budget, there is still a need for additional treatment, prevention and education funding.

Using the basic prevalence rate of 8.3% of the county population age 12 and above, there are an estimated 32,000 substance abuse disorder clients in Lancaster County. When the special population data is included, the estimated number of addicts and alcoholics in the county exceed 43,000. Since only several thousand clients are served in treatment by the SCA and HealthChoices funding streams, and private health insurance has limited D&A treatment, there is a large unmet need in Lancaster.

Detox Services: Occasional difficulty in finding a bed in the network. Beds are increasing, but it takes time and funding to expand beds and hire/train new staff. HealthChoices reinvestment dollars have assisted in expanding the detox and rehab beds in this region.

Rehab Services: Less difficulty in finding beds as compared to detox. Expansion is occurring and new contracts are being signed, to increase the network capacity.

MAT: With one large methadone clinic with sufficient capacity, two Centers of Excellence programs, and doctors dispensing suboxone and Vivitrol, there is no waiting list for medication assisted treatment.

Halfway House: Similar issues as rehab. A new male halfway house is being created with HealthChoices reinvestment dollars, and should open in four months. And a new Latino halfway house was opened last year in Lancaster.

Partial: No waiting list occurs. Most clients agree to intensive outpatient treatment, as compared to partial, so the demand for partial is light.

Outpatient: Lancaster County has an SCA network of eleven outpatient clinics, at seventeen different locations throughout the county. A new co-occurring outpatient clinic recently opened in Columbia, using HealthChoices reinvestment start up dollars. No waiting occurs in the outpatient system.

2. Overdose Survivors:

The Lancaster SCA Warm Hand Off/WHO services are provided by six Recovery Support Specialists/RSS at the non-profit agency RASE, funded by the Lancaster SCA. The staff travel to the four hospitals in Lancaster County, 24/7, to conduct an intervention with the overdose patient. The RSS will also travel to the hospital for non-overdose cases that are D&A related, to provide the service of assisting the addict or alcoholic into treatment. This project is monitored by DDAP on a monthly basis. All of the survivors are offered treatment, but most of them refuse. Follow up phone calls occur the next day, if the client was willing to provide their phone number to the hospital. Deaths in Lancaster due to overdoses: 60 in 2014; 80 in 2015; 117 in 2016, and 168 in 2017. The current trend for 2018 has the numbers going down. In the past six months of the Warm Hand Off program, 176 overdose survivors were met at the Emergency Department, 49 accepted a treatment referral, and 127 refused any services.

3. Levels of Care (LOC):

LOC	# of Providers	# of Providers located in-county	Special Population Services
Inpatient Hospital Detox	2	0	
Inpatient Hospital Rehab	2	0	
Inpatient Non-Hospital Detox	15	1	
Inpatient Non-Hospital Rehab	25	4	
Partial Hospitalization	2	0	
Intensive Outpatient	11	11	
Outpatient	12	11	
Halfway House	8	3	

The Lancaster SCA contracts with treatment providers that specialize in many different areas. They include outpatient, rehab, and halfway house services for Spanish speaking clients, adolescent programs, co-occurring facilities, women with children programs, only women programs, etc.

4. Treatment Needs in Lancaster:

The greatest barrier to treatment in Lancaster County continues to be the limited SCA funding for clients that have no health insurance, and are ineligible for Medicaid or Medical Assistance coverage. The Lancaster SCA typically runs out of treatment dollars for residential rehab placements, within four to six months, but fortunately in the current year rehab dollars were used during the entire 12 months. Due to Medicaid expansion, the Lancaster SCA did not run out of treatment funding for the entire year 2015-16 and 2017-18.

The Lancaster SCA treatment system is well developed, with three halfway houses, eleven outpatient clinics, one small detox unit, (which should expand), a Latino rehab for men, a woman with children rehab, a male adolescent rehab, one male rehab, a Latino halfway house, and a partial program. The prevention system has eight agencies providing services. These strong programs and agencies could expand, if additional SCA dollars were available.

Lancaster has a population of over 538,000 residents, and 85,000 people are on Medicaid. It is the sixth largest county in the state, yet the total SCA allocation is four million dollars each year.

The HealthChoices Medicaid system provides more than 18 million dollars' worth of D&A treatment in Lancaster each year, and this continues to grow. But if a person is not eligible for Medicaid coverage, or if Medicaid applications are delayed in processing, and the SCA runs out of resources, the person is essentially on their own. And high deductible private health insurance plans are preventing people from accessing treatment.

Another major treatment need is the limited number of male and female detox beds in the county. The current provider can only accommodate seven male detox beds, and therefore many clients must receive detox in an out of county facility. The current detox unit is searching for a larger site, and will provide both male and female detox services. In the meantime, the Lancaster SCA is contracting with additional detox units in the region, such as York, Dauphin, and Berks counties.

Even if SCA funding were available to meet all treatment needs, there is a shortage of trained and experienced counselors in the D&A field. Lancaster reimburses the outpatient clinics for the time that their counselors are in training programs, up to 25 hours per counselor per year. But it takes years to develop a seasoned and skilled counselor, and the D&A field has an ongoing shortage of professionals. With staff burn out, many counselors leave the field each year.

The potential barrier that is looming over the D&A field is the possibility of less clients being covered by Medicaid, or by a substitute coverage for this population. In Lancaster County last year, more than \$6.5 million of Medicaid funding provided D&A treatment for the Medicaid expanded population. If this population does not have coverage of any type in the future, these clients will not be served.

Another barrier will occur if the state or federal D&A allocations are cut or eliminated. There is much discussion in Harrisburg and Washington, and the field is anxiously awaiting the decisions to be made. But any decreases in resources will only compound the opioid epidemic, and treatment for all substance use disorder will be curtailed.

5. Narcan:

Narcan was available through two grants in Lancaster County. The first was through LGH-Penn Medicine, and the second was through a grant acquired by the Lancaster District Attorney's Office. Police departments and first responders had access to these resources for Narcan. Recently, the District Attorney's office Narcan grant was renewed, and is once again distributing the medication.

The Lancaster SCA also funds Narcan through the 11 outpatient clinic contracts. If a family member, friend, client, etc. would like to have Narcan on hand, and cannot afford the cost, the SCA will reimburse the outpatient clinic for the Narcan, up to \$100 per kit. The two Centers of Excellence programs in the county can provide Narcan, for those people requesting it.

The Lancaster SCA also has a contract with Ganse Pharmacy, to provide Narcan to low income families or clients who make the request to the SCA. The recipient must watch the training video at Ganse before the medication is provided.

6. ASAM Training:

The Lancaster SCA actively manages the HealthChoices Medicaid project with four other counties, called the Cap Five, via a company called CABHC. During the past four months, CABHC has been hosting and funding ASAM trainings for the Cap Five D&A treatment providers. By July 1, 2018, 320 D&A professionals will complete the two day ASAM training, at a cost of over \$100,000 to CABHC. For a few treatment providers in Lancaster that missed this training, the Lancaster SCA is hosting and paying for an ASAM training in mid- June. Therefore, essentially all Lancaster treatment providers will be ASAM trained by July 1, 2018.

