

FY 2012-13 Lackawanna County Human Services Plan

1. PUBLIC HEARING NOTICE

- a. Pursuant to the Sunshine Act, 65 Pa.C.S. 701-716 a public hearing was held on October 12, 2012, 1:30 p.m. at the United Way, 615 Jefferson Ave., Scranton, PA 18510.
- b. In addition to publication, the hearing was held concurrent with the monthly Center for Family Engagement (CFE) meeting. The CFE is a collaborative board established in 2006 to provide partnerships within the county to analyze data, such as the Pennsylvania Youth Survey (PAYS) and best determine the Human Services needs in Lackawanna County. The composition of the CFE includes many public and private social service providers, advocacy groups, and behavioral health managed care among others. Traditionally, the CFE has dealt with family and youth needs. In addition to the public hearing, this meeting served to launch the expanded role of the CFE beyond youth issues to coordinate, identify, and analyze the Human Service needs for all consumers in the county.

2. COUNTY PLANNING TEAM AND NEEDS ASSESSMENT

Prior to the implementation of Act 80 of 2012, numerous changes to Human Services delivery and coordination were slated for implementation in Calendar Year 2013. Because of the timing of the Planning Guidelines, several adaptations to Lackawanna County's Human Services Plan have been made to meet the Department of Public Welfare's requirements. Therefore, a retrospective analysis of existing needs assessments, focus groups and quality services reviews from the respective departments along with community input will serve as the basis for presentation to Center for Family Engagement and the finalization of this year's Human Services plan. Existing needs from County departments will be included in the respective sections. Community partners did review the draft plan presented at the public hearing and provided input related to hunger issues that will be addressed through DHS interagency integration efforts and reallocation of existing resources if possible and the formation of new partnerships. Some of the specific findings related to hunger are identified through focus groups who identified the following issues (USDA Hunger Free Communities Data Analysis Summary, Marywood University 2012):

1. Food accessibility is contributing even when there is local food assistance.
 - a. Transportation – cost of the bus/taxi, using public transportation when trying to do a large grocery shopping, safety of perishable items, weather, bags on the bus, cost per bag in taxi, service hours, etc.
 - b. Pantry hours, limited donations, most only offer once/month.
 - c. Better communication of pantry/food assistance location. Outreach to get to those who do not know they qualify.
 - d. No large grocery store downtown.
 - e. Better transportation would allow for more shopping around for food sales.