7. Medicaid:

Thanks to Medicaid HealthChoices reinvestment dollars, Lancaster has developed many new programs and services to address the opioid epidemic in the past few years. They include the following:

1. D&A Mobile Assessments. Outpatient clinic counselors in the county are reimbursed when conducting D&A assessments and level of care determinations in locations outside of the D&A clinics, such as in hospitals, mental health units, etc.
2. Latina male halfway house. The Spanish American Civic Association/SACA opened this new facility in Lancaster City.
3. Gatehouse, the halfway house operating in the county for the past 45 years, will open a second male halfway house in Marietta, Pa. Gatehouse also operates a female halfway house in the county.
4. A D&A drop in center was open at the RASE agency, and it has become an active and helpful resource in the recovering community.
5. Additional detox beds will open, as soon as White Deer Run locates a bigger facility in the county. This will be for both men and women.
6. Eight new recovery houses were open using both SCA and reinvestment dollars. All are operated by well-established non- profit agencies. Two more will open soon.
7. Prison door to door project is very active in the Lancaster Prison. A Recovery Support Specialist and the SCA office are processing more than 20 clients each month at the prison, and they are being placed into D&A residential rehab, directly from the prison, utilizing Medicaid.

8. A halfway house for women with children will be created in the region, using HealthChoices reinvestment dollars, in the next eight months.
9. Vivitrol project at the prison. Clients leaving the prison are given the medication Vivitrol, and continuation services are arranged before the client is discharged from the prison.
10. The local methadone clinic is serving more than 850 Medicaid clients each month.
11. Two Centers of Excellence programs are operating; one at a D&A outpatient clinic, and the second at the largest hospital in the county.
12. Bupe Coordinators, overseeing the medication assisted treatment called Suboxone, are operating at the RASE agency.
13. The Joining Forces Task Force is active, and the SCA is a key member of this coalition. The SCA hired a fulltime Community Organizer, to work with the community volunteer groups that are forming from the community forums.
14. D&A training of faith based leaders and pastors/rabbis are occurring through the GOAL agency.
15. A new D&A Getting Help guide was created by the Lancaster SCA, and more than 34,000 copies have been distributed. This guide is electronically sent to anyone in the county that would like a copy, and agencies are encouraged to place it on their website. It is also sent to EMS agencies and police departments. A 24/7 detox call center is identified on the brochure.
16. Medication Drop Boxes were placed throughout the county. Nineteen currently exist.
17. The Lancaster Recovery Alliance was created. Anyone working in the recovery field, or any person in recovery, can join this alliance.
18. A co-occurring mental health, D&A clinic was opened in the town of Columbia.
19. Six Recovery Support Specialists were hired at the RASE agency. Additional RSS staff will be hired in some of the outpatient clinics.
20. A new recovery house that serves women with their children will open in the region.
21. A Vivitrol Coordinator RSS employee was hired at RASE.
22. Recovery events and programs are provided by the RASE agency and the 521 Club. This provides the Recovery Oriented Systems of Care, or ROSC services.
23. The 24/7 Warm Handoff project at RASE, with six Recovery Support Specialists responding to Emergency Departments and hospitals in the county. All hospitals are participating.
24. The Lancaster SCA Executive Director is a member of the South-Central Pa Opioid Awareness Coalition, with all major health care organizations and agencies participating in the area. They include Hanover Hospital, Lancaster County Pharmacists Association, LGH-Penn Medicine, Lancaster Regional Medical Center, the Hospital Healthsystem Association of Pa, Wellspan, Heart of Lancaster, Geisinger Holy Spirit, Penn State Health, Memorial Hospital, Pinnacle Health, Physicians Alliance, and others.
25. The SCA is an active member of the Lancaster Drug Court, established 13 years ago.

8. Treatment Expansion:

From the above list, most of these services and programs are new in Lancaster, created by Medicaid treatment dollars and reinvestment funding. The Lancaster SCA Executive Director was a member of the team that created the Cap Five and CABHC 19 years ago. The Lancaster SCA partners with nine other CABHC Board members, to manage the \$220 million Cap Five HealthChoices Medicaid project. The SCA Executive Director is the current Treasurer of the Board for CABHC.

If it were not for the Medicaid dollars, the D&A field in Pa would be a shell of what it is today. When the nine month state budget impasse occurred, behavioral health care facilities only remained opened since the Medicaid dollars continued to pay the programs to deliver the treatment services.

Therefore, if the Medicaid dollars are cut, or if Medicaid covered services are decreased, or if Medicaid expansion is not replaced with an equal or better program, or if the counties are not managing the Medicaid carve out, then major cuts will occur, in both mental health and substance abuse treatment services. Now, the human service field is running on the Medicaid funded services. Even the Medicare coverage for clients offer very little, if any, behavioral health care treatment.

The Lancaster SCA is also training leaders in faith based organizations through a contract with the non-profit agency GOAL. The results have been very positive and the SCA hopes to expand this education and training to the local medical field and to the staff that work with the homeless.

9. Trends:

The current trend is that the heroin on the streets is becoming more potent and deadly, and so more people need long term treatment, and medication assisted treatment. Families and clients are becoming more desperate and scared of relapse, or of treatment facilities being inaccessible due to lack of funding or beds being full. Even the miracle medication Narcan is not reversing overdoses like it did in the past. 168 citizens in Lancaster County died from a drug overdose in 2017, mostly caused by an opioid.

Another trend is that other addictions are getting lost in the opioid crisis. Many other clients addicted to alcohol, meth, K-2, cocaine, pot, etc. are getting lost in the hysteria that the opioid epidemic has created in our communities. Many of the limited services and programs are being diverted to programs that address the opioid epidemic. The pendulum has swung to this one killer addiction called opioids, yet people are also in need of treatment, and are dying, due to these other chemicals. Currently, the K-2 drug is causing many problems in the community and first responder network.

Another trend is the use of Recovery Support Specialists in the field. These are people in recovery, trained and certified to provide such services as mentorship, peer support, social work type support, transportation, etc. Lancaster has embraced this support service and has hired eight RSS at RASE. More will be hired through Medicaid dollars, and some RSS will be embedded in outpatient clinics. Lancaster also has a goal of placing RSS employees in the local recovery houses.

The large Latino population in Lancaster increases the demand for culturally sensitive treatment. The local Latino outpatient clinic, residential rehab, recovery house, and halfway house can serve many of these clients, if the funding is available through the SCA and Medicaid.

Affordable housing is always an issue for the low income and unemployed in Lancaster. The SCA is expanding housing options, by creating a Latino halfway house, adding a second men's halfway house, and helping four non-profit agencies create ten recovery houses.

10. Target Populations:

Adults: Clients in Lancaster County have direct access into treatment by scheduling an appointment in any of the eleven contracted outpatient clinics, at fifteen locations. Assessments occur within seven days of the request and placements into residential program typically take one or two days, if funding is available. If a person has an urgent need for detox, the 24/7 detox call center can place the client immediately, if a detox bed is available in the region. No client ever goes through the SCA or a central intake unit to access D&A treatment in the Lancaster SCA system. There are no barriers, except for limited SCA funding and possibly bed availability. The Lancaster SCA is contracting with additional detox and rehab programs in the region, to address the bed issue.

Another issue is receiving a full course of treatment. With SCA and MA clients, it is usually best practice to have a full course of treatment, of six to twelve months. These are clients that are typically unemployed or low income, homeless or near homeless, no family ties, few clean and sober friends, and past bridges burned down in every aspect of their lives. Long term residential services, including medication assisted treatment, is the best course of action.

Adolescents: Many adolescents receive a mental health and substance abuse assessment through the Student Assistance Program/SAP. School based treatment and support groups are provided within the school districts, funded by Medicaid. Very few adolescent clients are funded by the Lancaster SCA. Most of these clients are served through the Children and Youth budget, HealthChoices Medicaid funding, or the parent's private health insurance. The SCA created an adolescent outpatient clinic using reinvestment dollars, but unfortunately this program closed due to financial reasons.