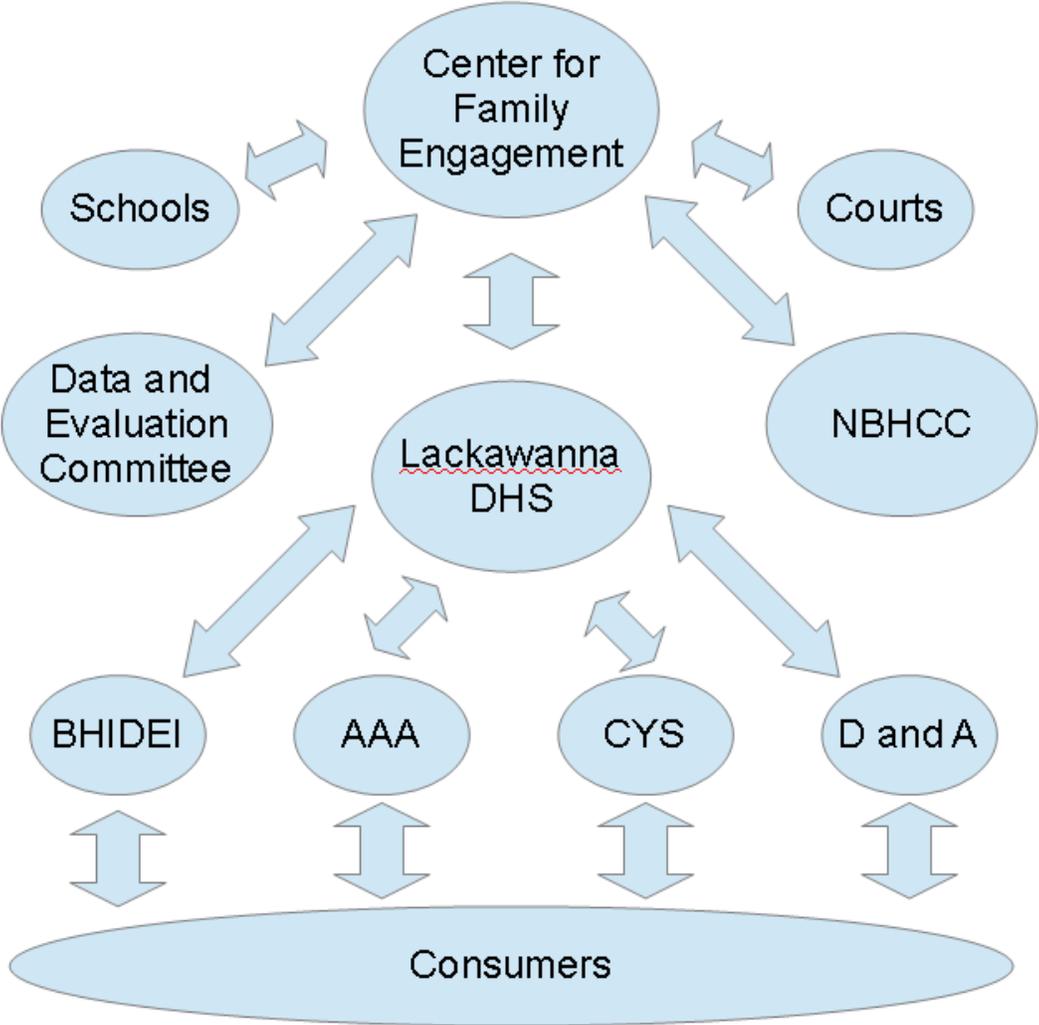
2. The economy has had an enormous impact on food insecurity.
 - a. High unemployment and decreased wages.
 - b. Food assistance is not enough. Most run out of food monthly (end of the month).
 - c. Cost of transportation and gas. Lower bus fares or offer free bus passes.
 - d. Increased cost of foods and other bills. Cost of healthy foods. Increased costs of foods at convenience stores.
 - e. SNAP decreased when other assistance is increased.
3. Food shopping follows similar patterns.
 - a. Most shop at large grocery stores for the majority of their shopping. Use dollar/convenience stores for fill-in shopping.
 - b. Most do a big shopping trip once or twice per month. Amounts of fill-in trips vary.
 - c. Most are satisfied with the stores they shop at.
 - d. No issues with stores lacking in availability.
4. Most solutions suggested or used only plug the holes.
 - a. Suggestions for increased SNAP allotment, increased donations to pantries, increased allotment at pantries, increased grocery store vouchers.
 - b. Discussed buying cheaper foods, stretching foods, bulk purchases, coupons, checking for store sales, and skipping meals.
 - c. Some suggestions for decreasing the problem - using SNAP at farmer's markets, SNAP allotment twice/month, community gardens, nutrition education, grocery store/farmer's market shuttle or delivery, government commodity foods, restaurant donations.

Other solutions:

- Provide more during the holidays.
- Choosing pantry donations.
- Provide more fresh food and meats, less canned at pantries.
- Provide more grocery store vouchers.
- Less paperwork/restrictions for assistance.
- Provide more for children. Children/family size mentioned a lot.
- Shopping carts for those who walk to stores.
- Provide food-related items at pantries – i.e., toilet paper, soap, paper towels, etc.

In subsequent years, findings illustrated above will be addressed and prioritized throughout the year and incorporated into respective allocations. The following structure will be in place to ensure that a continuous flow of information and analysis occurs as illustrated below.

Planning and Needs Assessment
Information and Data Flow



As illustrated above, the Human Service categoricals will use their existing structure to receive consumer input and will then construct an individual needs assessment for their respective department along with a tentative cost plan to meet the identified needs. These assessments will be compiled and analyzed by the Department of Human Services staff to identify commonalities and identify appropriate resources, priorities and expected outcomes. A single DHS plan will be presented to the CFE for review and comment. Concurrently, the CFE will receive information and data regarding needs of the Courts and education community through its respective work groups. Through active communication with the CFE, which will add information relative to its various collaborative efforts that may not be captured by the DHS, a final plan will be developed by DHS in partnership with the respective Human Service departments.

This plan will be shared with the local HealthChoices administrator - the Northeast Behavioral Health Consortium (NBHCC) to identify service gaps and needs and to determine if Managed Care Funds can be used as a resource. NBHCC is a

member of the CFE Board. Other needs and service gaps that cannot be addressed through our Managed Care partnership will be taken back to the CFE to discuss the most appropriate way to meet the identified needs such as a reallocation of existing resources, forming new partnerships among public and private providers, and exploring grant opportunities.

3. HUMAN SERVICES NARRATIVE

I. BEHAVIORAL HEALTH SERVICES

1. Program Overview

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

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

The Lackawanna / Susquehanna BHIDEI Program annually conducts **focus groups** (Appendix D-attachment #1) within the County soliciting input from person with mental illness and those in recovery. In anticipation of fiscal year 2012-2013, the program completed a focus group with persons with mental illness and those in recovery. This process was completed in the Spring of 2012.

In addition, the Lackawanna / Susquehanna BH/ID/EI Program participates in a **public hearing** annually soliciting input from the public at large related to the delivery of services within Lackawanna County.

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

The Lackawanna / Susquehanna BH/ID/EI Program as part of their categorical planning process in the past was required to include within the planning process documentation that the local **Community Support Program (CSP)** had the opportunity to provide input into the development of the plan for the delivery of

mental health services within Lackawanna County. Moving forward in the development of the Lackawanna County Human Services Plan, the Community Support Program (CSP) will have the opportunity to provide input into the development of the Plan through the use of the CSP indicators report.

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

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

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

2. Behavioral Health Services Initiative (BHSI) Planning

The Lackawanna / Susquehanna BH/ID/EI Program receives an allocation of \$251,804 from the Office of Mental Health and Substance Abuse Services (OMHSAS) to be used to serve eligible individuals. The following services will be funded through the BHSI allocation for fiscal year 2012-2013:

- Outpatient
- Case Management Services

All funds are used to support persons with a serious and persistent mental illness who are risk of inpatient hospitalization in state mental hospitals or community facilities. This criteria is consistent with the language contained within the programs allocation letter for fiscal year 2012-2013.

3. Services to be Provided

The Program plans to expend \$6,704,189 to support 11,828 individuals in fiscal year 2012-2013. Listed in Table #1 is a comprehensive breakdown of behavioral health services provided by the Program, the estimated number of clients to be served and the planned expenditures for each service area:

Table 1

SERVICE	ESTIMATED CLIENTS	PLANNED EXPENDITURES
Administrator's Office	--	\$113,850
Administrative Management	3,683	\$533,831
Children's Evidence Based Practices	7	\$10,000
Community Employment	42	\$238,600
Community Residential Services	116	\$1,218,679
Crisis Intervention	1,417	\$113,600
Emergency Services	3,167	\$493,100
Facility Based Vocational Rehab	5	\$32,310
Family Based Services	39	\$47,600
Family Support Services	52	\$416,800
Housing Support	294	\$1,661,260
Outpatient	2,320	\$647,188
Partial Hospitalization	90	\$174,600
Psychiatric Rehabilitation	42	\$202,100
Social Rehab Services	19	\$249,140
Targeted Case Management	345	\$364,531
Transitional and Community Integration	190	\$187,000
TOTAL BH SERVICES	11,828*	\$6,704,189*

* Represents Susquehanna and Lackawanna County Expenditures for FY 2012-2013

Target population groups to be served within fiscal year 2012-2013 by the Lackawanna / Susquehanna BH/ID/EI Program are as follows:

- **Transition age youth aging out of Behavioral Health Rehabilitation Services or Residential Treatment Facilities.** Services for this population group are a high priority for the Program. Specifically, targeted case managements services are used to connect transition aged youth with adult services including but not limited to; housing supports, treatment services, employment services and social and recreational services. The Program will work closely with the targeted case management service provider within Lackawanna County to specifically identify the transition age youth in the County and develop an individualized service plan to meet their needs.
- **Persons being diverted or released from jail.** The Program has a good working relationship with the law enforcement community within Lackawanna County and expects to build on this relationship in fiscal year 2012-2013. The Program is continuing to work closely with the Lackawanna County Crisis Intervention Team (CIT) provide a training with law enforcement members within Lackawanna County. . The Program works with the provider community

within Lackawanna County to create diversion opportunities for persons with mental illness or those in recovery who come in contact with the criminal justice system. In addition, the Program works closely with the Lackawanna County Prison on mutual clients who need behavioral health care services at the time of discharge. Finally, the Program provides funding for behavioral health care services delivered to inmates in the Lackawanna County Prison. Services include; assessment and medication management. In addition, funding is provided for clinical support services within the Prison. Staff provide individual therapy and assessment services in the Prison

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

4. Community Data and Indicators

Included with the Human Services Plan are two (2) reports that provide community data and program indicators for both target populations listed below. The reports entitled, "Profile of Lackawanna-Susquehanna Residents in Clarks Summit State Hospital" (attachment #2) and "Residential Treatment Facility Services for Children and Adolescents" (attachment #3) can be found in Appendix D of this Plan.

- The number of individuals served in state hospital settings - 72
- The number of youth served in residential treatment facilities - 53

II. INTELLECTUAL DISABILITIES SERVICES

1. Program Overview

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program served approximately twelve-hundred (1200) children and adults with an intellectual disability in fiscal year 2011-2012. The Program implemented a breadth of base and waiver-funded services to eligible participants including: residential services, lifesharing, adult day services, prevocational services, transitional employment services, supported employment, respite care, home and community habilitation, companion services, nursing services, transportation, behavioral support, home and vehicle accessibility adaptations, Family Support Services (FSS) and supports coordination.