Many programs are available in Lancaster County, and many more can be developed if the funding was available. The greatest need is a significant increase in public funding for both treatment and prevention services. The Lancaster SCA goal is to use approximately 50% of its budget for treatment services, and 30% earmarked for prevention, education, and intervention.

Co-Occurring: Seriously mentally ill substance abusers acquire the Medicaid coverage and therefore are treated using HealthChoices funding. Since Medicaid is an entitlement, the resources are available to provide a significant amount of treatment and support services. Some agencies provide both psychiatric services and D&A treatment, which Medicaid funds. One such program recently opened in the Columbia community, as an outpatient clinic with psychiatric services. The Centers of Excellence program at TW Ponessa also provides co-occurring services.

Most addicts and alcoholics have less severe and persistent mental health issues, such as depression, trauma issues, neglect and abuse, PTSD, anxiety, etc., and the licensed D&A treatment programs are trained to serve these clients. Over the past decade, more and more licensed D&A facilities are willing to provide psychiatric medication during the residential stay.

Women with Children: Vantage, one of the first D&A residential rehab facilities in the nation for women and their children, was created in Lancaster, with the constant support of the Lancaster SCA. Vantage also has a prevention contract with the SCA, along with the Vantage outpatient clinic. Using HealthChoices reinvestment dollars, a recovery house was recently opened in the region for women and their children, and another will open soon.

Overdose Survivors: The RASE Warm Hand Off project in Lancaster is funded by the Lancaster SCA. It has six Recovery Support Specialists, who are called by the Emergency Departments when an overdose survivor is admitted. This project costs over \$300,000, even though the state did not provide any new dollars to create the service. It was recently expanded to serve other situations, beyond opioid overdoses.

Priority Populations: The DDAP required priority populations are pregnant injecting addicts, pregnant addicts, all injection drug users, overdose survivors, and veterans. This plan, along with the DDAP annual plan, identifies the services available to these groups in Lancaster County.

11.Recovery Oriented Services:

The recovery oriented services in Lancaster are primarily provided by the non-profit agency RASE. Another non-profit agency, the 521 Club, is working with the Lancaster SCA in providing Recovery Oriented Systems of Care/ROSC services. The Club has been operating in the county for the past 45 years, and has hundreds of people in recovery coming through their door every week. Services and programs include recovery walks, community projects, educational support groups, advocacy efforts, and other positive events.

RASE is a consumer owned and operated non-profit agency, which stands for Recovery, Advocacy, Service, and Empowerment. The mission is to reduce the stigma associated with the disease of addiction, as well as offering support in the process of recovery. RASE organizes a grass roots consortium of persons in recovery, to create a voice for the recovering community in Lancaster County. It conducts target community education efforts, along with professional support services such as Bupe Coordinator, Vivitrol Coordinators, Warm Hand Off, Prison Door to Door, Recovery Support Specialists, and a drop-in center.

Recovery support services are non-clinical services provided by trained and certified Recovery Specialists, who assist individuals and families in recovery from alcohol and other drug addictions. These services do not replace, but rather augment and compliment the focus of treatment, providing outreach, engagement, and other strategies and interventions. The result is to assist people in recovery, to gain the skills and resources needed to initiate, maintain, and sustain long term recovery.

RASE currently has eight Recovery Support Specialists/RSS in their Lancaster facility, working in the Warm Hand Off project, the Bupe Coordinator project, the D&A drop in center, the prison door to door program, and the Vivitrol project. All staff at RASE either are a RSS or are becoming certified as a RSS.

The HealthChoices project is expanding the use of RSS, and will soon provide funding for specialists at an outpatient clinic, to determine if imbedding the RSS in the outpatient clinics provide positive outcomes. If the outcomes are strong, this model might be expanded as a Medicaid supplemental service, in all the D&A outpatient clinics.

All services offered through recovery support services are directed at improving and increasing participants' recovery capital, level of life functioning, and ability to sustain recovery.

Homeless Assistance Program:

Overview

The Lancaster County Coalition to End Homelessness (LCCEH) is made up of over 160 providers and partners and includes the role of Collective Applicant for the Continuum of Care Housing and Urban Development (HUD) grant under the identifier of PA-510. Of the partner base, some receive HUD funding, some are non-profits funded through fundraising/foundations and some are faith based providers. Significant effort is committed to building non-traditional relationships within the community with school districts, emergency personnel, local financial institutions, and other existing coalitions working on aspects tied to homelessness such as the Lancaster Coalition to Combat Poverty. Lancaster County offers a broad continuum of services including emergency shelter for families and individuals, transitional (bridge housing), rapid re-housing, budget counseling, prevention, diversion, supportive housing, permanent

supportive housing, tenant/landlord relationship mediation, fair housing, affordable rental housing location and coordinated assessment/entry.

Since the writing of the FY 2017-2018 Human Services Block Grant narrative, many things have changed within the Lancaster County Coalition to End Homelessness (LCCEH). Through the flexibility of the Block Grant, we continue using Homeless Assistance Program funds to leverage federal HUD dollars and United Way funding. For every \$0.25 contributed by the Human Services Block Grant, the federal government releases \$0.75 to the community. Systemically, this means for the 2017-2018 year the Human Services Block Grant funds allowed \$2,173,740.00 of federal funds to come into the community.

Eviction and Eviction Prevention:

The LCCEH works with families across the County who are facing eviction, regardless of where the family is in the eviction process. Federal dollars prohibit their use for families who do not have a lockout date; however, partners who do not receive federal dollars assist the families without the lockout date. Recognizing the need for a strategic approach to families at risk of homelessness, the Elizabethtown Community Housing and Outreach Solutions (ECHOS) was created using a combination of federal, state Homeless Assistance Program, and United Way funds, allowing them the most flexibility in serving households. The program is located in Elizabethtown and covers the geographic area making up the northwest quadrant of Lancaster County. It launched on July 1, 2016.

For the 2017-2018 year, ECHOS served households in their eviction prevention program when they had a written notice from the property owner. One hundred seventy-two households were served in this category. Of those, 43 received financial assistance with their eviction and 129 received support services. Additionally, ECHOS served 407 households who were at risk of homelessness. Ninety percent of households were enrolled three months or less and 10% returned to services after they were closed. Households who recidivated back into services typically required additional financial support.

Lancaster County has been awarded \$125,000 of Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) through the Pennsylvania Housing Finance Agency specifically for eviction prevention. These funds were recently awarded, therefore the specific program design is still under development.

Eviction information from Tableau Public (2017) shows that during 2012-2016 Lancaster County had 20,455 eviction filings with 4,225 actual evictions representing 1.31%. It is estimated that one eviction costs approximately \$5,000 to prevent. Lancaster County would need approximately \$5,000,000 of additional revenue to respond and prevent evictions each year based on this data.

Achievements and Gaps:

The LCCEH continued the Joint Funding Application process for the third cycle. This process pulls together Human Service Block Grant, Community Development Block Grant, City and County Emergency Solutions Grants, and United Way funds into one application for the whole homeless system. Through this process we have shared systemic metrics and have been able to make programmatic changes based on those metrics as needed.

Fiscal Year 2017 was the second year for the Housing Locator program which separated the function of brokering relationships with landlords from to build a base of affordable units set aside for households experiencing homelessness from case management services. Again, this was a request from the Gap Analysis committee as well as the direct workers who were struggling to do both housing location as well as case management. The pilot was well received and the system gained new landlords through the process. To date, the program has catalogued over 600 landlords who are willing to rent to those experiencing homelessness and may have barriers to housing. This program has currently housed over 300 households with barriers during the 2017-2018 year.