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

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

- As part of the Program's continuous quality monitoring activities, individuals and families receive a supports coordination **satisfaction survey** at least annually. In addition to overall satisfaction, respondents provide feedback regarding access to services.
- On an annual basis, the Program conducts **focus groups** which solicit feedback from the community about the overall service delivery system. Groups were convened for families and individuals with intellectual or developmental disabilities in Lackawanna and Susquehanna Counties. Summaries of each of the focus groups are included in Appendix D-attachment #1 of this plan.
- The Program **fields calls and e-mails from family members** and surrogates regarding access and availability to services. The Program takes action when warranted to address inquiries regarding service access.
- Another system safeguard for ensuring individuals and their families gain access to the services they need is ongoing participation in The **Provider Association** of Lackawanna-Susquehanna Counties. By maintaining an ongoing relationship with the local provider network, the Program is poised to more readily address gaps in services when they are identified by stakeholders.

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

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

2. Services to be Provided

The Program plans to expend \$4,391,762 to support 680 individuals in fiscal year 2012-2013. Listed below in Table #2 is a breakdown of intellectual disabilities services provided by the Program, the estimated number of clients to be served and the planned expenditures for each service area:

Table 2

SERVICE	ESTIMATED CLIENTS	PLANNED EXPENDITURES
Admin Office	HCQU / IM4Q included	\$1,829,731
Case Management	161	\$90,900
Community Residential Services	16	\$819,800
Community Based Services	503	\$1,557,341
Other	Quality Initiatives	\$93,990
TOTAL ID SERVICES	680*	\$4,391,762*

* Represents Susquehanna and Lackawanna County Expenditures for FY 2012-2013

The Program has been planning with graduates, families, case management, and the Office of Developmental Programs to support **young adults leaving high school** through a waiver initiative for graduates in 2012. The Program received nine (9) Person/Family Directed Service (P/FDS) waiver slots to fund employment and home and community-based needs.

Beginning in fiscal year 2011-2012, individuals **aging out of EPSDT** were no longer automatically enrolled in the Consolidated waiver to meet complex medical needs. To maintain a continuum of care, the Program manages EPSDT age-out cases by identifying waiver resources prior to the child's twenty-first (21) birthday. This remains a planning challenge for county programs due to the implementation of waiver vacancy management; in that individuals aging out of EPSDT are served with existing resources.

Individuals being released/discharged from jail, Residential Treatment Facilities, and Children and Youth services are managed and planned for on a case-by-case basis. The Program takes a cross-systems approach to planning for complex cases.

The Program has participated in several training initiatives sponsored by the Office of Developmental Programs to support individuals who will be **discharged from a State Center**, including Money Follows the Person and planning for Benjamin case members. To date, the Program has not been notified of any residents of a State Center planning a discharge to the community.

3. **Administrative Entity (AE) Operating Agreement**

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program strives to provide exceptional administrative oversight of both base and waiver-funded services.

The Program conducts several activities to ensure compliance with the execution of the Administrative Entity Operating Agreement with the Department of Public Welfare; including: the Annual Administrative Review, the annual AE Oversight Monitoring Process, waiver and residential capacity management, monitoring of delegated administrative functions, provider monitoring and provider capacity management.

The Program works collaboratively with various community stakeholders to complete the **Independent Monitoring for Quality (IM4Q)** process each year.

Individuals, family members, advocates and professionals complete approximately 150 surveys each fiscal year. The information collected is analyzed and reported to the Program's Quality Council and ultimately to the Program's Advisory Board.

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program is the lead county for the **Northeast Health Care Quality Unit (NE HCQU)**. The NE HCQU provides training, technical assistance and support to eight counties including: Bradford-Sullivan, Lackawanna-Susquehanna, Luzerne-Wyoming, Tioga and Wayne County. In 2011-2012, the NE HCQU trained 9,078 direct support professionals (DSP) in classroom settings and an additional 4,538 DSPs through online training; for a total of 13,616 training opportunities. The NE HCQU responded to 3,907 requests for technical assistance from provider agencies, which included providing additional information on a variety of topics like behavioral and medical supports. The NE HCQU is an integral part of the local system that helps ensure individuals with intellectual disabilities gain access to medical and dental services through county and stakeholder planning.

4. Community Data and Indicators

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program provides base funding to five-hundred and three (503) individuals and their families who receive supports and services in their homes and communities. Individuals and families provide valuable contributions to the County Program through public hearings, annual plan meetings and focus groups. of the importance of services to maintain a *quality of life*, in addition to promoting health and safety. In fiscal year 2012-2013, the base appropriation to support individuals with an intellectual disability in Lackawanna and Susquehanna Counties was reduced by \$486,499.

There are ten (10) individuals (.01% of total population) that receive care in a state center. Six (6) individuals live at White Haven Center and four (4) individuals live at Selinsgrove State Center. To date, none of the ten (10) individuals or their families have indicated interest in pursuing community opportunities per the Benjamin Settlement.

Lifesharing and employment goals have been included in the Program's Quality Management Plan to promote improved outcomes in these two (2) initiative areas. The Program will continue to track and report on Lifesharing and employment in future planning years.

- Number of based funded/block grant funded individuals – 505 (42%)
- Number and percent of individuals served in state center – 10 (.01%)
- Number of people avoiding higher level of placement cost by using base funding – 207 (17%)
- Number of individuals in competitive employment opportunities – 78 (6.5%)
- Number of individuals in life sharing / family living opportunities – 35 (2.9%)

Homeless Assistance

Lackawanna County will provide a continuum of services to homeless and near homeless individuals and families ranging from emergency shelter to homeless prevention. Included in the continuum of services to be funded are the following (summarized in table 3):

Table 3

SERVICE	INDIVIDUALS ASSISTED	PLANNED EXPENDITURES
Emergency Shelter	67	\$8,000
Bridge Housing	21	\$93,034
Rental Assistance	640	\$39,454
Case Management	143	\$94,148

Emergency Shelter to provide refuge and care to persons in immediate need and are homeless will be funded at \$8,000 to assist 67 individuals.

Bridge Housing program will assist clients in temporary housing to move to supportive long term living arrangements with the goal of living independently. \$93,034 will be allocated to this service to assist 21 individuals.

Rental Assistance will assist with rent, mortgage arrearages, security deposits and utilities to prevent and/or end homelessness by maintaining individuals and families in their own homes. \$39,454 will assist an estimated 640 individuals.

Case Management will assist individuals to determine services needed to prevent a reoccurrence of homelessness and coordination of service provision by community resources. \$94,148 will assist an estimated 143 individuals.

As administrator of the Homeless Assistance Program, Lackawanna County DHS works closely with our identified homeless assistance service providers and various human service provider agencies including the County Assistance Office, the Scranton-Lackawanna Human Development Agency (our local CAP agency) and the United Way of Lackawanna County who administer grants for emergency food and shelter and United Neighborhood Centers in the Continuum of Care.

Child Welfare

Multi-systemic Therapy (MST)

MST is an evidence based program used primarily in our Status Offense Court. The Status Offence Court is a problem solving court designed to divert youth from long term restrictive placements and/or an adjudication of delinquency. In the first year of the Status Offence Court, placement costs were offset by approximately \$300,000 based upon youth entering the program who had an extensive history of out-of-home placement. These finding may represent confounding, since another program was provided to the Status Offence Court participants. A National Center for Juvenile Justice study is currently being funded by the MacArthur foundation to determine the continued efficacy of the Status Offence Court program, specifically related to youth who only received one treatment modality. Active discussions are being held with the MST provider to increase the use of MST throughout CYS beyond Status Offense Court.

The increased utilization is anticipated in conjunction with the IV-E waiver project as a standardized treatment method for youth who meet the MST criteria based upon more comprehensive assessments such as the CANS. Currently, youth are not systematically referred to MST even if the behaviors are equivalent and may be referred to other services. With the increased assessment it is believed that youth will be better served with services that directly meet their individual needs.

Table 4

	2010/11	2011/12	2012/13	2013/14
Referrals	20	18	34	50
Cost per year	85,819	29,814	58,500	77,220
Per Diem Cost/Program funded amount	78.50	78.50	78.50	78.50

Family Group Decision Making

Since FY2009-10, the grant money for FGDM was used for salary and benefits for two FTE CYS employees who coordinate and facilitate conferences, food and travel expenses for participants. Previous overspending in 2009-10 was largely a result of the need to rent conference space.

CYS will not overspend because many of the conferences are held at a community center or will be had at the recently completed Visitation Center. Both spaces are already leased by CYS and will not be an additional expense. We have obtained more county vehicles that have markedly reduced many travel expenses for employees. The current grant is still being used for the salary and benefits of the two coordinator/facilitator FTE positions and food for the conferences.