During FY 2016-2017 the LCCEH started building infrastructure to better serve families experiencing homelessness. Starting 1 July 2016, we expanded capacity to serve families in emergency shelter. Up until now, we were limited in the number of spaces where an intact family can go and not be separated. We feel it is important to keep families together and have awarded funding to a provider who serves all family types to build that capacity. We also combined all of our Continuum of Care Rapid Re-housing funds into one grant in the effort of creating a “no silo, no barrier” system. We will have the ability to fluidly move funds between providers and become more responsive to the needs of the community through this process. Our coordinated assessment workers will work with families who are in the eviction process with a lock out date and will work to divert them from the sheltering system. Additionally, our Housing Locator program will work specifically with the Magisterial District Justices to assist families facing eviction but are not yet at the lock out date. Our coordinated assessment program will also be expanded to allow for more focus on diversion and prevention activity for households to keep them out of the sheltering system and permanently housed with a focus on families. This expansion will provide work done to prevent the family from entering shelter and will also provide case management navigation for an extended period to ensure that the family remains successfully housed. Lastly, we will be reallocating one of our current Continuum of Care funded Permanent Supportive Housing programs to families to assist families with disabilities. Since the writing of the 2016-2017 narrative, HUD released guidance on the Equal Access Rule that states any provider receiving federal HUD funding can no longer specialize serving a type of family. The YWCA only served mothers with children in their emergency family shelter and now serves any family type including intergenerational families and fathers with children. This ruling from HUD has helped expand capacity by giving more flexibility in the shelter system.

During the 2018-2019 year two new programs will come online through the LCCEH. The first is a Crisis Housing program with three sites, specifically designed to work with difficult to serve populations. Two of the sites will be in outlying communities, specifically Elizabethtown and Paradise. Bus service is limited in both of these areas and they both have strong social service hubs that can demonstrate high need in their communities. There are services locally to allow for better engagement due to the lack of transportation. The third site is for individuals who have multiple complex medical needs in addition to experiencing homelessness and will be the first direct connection from the homeless coalition to the healthcare system in an attempt to reduce inpatient stays for super utilizers who are experiencing homelessness. The second new program will be a safe parking lot connected to the Crisis Housing program in Paradise. Due to a gap analysis study, the LCCEH determined there is a concentrated population of households living in cars in that area. Research dictates that households living in cars show a much higher risk of becoming chronically homeless and this is an attempt at low barrier engagement. Households will be allowed to park in a secured and monitored parking lot overnight with the ability to cook a meal or take a shower if they are interested. Support staff will work with them in a manner that ideally engages that household into services.

Also during the 2018-2019 year, the LCCEH hopes to realize grant funding to provide a community paramedic to partner with street outreach. The paramedic will work specifically with identified super utilizers of the emergency department in an effort to connect individuals to preventative care rather than emergent care, reducing costs to the emergency department but, more importantly, improving the overall health of individuals experiencing homelessness. Additionally, the LCCEH has requested additional grant dollars to work with school district identified families at risk of homelessness.

Homeless Management Information System:

We are closing in on the end of our third year using a new Homeless Management Information System (HMIS). All partner organizations who provide services to individuals and families experiencing homeless are using our HMIS system regardless of funding type. There are currently 40 organizations using HMIS. This is noteworthy as communities have difficulty engaging partner organizations in use of their systems. Historically, we had difficulty being

responsive to our community's needs through our previous system and moved to a new vendor in 2014 with a launch of our new software in June 2015. We continue to measure the HUD required outcomes:

- Length of Stay in Shelter
- Number of Discharges to Permanent Housing
- Length of Stay in Permanent Housing
- Program Exits to "unknown, shelter or don't know" – keeping that percentage low
- Increasing Income and Employment
- Recidivism
- Increased Access to Mainstream Benefits

Additionally, we will be adding outcomes through HMIS to measure length of time from initial entry into the homelessness system until rapid re-housing program access and then length of time until a household is permanently housed. Due to some of these new measures, we know that it takes approximately 45-50 days to house someone once they are opened with a rapid re-housing program. The tight housing market delays that placement into permanent housing. The goal will be to reduce the length of time it takes to get into a rapid re-housing program and then also reduce the time until the household is permanently housed. We have full provider participation in the HMIS system we use.

Our annual Point in Time count in January 2018 showed an increase in people in emergency shelter, a place not meant for human habitation or on the street. Our shelters have been experiencing higher volumes of guests and our identified challenges appear to be substance use/abuse related with the majority of individuals in the increased population using substances. At this time, the homelessness system is ill equipped to address the full range of substance use needs of its population. Additionally, the majority of this new population is unwilling to engage with homeless service providers and/or street outreach. This is demonstrated by hostility towards providers and an unwillingness to share names or enter into conversation at all.

Lancaster County's recidivism rate continues to be low, hovering around 4%. The data shows that the vast majority of individuals and families coming into the homelessness system are homeless for the first time. They are residents of Lancaster County, but new to the system demonstrating work that needs to continue to combat food insecurity, poverty, affordable housing, and workforce connections to thriving wage jobs.

We continue to struggle with low vacancy rates and high rents.

The Homeless Assistance Program funded initiatives for 2017/2018 will be:

- Continued funding and of coordinated assessment (CHART – Community Homelessness Assessment and Referral Team) with increased focus on prevention and diversion from homelessness and emergency shelter
- Provide matching funds for street outreach
- Geographic expansion of the Elizabethtown Housing and Outreach Services (ECHOS) in the northwest quadrant of Lancaster County where we have had difficulty gaining access to services and housing for household experiencing homelessness as well as eviction prevention
- Continued funding for Community Housing Solutions (CHS) which engages landlords specifically to rent to individuals and families experiencing homelessness.

o CHS is working with a property manager to offer reduced rents to individuals and families by saving the landlord money so the landlord keeps their profits but is still able to reduce rents

	Estimated/Actual Individuals served in FY 17/18	Projected Individuals to be served in FY 18/19
Bridge Housing	0	0
Case Management	3975	4094
Rental Assistance	726	748
Emergency Shelter	0	0
Other Housing Supports	1687	1738

Bridge Housing is not provided with block grant funds. There are transitional housing programs that are in existence within the community but are funded through foundations/fundraising. HUD has been clear that communities are to move away from transitional housing programs as it is demonstrated that rapid re-housing programs are more effective and communities can serve more individuals with the same amount of funds. Additionally, in the 2016 awards from HUD, there were very few transitional programs funded. There are no longer any federally funded transitional programs in Lancaster. Transitional programs are monitored using the indicators above that are required by HUD.

Case Management services are provided by the block grant through CHART, Outreach, and ECHOS as individuals and families are entering the system and moving through to programs. Again, the efficacy is measured using the indicators above.

Rental assistance is provided through the block grant. These funds are used in conjunction with Emergency Solutions Grant (ESG) funds from the federal government. The efficacy is measured through the indicators above. Specifically, using the recidivism rate and if the family/individual was able to remain out of the homelessness system and in permanent housing as well as length of stay in shelter. We also are measuring diversion from shelter based on recidivism rates.

Emergency Shelter is not paid for by the block grant but is available in the community through faith based providers. Shelter efficacy is measured using the indicators above.