Table 5

	2010/11	2011/12	2012/13	2013/14
# of Referrals		83	68	68
# Successfully completing program		32	21	21
Cost per year		\$105,120	\$105,120	\$105,120

Pennsylvania Promising Practices – Supportive Visitation

Based upon existing research LCCYS will reduce the time in care for youth in foster care. Consequently, the number of youth in care will decrease as the rate of youth discharged becomes greater than the rate of youth admitted into care. Re-entry into foster care will also be reduced as the visitation teaches parents skills and provides meaningful bonding opportunities that will prevent the need for youth returning to care.

QA will measure the length of time in care for each youth enrolled in the visitation program. In addition, overall agency average length of stay in care will be monitored. Rate of admission versus rate of discharge will also be measured to determine if there has been a statistically significant change in this measure from prior years

Since the agency has fully staffed the clinical unit to increase visitation as well as provide parenting assessment and groups, the duration of placement has been tracked. The agency believes that this clinical approach to visitation is largely responsible for the reduction in the average length of placement for cases referred in the past year, i.e., 7 months vs. 21 months for

the entire agency. Further analysis is ongoing to determine other factors that have lead to this statistic.

The increase is due to the inclusion of the lease expenditure for the space devoted to the Visitation program. Currently only the salary and benefits are being charged against the grant. This space is vital to the success of the program given the lack of county owned resources to accommodate the visitation.

Table 6

	2010/11	2011/12	2012/13	2013/14
# of Referrals*	326	260	260	437
Cost per year		\$117,000	\$117,000	\$197,000
Per Diem Cost/Program funded amount**		\$450	\$450	\$450

* One family may have several referrals if family required service after discharge

**Est. Cost per family

Alternatives to Truancy

In SFY2010-11 the truancy program was expanded to pilot having one worker exclusively designated to assist schools in developing truancy elimination plans. No additional funding was requested since the pilot was performed by the re-allocation of an existing staff member. The target school district was Carbondale. Since the implementation of truancy elimination worker, Carbondale Area school district has reduced magisterial filings of truancy by nearly 90% and contempt court filings by 100%. Based upon the success of this pilot, three other positions were transferred internally to the truancy elimination program. In addition, to the truancy elimination plan development functions, the workers have also serve as a CYS screener/consultant to the schools to which they are assigned. A similar 90% reduction has been seen countywide regarding the decrease in magisterial filings for truancy. LCCYS is requesting that the salaries and benefits of the four truancy workers and 2/3 of a supervisor salary (supervisor also supervises two other workers in separate programs) be applied to the Alternatives to Truancy grant. The truancy workers processed 1044 referrals of which 644 were treatment elimination plans

Table 7

	2010/11	2011/12	2012/13	2013/14
# of Referrals	89	1044	1044	1044
# Successfully completing program	80	980	980	980
Cost per year	\$45,000	\$245,000	\$245,000	\$245,000

Truancy filings will be maintained or reduced from the current rate since the introduction of the 4 truancy workers (renamed School Liaisons for 2012-13).

Contempt filings will also be measured

Recidivism will be tracked by the Court Unit.

Throughout the SFY on a monthly basis, the number and type of referrals from the school will be monitored by the QA department to determine if there is a statistically significant change from the previous year.

I. DRUG AND ALCOHOL SERVICES

1. Program Overview

The Lackawanna Susquehanna Office of Drug and Alcohol Programs (LSODAP) is a jointer of the former Lackawanna and Susquehanna SCAs. FY 2010-2011 was the first year of full operation in this capacity. The SCA is a public executive commission with a nine (9) member advisory council appointed by the County Commissioners and responsible to them for oversight of SCA operations. Five (5) members are appointed by the Lackawanna Commissioners and four (4) members are appointed by the Susquehanna Commissioners. The Advisory Council's responsibilities include budget review and allocation of funds, nomination of Advisory Council members, as well as the development and support of local initiatives in conjunction with SCA staff. The members are representative of a broad cross-section of the community, each of whom has proven experience and/or interest in substance abuse issues.

The SCA has management and direct service responsibilities in the following areas:

- Administration—programmatic and fiscal oversight of the drug and alcohol system within its county jurisdiction. This includes, but is not limited to, planning, development, support and maintenance of a comprehensive d/a system responsive to local community needs, contract negotiation, and provider monitoring, ensuring compliance with state and federal regulations and guidelines. Of primary importance is maximizing the search and procurement of all available monies from diverse funding sources.
- Prevention—primary source of most school-based and community-based programming in Lackawanna County and oversight responsibility for activity in Susquehanna County. Activities include, but are not limited to, curricula training in substance abuse, violence prevention and tobacco cessation; PDE SAP trainers to northeast school districts; support group facilitation at elementary, middle and high school levels throughout the county; in-service training for school faculties and social service agency staff; community organization in the development of its **Partners in Prevention** initiative; parenting programs; sponsoring conferences, organizing multi-media campaigns, and presenting diversified education and informational programs to the general public.
- Intervention – the SCA provides group intervention services within Student Assistance Programs and contracts with local providers for outreach and hotline services. The outreach services are targeted primarily towards the injection drug users' population. The hotline service provides screening and referral to urgent care services after regular SCA work hours and weekends.
- Case Management—the point of entry into the drug and alcohol system for clients who are eligible for fee for service medical assistance and the under-insured or uninsured in the county. Services include screening, assessment, level of care determination, referral and placement, care management, case management, case coordination, and recovery support services. Case Management also works closely with and supports Lackawanna County's system of problem solving courts by providing level of care assessments at

the County Prison and CMU office for applicants and existing participants of the County Drug Treatment Court Program.

- Treatment — responsible for oversight of substance abuse treatment services and systems in both counties. Monitors licensed treatment providers in its geographic jurisdiction. Sets rates for local outpatient providers and as a member of the Northeast Regional SCA Consortium sets rates for inpatient providers throughout the region. The SCA funds those programs which can meet a documented need for service and which demonstrate both fiscal and programmatic responsibility.
- Recovery Support –Recovery Support Specialists focus on clients who recently completed inpatient treatment and assist these persons with a variety of treatment and non treatment needs critical to successful recovery from drug and alcohol dependence. These include but are not limited to:
 - basic needs (food, clothing, shelter)
 - living arrangements / housing needs
 - drug and alcohol treatment needs
 - employment needs
 - educational / vocational needs
 - family / social needs
 - mental health concerns
 - physical health concerns
 - child care needs
 - legal concerns
 - transportation needs

The Lackawanna/ Susquehanna Drug and Alcohol Program recently completed a needs assessment which was mandated through the Department of Drug and Alcohol Programs (DDAP). This needs assessment combines the former Prevention Needs Assessment and Treatment Needs Assessment into one comprehensive needs assessment. This needs assessment will be the foundation for establishing priorities for the delivery of services in Lackawanna and Susquehanna Counties.

A complete copy of this needs assessment completed by the Lackawanna / Susquehanna County Drug and Alcohol Program is included as Attachment E to this County Plan.

2. Services to be Provided

The Lackawanna Susquehanna Office of Drug and Alcohol Programs provided drug and alcohol treatment services to approximately 2,040 clients and recovery support services to approximately 136 clients in fiscal year 2011-2012. Based on a 10% reduction in DPW funds, the SCA is projecting to provide drug and alcohol treatment services to 1,836 and recovery support services to 122 in fiscal year 2012-2013. The aforementioned numbers including 2012-2013 projections represent the total number of clients served by DPW funds in conjunction with Bureau of Drug and Alcohol Programs (BDAP)/ Department of Drug and Alcohol Programs (DDAP) funds. DPW funding is also utilized by the SCA in conjunction with BDAP/DDAP funds to support case management services and recovery support services both of which are described in the Drug and Alcohol Services

Program Overview. All services discussed in this paragraph are specific to the cost centers for which the SCA is allowed to utilize DPW funds.

3. Drug and Alcohol Addiction Treatment Services (ACT 152) and Behavioral Health Services Initiative (BHSI)

The Lackawanna Susquehanna Office of Drug and Alcohol Programs plans to utilize ACT 152 drug and alcohol funds and Behavioral Health Services Initiative drug and alcohol funds allocated by DPW in the following manner in fiscal year 2012-2013:

Table 8

REVENUE SOURCE	SERVICE	ESTIMATED CLIENTS	PROJECTED EXPENDITURE
Act 152	Inpatient Non Hospital	113	\$283,036
BHSI	Inpatient Non Hospital	39	\$105,034
BHSI	Inpatient Hospital	2	\$5,000
BHSI	Partial Hospitalization	1	\$2,000
BHSI	Outpatient/Intensive Outpatient	241	\$107,453
BHSI	Case Management	402	\$133,320
BHSI	Medication Assisted Therapy	6	\$31,000
BHSI	Recovery Support Services	50	\$5,000
	Administration		\$139,080

HUMAN SERVICES DEVELOPMENT FUND

The Human Services Development Fund in Lackawanna County is utilized to fund Adult Services, to supplement funding to categorical programs, to support program administration and the coordination of services to enhance the county human service system.