Other housing assistance will include services such as prevention and diversion activity at CHART and ECHOS including utility assistance, short term hotel stays for families when the shelter is at capacity. CHS is reported as Other Housing Assistance as they are brokering relationships with landlords to rent to individuals and families experiencing homelessness. Efficacy of these services will be measured against the HUD indicators as well as outcomes set through the block grant contract specific to each provider. Additionally, time to permanent housing will be measured and the number of new landlords renting to individuals experiencing homelessness.

Lancaster County continues to be a leading community in the nation when it comes to innovation and ability to serve those experiencing homelessness. Federal funds require matching funds in order to use federal dollars. The Human Services Block Grant has allowed Lancaster County to meet its match requirement as well as remain innovative in

addressing homelessness. We expect that cuts to our federal Housing and Urban Development grants will continue. These cuts make the block grant funds even more critical. If block grant funds are reduced, these initiatives may not be possible and individuals who already have the trauma of becoming homeless may not receive the services they need.

Human Services and Supports/Human Services Development Fund:

Adult Services:

Program Name: Fair Housing

Description of Services: The Fair Housing Act of 1968 required counties to abide by what were defined as “Affirmatively Furthering Fair Housing” standards, the intent of which was to combat discriminatory rental practices. Historically, the Lancaster County Human Relations Commission was the agency charged with ensuring Fair Housing compliance through education and mediation efforts. With that organizations’ dissolution in 2010, the Lancaster Housing Opportunity Partnership (LHOP) assumed administration of Fair Housing responsibilities, with its Housing Resource Center serving as the community’s clearinghouse for related information and assistance. In an effort to further its mission while broadening the scope of its impact, LHOP created the “Housing Equality and Equity Institute” (HEEI), which provided screening and technical assistance to 195 individuals with Fair Housing issues this past year. On at least four occasions, the HEEI’s successful mediation was able to prevent certain eviction. Additionally, the HEEI provided referrals to the State’s Human Relations Commission in five viable instances of housing discrimination. Outreach efforts during the year included six Fair Housing workshops throughout the County, in addition to the establishment of multiple collaborative relationships with regional providers in otherwise underserved regions.

Service Category: Information & Referral

Program Name: Local Lead Agency

Description of Services: The Local Lead Agency (LLA) Initiative stems from a 2009 agreement between the Department of Human Services (DHS) and the Pennsylvania Housing and Finance Administration (PHFA) which required all counties to appoint an entity that would serve as the local steward ensuring that Low Income Housing Tax Credit (LIHTC) projects comply with a mandate to set aside 5% of residences for the DHS priority group. Other LLA responsibilities included being the central referral source, coordination of supportive services for tenants, and mediation with property managers in case of landlord/tenant disputes. Lancaster County BHDS assumed the role of the Local Lead Agency and with the exception of one year has continued in that capacity. Of note is that this mandate was, and remains, completely unfunded by DHS or the PHFA.

Local Lead Agency responsibilities were expanded in 2013, with the introduction of a Housing and Urban Development (HUD) grant termed “811,” which called for rental subsidies for adults with disabilities in LIHTC building complexes. During the past year, the HEEI assisted in enrolling 33 participants in Section 811; five of whom have received housing. The HEEI also provided four letters of support for development and property management companies to set aside 10% of their units for individuals with 20% average median income. To date, eleven individuals have been referred.

Service Category: Housing

Aging Services: Not Applicable

Program Name: Not Applicable

Description of Services: Not Applicable

Service Category: Not Applicable

Children & Youth Services:

Program Name: The Campaign Against the Sexual Exploitation (CASE) of Children.

Description of Service: The Campaign Against the Sexual Exploitation (CASE) of Children is a Task Force chaired by the Lancaster County Commissioners and is charged with promoting public awareness of child abuse and its prevention, while also providing clear methods of intervention and reportage. This is accomplished through the publication and distribution of informational materials and use of the mass media forums. The major campaign of the past year was a “ThinkB4UPost” poster contest in which the dangers of unsupervised and indiscriminate sharing of personal information in social networking forums was emphasized.

Service Category: Information & Referral

Generic Services: Not Applicable

Program Name: Not Applicable

Description of Service: Not Applicable

Service Category: Not Applicable

Specialized Services:

Program Name: The Care Connections Program

Description of Services: Lancaster County and Lancaster General Health jointly fund a full time behavioral health case manager to engage with individuals identified as “super utilizers” of the behavioral and physical health service systems. This position is embedded in the Intake/Emergency Room at Lancaster General Health and serves as a liaison and navigator between the healthcare systems and social service agencies. This position has unfortunately been vacant for the majority of the past year, but it is hoped that there can soon be a resumption of the relationship which has served some 400 individuals since 2013, with aggregate data demonstrating a decrease in inpatient rates of 54%, and emergency room visits by 42%.

Program Name: Family Services Advocate

Description of Services: The primary goal of this position is to identify, support and advocate for the unique needs and rights of children with parents incarcerated in Lancaster County Prison. It is designed as a prevention-oriented service that focuses primarily on empowering children and their caregivers with the resources necessary to build childhood resiliency and work proactively to break the inter-generational cycle of incarceration. The components of engagement include an Intake and Needs Assessment, during which a child’s care and safety are ensured and an Individual Service

Plan is developed; Relationship Support, in which a trauma-informed approach is implemented; Parent/Child Visits are arranged and monitored between the incarcerated parent and child(ren) to maintain a connection through a positive, structured interaction; and Pre and Post Assessment and evaluation, in which the Family Service Advocate completes a follow-up Needs assessment at 90 days to evaluate the success of the intervention provided and identify any additional services. Throughout the duration of involvement, the Advocate will collaborate as necessary with all relevant and involved service systems, most notably Lancaster County Prison, the Public Defender's Office, Adult Probation & Parole, Children & Youth and Behavioral Health & Developmental Services.

Program Name: Social Service Case Manager

Description of Services: This case manager position will be embedded in the Lancaster County Public Defender's Office, where it will provide psychosocial support services on behalf of attorneys during the course of legal representation for individuals charged with criminal offenses, thus alleviating the attorneys of time-consuming distractions from their core responsibilities. The needs assessment process will include, but not be limited to, areas concerning mental health, substance abuse, employment, education and housing. The position will act as liaison and contact person for the Public Defender's office with other County agencies such as Behavioral Health & Developmental Services, Adult Probation & Parole, Children & Youth, Domestic Relations and the Prison; in addition to the spectrum of providers serving those systems. Additionally, the position will gather and maintain various records to assist with assessment, treatment and service planning, as well as disposition and sentencing plans and recommendations. The position will also maintain current knowledge of evidence-based practices in social service programming, jail diversion, treatment courts, prison re-entry programs and forensic treatment and strategies. The position will be supervised by a designee attorney of the Public Defender's Office, and will report quarterly on intervention, referral and diversion efforts to BHDS for HSDF outcome-measure purposes.

Interagency Coordination:

Lancaster County BHDS is excited to be partnering with Lancaster County Prison and Lancaster County Adult Probation & Parole in jointly funding a CIT Coordinator/Community Planner. Under the auspices of Adult Probation & Parole, this position has direct oversight of the daily operations of the County's Crisis Intervention Team (CIT), ensuring fidelity to the nationally recognized CIT-Memphis Model, while also coordinating and facilitating full-week trainings and refresher courses for County law enforcement and prison staff. The position also serves as a liaison between the criminal justice and behavioral health systems, strengthening collaborative efforts to identify and, when possible and appropriate, divert individuals with serious mental illness from incarceration. Paramount among the Community Planner specific responsibilities will be overseeing initiatives and accessing grants/funding that successfully address the criminal justice/mental health populations, with a particular focus on evidence-based practices that reduce recidivism. In addition to these roles, the position will also be leading Lancaster County's effort to be recognized as a "Stepping Up" County. "Stepping Up" is a National Institute of Corrections initiative which requires counties to embrace and apply principles of cross-systems collaboration, with the goal of reducing jail and prison recidivism for individuals with mental illness.

- True to the spirit of interagency coordination upon which this position is wholly reliant, the salary and associated costs will be jointly funded by Lancaster County Adult Probation & Parole, Lancaster County Prison, and Lancaster County Behavioral Health & Developmental Services via its management of Human Service Development Funds.
- Evidence of just how deeply intertwined the behavioral health and criminal justice systems are is borne out by the fact that 15% of those incarcerated at Lancaster County Prison have a documented serious mental illness, with up to 60% of inmates self-disclosing or assessed for a diagnosable mental illness. Interagency efforts to remove systemic

barriers and bureaucratic silos have resulted in a more collaborative approach to serving this challenging population, but having an identified and respected leader of Lancaster County's community-wide education, training, and program implementation efforts is recognized as the logical 'next step' to realizing a fully integrated service system for forensic seriously mentally ill individuals.

Human Services Block Grant Public Hearing

May 24, 2018

Lawrence George, Executive Director of Lancaster County BH/DS, welcomed everyone and gave a brief overview of the Human Services Block Grant which allows for State funding to be allocated to county governments to provide locally identified county-based human services. This is the 7th year for the block grant which came in existence because of ACT 80 of 2012.

Lancaster County was one out of 20 counties selected to participate in the initial phase. There are several distinct categories including Mental Health Community Based Funded Services, Drug & Alcohol Treatment/Prevention (Act 152) Funds, Intellectual Disabilities Community Base Funds, Homeless Assistance Program Funds, and Human Services Development Funds. Mr. George stated that the County has 100% discretion on how the money is allocated. Behavioral Health received 63% of the current block grant, Intellectual Disabilities 24%, Drug & Alcohol 7%, Homeless Assistance Program 5%, and Human Services Development Funds 1%.

Intellectual Disabilities

Vicki Bricker, Deputy Director of Intellectual & Developmental Disabilities, spoke about the accomplishments and initiatives of the Intellectual & Developmental Disabilities Program (IDD). IDD serves about 2,000 individuals every year that have an intellectual or developmental disability diagnosis. Medicaid Waiver programs (\$84 million) fund services for 1,000 individuals. The services for the remaining 1,000 individuals are funded by \$2.9 million from the Block grant. These funds are vital for individuals that are not eligible for Waiver funding or are in emergency situations. Services provided can include residential and vocational programs, nursing, respite, family aide, camp, home & vehicle modifications, etc.

- **Everyday Lives (TRAIL Academy):** This program has been successfully offering individuals an opportunity to participate in an 18-month training program for daily living skills. The program currently works with 6 individuals in an apartment setting and will be adding a second site that will be able to support 2 additional individuals.
- **60 Plus Program –** This program will focus on individuals who are age 60+ and still living at home with family. Support Coordination will work with those individuals and families to plan for future needs in the hope of avoiding emergency situations.

Behavioral Health

Julie Holtry, Deputy Director of Behavioral Health, gave an update on new programs implemented this past year and the accomplishment of the Behavioral Health Unit.

- **Forensic Case Manager & Transition to Community Program:** This year an additional Forensic Case Manager will be added to work with individuals with a serious mental illness (SMI) that are incarcerated. Forensic Case Managers meet with correctional officers and the medical/psychiatric care provider to develop plans and supports the individuals need while they are in prison and also a discharge plan from prison. A lot of coordination goes into these plans so the case manager must work closely with the District Attorney's Office, Public Defender's Office and Court of Common Pleas, and Prison staff. Statistics show that individuals with serious mental illness stay incarcerated longer than those that don't have an SMI. The Transition to Community Program (TCP) is for individuals who are incarcerated with an SMI that will need additional treatment/supports upon release. TCP is a supportive 24 hr. program to help the

individuals learn the skills they need to transition to the community. There is a 6-person capacity and they can stay in the program for up to six months.

- **MH Services and Case Management:** The mental health services offered can range from an initial call to Crisis Intervention and/or up to mental health inpatient which is the most intense services you can get. Crisis Intervention had 4,382 contacts with individuals over the past 12 months. That equated to 15,280 calls, 1,118 mobile outreaches, 159 individuals that came to the office for services. During that same period the community completed 1,650 involuntary commitment/302 petitions. The Mental Health component served 7,081 individuals and spent \$8.5 million on services last year. Some of those services include: outpatient therapy, psychiatry services, partial hospitalization, peer support, socialization program, mobile nursing & therapy services, drop-in centers, clubhouse, employment training, HUD program, Transition to Community program, family based services and case management. Case Managers work with individuals to set goals and create recovery plans. Case managers are vital to ensure individuals receive life skills, gain independence, employment, continue education, make sure they have the medical and psychiatric services, medications, and daily life necessities.
- **Housing and HUD:** Currently we have three HUD grants for individuals with a SMI. The funds can also be used for first-months' rent, deposits, and utilities to help prevent individuals from becoming homeless.

Drug & Alcohol

Rick Kastner, Executive Director of Drug & Alcohol Commission, reviewed with the group the increase drug overdoses due to the opioid epidemic. This year in Lancaster County 168 individuals died from opioid overdoses. This number has been increasing each year. This is the number one priority and is reflected in the block grant plan. D&A receives \$1.2 million from the block grant.

- Continue to create new programs and services, and expand existing services and programs, to address the opioid epidemic and overdose deaths. The block grant plan identifies 27 new programs. One of those programs include D&A Recovery Specialist whom are recovery are training to work with addicts. Most of the programs are funded by Medicaid funds.
- Continue to access and increase the Medicaid HealthChoices dollars in Lancaster, for substance use disorder treatment.
- Expansion of detox beds in Lancaster County and developing a half-way house for women and their children.

Homelessness Assistance Program

Jennifer Koppel, Executive Director of Lancaster County Coalition to End Homelessness, explained how the Coalition receives federal funding under the Housing and Urban Development (HUD) and the block grant funding is used as a match for those federal funds.

- **Eviction Prevention/PHARE:** The LCCEH works with families across the County who are facing eviction, regardless of where the family is in the eviction process. Eviction information from Tableau Public (2017) shows that during 2012-2016 Lancaster County had 20,455 eviction filings with 4,225 actual evictions representing 1.31%. It is estimated that one eviction costs approximately \$5,000 to prevent. For the 2017-2018 year, Elizabethtown Community Housing and Outreach Solutions (ECHOS) served households in their eviction prevention program when they had a written notice from the property owner. One hundred seventy-two households were served in this category. Of

those, 43 received financial assistance with their eviction and 129 received support services.

- **Crisis Housing and Safer Parking Lot:** The Crisis Housing program will have three sites, specifically designed to work with difficult to serve populations. Two of the sites will be in outlying communities, specifically Elizabethtown and Paradise while the third site will be for individuals who have multiple complex medical needs in addition to experiencing homelessness. Another new program will be a safe parking lot connected to the Crisis Housing program in Paradise. The LCCEH determined there is a concentrated population of households living in cars in that area. Households will be allowed to park in a secured and monitored parking lot overnight with the ability to cook a meal or take a shower if they are interested.
- **Community Paramedicine/Street Outreach:** LCCEH hopes to realize grant funding to provide a community paramedic to partner with street outreach. The paramedic will work specifically with identified super utilizers of the emergency department to connect those individuals to preventative care rather than emergent care.