In Fiscal Year 2012-2013, the Human Services Development Fund will be allocated for the following services:

Table 9

CATEGORY	SERVICE	ESTIMATED CLIENTS	PROJECTED EXPENDITURES
Adult	Homemaker	5	\$7,586
Adult	Counseling	20	\$4,877
Adult	Home Delivered Meals	22	\$22,794
Specialized Services	Drug and Alcohol	82	\$19,567
Specialized Services	Information and Referral	13,000 (contacts)	\$33,373

Interagency Coordination	DHS Salary/benefits		\$20,000
Interagency Coordination	Membership		\$1,295
Administration	DHS Salary/benefits		\$19,685
Mental Health - Other	Family Support Services	184	\$62,527
Mental Health - Other	Intensive Case Manager	6	\$5,152

Adult Services

- Homemaker Service will be provided to 5 clients at a cost of \$7,586.00.
- Counseling Services will be provided to 20 clients at a cost of \$4,877.00.
- Home Delivered Meals will be provided to 22 clients at a cost of \$22,794.00.

Aging Services

- No funds are allocated to Aging Services.

Specialized Services

- Drug & Alcohol Services – Other Interventions will be provided to 82 clients at a cost of \$19,567.00. This service was listed as a Specialized Service since there is no Other Interventions or Other category in the Drug & Alcohol line items.
- Information & Referral Service – I&R will be provided to approximately 13,000 contacts at a cost of \$33,373.00. This service was previously funded as a Generic Service but was now listed as a Specialized Service since there is not a Generic Service line item.

Interagency Coordination

Funding in the amount of \$21,295.00, has been allocated to Interagency Coordination.

- The funding (\$20,000) will be used as partial reimbursement of the salary and benefits for the position of Assistant Director, Human Services. This position will work with all categorical programs, provider agencies, service recipients, public and private organizations in the planning and management of services to design a responsive, cost efficient and effective delivery system.
- Funding in the amount of \$1,295.00 has been allocated as membership dues for the Lackawanna County Department of Human Services to PACHSA. The membership in this professional organization will assist the county in the planning and management of human services.

Administration

- Funding in the amount of \$19,685.00 will be used for the administration of the Human Services Development Fund. This fund is administered by the Assistant Director, Human Services.

Mental Health Services

- Funding in the amount of \$67,679.00 to serve 190 clients has been allocated to Mental Health Services – Other. This allocation will be utilized for Family Support Services, \$62,527.00 for 184 clients and Intensive Case Management, 6 clients at a cost of \$5,152.00.

Appendix A
Fiscal Year 2012-2013

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LACKAWANNA

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

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

_____	Date: _____
_____	Date: _____
_____	Date: _____

Appendix C

Eligible Human Service Definitions

Mental Health

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

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

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

Administrator's Office

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

Administrative Management

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

Adult Development Training

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer Driven Services

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

Crisis Intervention

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Services

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

Family Support Services

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

Housing Support Services

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

Other

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

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

Case Management

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

Community Residential Services

Transitional residential habilitation programs in community settings for individuals with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness.

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

Housing

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out or those who have aged out of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy.

Evidence Based Programs

Program or activity provided by the county or through a contracted private provider that includes: Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA).

Multi-Systemic Therapy (MST)

Intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juveniles. This approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

Functional Family Therapy (FFT)

An empirically grounded, well-documented and highly successful family intervention program applied to a wide range of at-risk youth aged 11-18 and their families, including youth with conduct disorder, violent acting-out, and substance abuse with interventions that range from 8 to 12 one-hour sessions, up to 30 sessions of direct service. These interventions are conducted in both clinic settings as outpatient therapy and as a home-based model.

Multidimensional Treatment Foster Care (MTFC)

Originated as an alternative to institutional, residential and group care placements for boys with severe and chronic criminal behavior, this has been adapted and tested with children with severe emotional and behavioral disorders, girls with severe delinquency, and youth in foster care.

Family Group Decision Making (FGDM)

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

when all agency representatives and other professionals leave the room and allow the family to make decisions and craft their plan.

Family Development Credentialing (FDC)

A professional development course and credentialing program for caseworkers (public and private) to learn and practice skills of strength-based family support with families. FDC trainees work with families across the life span including families with young children, teen parents, people with disabilities, and many other groups. Staff must complete 90 hours of interactive classroom instruction and portfolio advisement; prepare a Skills Portfolio with support of a portfolio advisor; and pass a state credentialing exam.

High-Fidelity Wrap Around (HFWA)

The wraparound process is a way to improve the lives of children with complex behavioral health needs and their families. It is not a program or a type of service. Instead, the process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by strengths and needs, rather than services. Natural supports are a central aspect of the plan for the child and family.

Drug and Alcohol

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24 hour professionally directed evaluation, care, and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted client.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

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

***Outpatient/ Intensive Outpatient
Outpatient***

A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Specialized Services

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