Human Services

Larry George stated that the Human Services Development Fund allows for creativity, latitude and best represents the cross systems philosophy.

- **Crisis Intervention Training (CIT):** CIT continues to be provided for our police departments, as well as correctional officers within the county jail. The CIT training is a cooperative effort between the Adult Probation and Parole Department and Behavioral Health. Lancaster County has 177 officers trained from 29 departments including 3 University departments and the Pennsylvania State Police. Additionally, there are 101 Lancaster County Prison staff, 16 Adult Probation and Parole staff, 10 Park Rangers and 3 Sheriff deputies who are also trained in CIT.
- In 2018 a new Social Services Case Manager position will be added to the Lancaster County Public Defender's Office. This position will work with individuals dealing with the judicial system to get them connected to services.

Public Comments

Testimony was provided by:

Karl Schwartz
 Michele Stiefel
 Sue Tushingham, Mental Health America
 Noel Isem, Recovery Insight
 Scooter Hasse on behalf of March Trach
 Georgiana Staley, Community Services Group
 Justin Benedict, Keystone Service Systems
 Maureen Westcott, Arc of Lancaster/Lebanon
 Kim Nightingale
 Kim Newcomer
 Gretchen Gaudio, Mental Health America
 Jeanette Ott
 Susan Lilly, Arch Street Center

Human Services Block Grant Public Mtg.

May 15, 2018

1. Kathy Godfrey
2. Calvin Godfrey
3. Nuan Van

5/23/18

Commissioners Office 150 North Queen Street Suite 715
 conference room 701
 Sign IN/OUT

Date	Name	TIME IN	TIME Out
5/23	Karl Schwartz	10:00	
05-23	SCOOTER LAASE	10:10	
5/23	January Abel	10:10	
5/23	Jared Adelman	10:10	
5/23	Susan Lim	10:10	
5/23	Elizabeth Hara	10:10	
5/23	Noel H. Isern CPS	10:10	
5/23/18	Justin Benedict	10:12 AM	
5/23/18	DiDi Bricker	10:15 am	
5/23/18	Sue Tuslingham	10:15 am	
5/23/18	Genevieve Ott	10:15 am	
5/23/18	Gretchen Gaudioso	10:15	
5/23/18	Leah McKiss	10:15	
5/23/18	Jen McLaughlin	10:16	
5-23-18	Kim Newcome	10:16	
5/23	Georgiana Staley	10:18	
5/23	Susan Taylor	10:18	
5/23	Stephanie Thomas	10:19	
5/23	Brienne Brown	10:20	
5/23	Julia Holtz	10:20	
5/23	Jen Koppel	10:20	



P.O. Box 130, Kinzers, PA 17535
PHONE 717/768-5530 FAX 717/768-7176
www.pequeavalley.org

May 22, 2018

To Whom It May Concern:

I am writing this letter in support of Ms. Gretchen Gaudio and Mental Health America of Lancaster County with their advocacy services. I have been in my position as Director of Student Services for the last five years and have worked closely with Ms. Gaudio with a number of families as they navigate services for their child and try to understand the complexity of Special Education services. I believe that having support for the family other than myself has been beneficial to the district as well as our families. Many of our families are under-resourced and do not always have the formal language to navigate conflict in the school setting. While working with Ms. Gaudio and families she is able to partner with the family to use negotiation strategies to help families understand the parameters of the law, but also navigate their feelings so their voice is able to be heard and they can support their child. I feel that partnering with Ms. Gaudio has been a benefit for the families, as well as the district in what is best for the child we are working with.

I appreciate the professionalism and the communication Ms. Gaudio brings to the conversations. I also appreciate the time that she gives to the families to hear their concerns and her ability to attend meetings that would be difficult for families to attend alone.

I hope that funding continues for these youth advocacy services to help students and families in the county navigate the educational system and receive the best services they can.

If you have any additional question, please call me at 717-344-7098 or my email is cathy_koenig@pequeavalley.org

Sincerely,

Cathy Koenig

Cathy Koenig
Director of Student Services
Pequea Valley School District

**Lampeter-Strasburg School District**

1600 Book Road P.O. Box 428

Lampeter, PA 17537-0428

Mark Trach Health and Physical Education Department Chairperson

5/22/18

To whom it may concern,

I would like to share that having Mental Health America visits over the past 18-20 years has been nothing but a positive experience for the thousands of students in my 9th grade Health classes. Gretchen Gaudioso has done a fantastic job creating an interesting and informing presentation time and time again. She has brought various individuals dealing with their own personal mental issues as guest speakers and that has highlighted and cemented how “real” mental illness can be to our students.

Hopefully, Gretchen and her staff will continue to receive the funding needed for the various schools they visit through the year. I know our school would not be able to budget funds for guest speakers in Health class and feel very confident that our students would miss out on a very important topic. Several of our students, and staff for that matter, have been personally assisted by Gretchen because of her connection to our school over the years. I would surely hope that would continue.

Sincerely,

Mark Trach

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COUNTY HUMAN SERVICES BLOCK GRANT 2018-2019
My name is Tracie Metel

Our son, Adam, has been in the IDD system since 1985 - 2 months of age tuberous sclerosis, difficult to control seizures 24 hours/day/every day. Nightmare 1st 3 years seizures 24/7/7 days week. Seizures controlled our life a lot of the time. Older brother, Ben, was 4 ½ at the time.

IN THE BEGINNING

1st day in IDD system – 5 June intake. Found out about being able to have 8 hours of **respite** care a month -- doesn't sound like much but it was just what our family needed. **Respite is so important.** We used it to spend time with big brother, Ben, because Adam's care took so much of us. Dr.s to take care of Adam – we needed to take care of Ben. We continued to focus on using respite to spend time with Ben until he became a teen and wasn't interested in us. Then we actually got to go out for a few hours as a couple...not just mom and dad.

There was some **flexibility with special requests**: Adam didn't sleep well at night – seizing every night. No one in our family was getting much rest and we were burning out. I called SC desperate for a good overnight respite person for just one night. Ben went to his friend's house to spend the night and we went to a hotel. It was a lifesaver!

When the **Family Driven program** started, we were able to figure out what our family and Adam needed and budget and plan accordingly. For Adam, it helped us get him music therapy and horseback riding to help with both communication and physical needs. We were also able to add more respite time for Ben. Adam's sleep issues never ended so we wanted to buy a solid new wood bedroom door that could be cut 1/3 of the way down to make a kind of Dutch door. And the lock would be on the outside of the bedroom to keep him in his room. Supports coordination helped us find an industrial arts student at MU to do the work and our funds helped pay for it.

PFDS helped to get him to USG's day camp and the teen afterschool program so I could keep my teaching job and insurance for the family. Continued respite
We were still receiving PFDS which is capped at a certain amount when he aged out of spec. ed at 21. I had to take early retirement at that time because we only had enough funding for him to have a day program 3 days a week and I needed to also provide transportation. It took a while to be able to increase his funding by moving to the Waiver program which isn't capped although a budget is figured out and you have to stick to it. We were moved to the Waiver "waiting list" after Adam had been hospitalized for 3 weeks because of abdominal surgery for a malignancy and 6 months later, my husband had to have cancer surgery, too. I called SC and said I need help! I'm at the end of my rope. Once Adam was in the Waiver program, he had a place to go M-F because we had the funding.

Now at age 33, Adam has lived in an autism/IDD house served by CSG for almost 9 years and has thrived. It's home to him, 2 miles from the house he grew up in and only 4 miles from us since we moved a little bit north.

The moral of this history lesson is that BECAUSE OF THE SUPPORT AND THE ABILITY TO USE THE FUNDS TO MEET ADAM'S AND OUR FAMILY'S NEEDS, OUR FAMILY IS INTACT! It's really hard to survive 24/7/365 care over a lifetime and stay together as a unit.

Without the funding and support of BHDS, our family could have seriously floundered. Big brother Ben is successful in his career and an amazing father and husband. He loves his brother deeply and will continue to always be a part of Adam's life and support system. My husband and I will be married 43 years in December – 33 of those have been with Adam, 25 of those with him physically joined at our hips. And Adam is living in his community--- within 2 miles of the house he grew up in and enjoying his "independence" (with 24/7 support) .

Thank you. Keep our story in mind as you plan – what you do will make a world of difference to a family in their journey like ours. It can make families or break them.

Karl Schwartz

First of all, I want to share my abbreviated story. My depression set in when I was main caretaker for my mother who had Parkinson's disease. After 7 years I became suicidal and ended up at Wernersville State Hospital for over five years. I left Wernersville and was incarcerated for approximately 10 months at Norristown State Forensic Hospital. I left Norristown in 2003 to live with my sister. Not long after that I found myself in a local hospital for 3 months because of an overdose. During that time, I had no place to go and was struggling with depression. Fortunately, I was accepted by Philhaven's Diversion program. I spent 3 months there and was able to find my own apartment with the help of Diversion and my case manager. Since then I have lived independently for 14 years. It was difficult at first and there were lots of hospitalizations during that time but I have not been hospitalized for over a year now. I owe my success to the many mental health services that I received and still retain.

I have used many mental health services over the years. Among them are intensive case management, which I still retain. I was not fortunate to have the Mental Health Court services because it did not exist when I was charged. But I know that this is a vital service that makes a difference since our prisons have become the new asylums. I also had peer support services. I graduated in 2011 from Thaddeus Stevens College of Technology and used OVR services to help with buying books and some tuition. I also received services from BHDS. Mostly case management. I am presently enrolled in a DBT program and will be completing that program in the next several months.

I'm sure there are other services that I have received but can't recall at this time. I can say that without the mental health services available I would not be where I am today. It is vitally important to keep funding programs that support mentally ill consumers or people will just become part of another agency such as prison because of being homeless or not having resources to get the medications that are vital to mental health recovery. I'm particularly interested in seeing the Mental Health Court continue. This is something that would have been vital for me when I faced incarceration. Another agency that I must mention is Mental Health America of Lancaster County. I received services from them also during the past 14 years. Among them are their Compeer program and Gifts of Joy. I was fortunate to have two Compeer friends and we remain friends today.

In conclusion, mental health services need to continue to receive funding. I also believe that services need to be expanded. Especially in light of recent tragedies such as school shootings the issue of mental health services has been brought in to the spotlight. Without the services that are so vitally needed, people struggling with mental health issues will continue to fall through the cracks. I am a living testimony of what mental health services can do.

My name is Kim Newcomer

What does S.R. mean to me?

I have been in Social Rehab for a year and a half. My social anxiety is overwhelming but that's one of the goals I am working on. We do go on an outing at least once a week, which works on us getting out into the community and interacting with other people. We have educational groups on the days we don't go out to the community. Educational groups consist of looking up the meds we are on and getting more info about them, looking up ways to cope with anxiety, depression, sleep and death just to name a few. We also have some down time to socialize with others in the group or play games or watch movies. This is just a little bit of what goes on in Social Rehab and I'm happy to be a part of it!

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

County:	1.	2.	3.	4.	5.	6.
Lancaster	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	2,350		\$ 1,416,279	\$ 35,821	\$ -	\$ -
Administrator's Office			\$ 464,569	\$ -	\$ 529,000	\$ -
Adult Developmental Training	-		\$ -	\$ -	\$ -	\$ -
Children's Evidence-Based Practices	-		\$ -	\$ -	\$ -	\$ -
Children's Psychosocial Rehabilitation	-		\$ -	\$ -	\$ -	\$ -
Community Employment	125		\$ 338,968	\$ -	\$ -	\$ -
Community Residential Services	175		\$ 5,591,791	\$ -	\$ -	\$ -
Community Services	-		\$ -	\$ -	\$ -	\$ -
Consumer-Driven Services	2,900		\$ 88,997	\$ -	\$ -	\$ -
Emergency Services	290		\$ 71,791	\$ -	\$ -	\$ -
Facility Based Vocational Rehabilitation	5		\$ 15,849	\$ -	\$ -	\$ -
Family Based Mental Health Services	5		\$ 118,657	\$ -	\$ -	\$ -
Family Support Services	3,200		\$ 230,929	\$ -	\$ -	\$ -
Housing Support Services	400		\$ 716,260	\$ 55,277	\$ -	\$ 198,159
Mental Health Crisis Intervention	3,050		\$ 874,581	\$ -	\$ -	\$ -
Other	-		\$ -	\$ -	\$ -	\$ -
Outpatient	320		\$ 392,825	\$ -	\$ -	\$ -
Partial Hospitalization	10		\$ 74,157	\$ -	\$ -	\$ -
Peer Support Services	40		\$ 108,448	\$ -	\$ -	\$ -
Psychiatric Inpatient Hospitalization	-		\$ -	\$ -	\$ -	\$ -
Psychiatric Rehabilitation	100		\$ 358,729	\$ -	\$ -	\$ -
Social Rehabilitation Services	450		\$ 582,836	\$ -	\$ -	\$ -
Targeted Case Management	1,280		\$ 931,415	\$ -	\$ -	\$ -
Transitional and Community Integration	2,100		\$ 11,372	\$ -	\$ -	\$ -
TOTAL MENTAL HEALTH SERVICES	16,800	\$ 12,537,199	\$ 12,388,453	\$ 91,098	\$ 529,000	\$ 198,159
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 1,393,043			
Case Management	350		\$ 148,291	\$ 5,000		
Community-Based Services	656		\$ 827,942			
Community Residential Services	39		\$ 1,818,085			
Other			\$ 88,974			
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,045	\$ 4,325,635	\$ 4,276,335	\$ 5,000	\$ -	\$ -

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

County:	1.	2.	3.	4.	5.	6.
Lancaster	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	4,094		\$ 410,681			
Rental Assistance	748		\$ 140,000			
Emergency Shelter						
Other Housing Supports	1,738		\$ 145,000			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	6,580	\$ 370,361	\$ 695,681		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	170		\$ 159,133			
Inpatient Hospital						
Inpatient Non-Hospital	12		\$ 58,000			
Medication Assisted Therapy	20		\$ 35,000			
Other Intervention						
Outpatient/Intensive Outpatient	34		\$ 20,000			
Partial Hospitalization						
Prevention	540		\$ 336,183			
Recovery Support Services	1,355		\$ 358,445			
Administration			\$ 87,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	2,131	\$ 1,053,761	\$ 1,053,761	\$ -	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services						
Aging Services						
Children and Youth Services			\$ 5,000			
Generic Services						
Specialized Services			\$ 193,000			
Interagency Coordination						
Administration			\$ 2,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	-	\$ 327,274	\$ 200,000		\$ -	\$ -
GRAND TOTAL	26,556	\$ 18,614,230	\$ 18,614,230	\$ 96,098	\$ 529,000	\$ 198,159