

**LANCASTER COUNTY
HUMAN SERVICES
BLOCK GRANT PLAN
FY 2013-14**

Lancaster County Human Services Block Grant Plan FY 13-14

1. Public Hearing Notice

The Lancaster County Commissioners conducted three public hearings to gather public input and feedback on Lancaster County's Human Services Block Grant Plan - FY 2013-14. The Public Hearings were advertised in the Local Newspaper as required by the Sunshine Act. In addition, the public was notified of these meetings by e-mail through the human services departments, by advisory boards, in community forums and on websites. A proof of publication is included in Appendix "D".

The first Public Hearing was held at 1:00 p.m. on Tuesday, June 11, 2013 at the Lancaster County Government Center at 150 North Queen St. Lancaster, PA. This date, place and time was selected for citizens who could attend an afternoon meeting. The second meeting was scheduled at the Lancaster County Public Safety Training Center, at 101 Champ Boulevard, Manheim, PA on June 19, 2013 at 6:00 p.m. This meeting was scheduled to allow for people to attend the meeting after traditional work hours. This meeting also allowed for the hearing to be held outside the county seat for those who have a challenge attending meetings in the City of Lancaster. The final public meeting was on July 3, 2013 at the Commissioner's Meeting. On July 3, 2013, the Commissioners voted in support of the Lancaster County's County Human Services Block Grant Plan - FY 2013-14.

2. Waiver

Lancaster County has budgeted 100% of the allocations to each of the seven (7) funding areas for the first year of the Block Grant. Lancaster County will use the Human Services Management Team to review spending in each area on a minimum of a quarterly basis. The team will provide feedback to the spending and make suggestions. Ultimately, any major adjustment to the funding plan will be made by the County Commissioners after they have been apprised of any significant need to readjust allocations. If the Commissioners approve a significant funding reallocation (above 25%) of the original categorical allocation, the County will prepare the required documentation at that time to request a waiver.

3. County Planning Team

The Lancaster County Human Services Management Team (LCHSMT) team was developed to provide suggestions and feedback for the development of the FY 13-14 HSBG. Members included:

- A parent of a child with Intellectual Disabilities and a board member of Lancaster County BH/DS
- A person in Recovery and a board member of Lancaster County BH/DS
- A resource parent and board member of the Lancaster County CYSSA
- A board member of the Lancaster County SCA

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- A private provider representing the Coalition to End Homelessness in Lancaster County
- The Executive Director of the Lancaster County Office of Aging
- The Executive Director of the Lancaster County Single Authority
- The Executive Director of the Lancaster County Youth Intervention Center
- The Deputy Director of Lancaster County Mental Health Services
- The Deputy Director of Lancaster County Intellectual Disability
- The Director of Children's Support Coordination
- The Deputy Director of Lancaster County Administration – Representing the Lancaster County Coalition to End Homelessness
- The Executive Director of Lancaster County Veteran Affairs
- LCHSBG Coordinator from the Commissioner's Office
- The Executive Director of Lancaster County Children and Youth Social Services
- The Lancaster County Human Services Administrator

The LCHSMT also made a concerted effort to attend the public hearings. The LCHSMT was present to listen and participate in public comment and was available after the public hearings to get additional feedback. Interestingly, public comment supported the position and recommendation of the Lancaster County Human Services Management Team. While public comments were not all encompassing of the LCHSMT's complete recommendation, it did include such items as: adequately funding Intellectual Disability Services, adequate funding of Mental Health Services and funding for re-entry management.

4. Needs Assessment

Prior to and during the course of the scheduled public meetings, the LCHSMT met several times to discuss the FY13-14 plan. During the meetings, the team reviewed and discussed items including but was not limited to:

- Historic categorical funding
- County match requirements
- Statewide funding disparity as it relates to Lancaster County
- State and Federal program requirements
- Demographic information
- FY 12-13 HSBG
 - Evolution
 - Challenges
 - Success
 - Funding

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- Outputs

Additionally, each one of the associated department heads and or division directors developed a plan to address spending and programming. In the proceeding section of the plan, further needs assessment and outcome/output measurement will be discussed.

5. Human Services Narrative

a. Mental Health Services

Lancaster County faces numerous challenges as our population grows and our economic resources for behavioral health services continue to decrease. As a community, the Lancaster County Mental Health system continues to move forward; expanding our knowledge, recovery-oriented services, employment, and housing opportunities with the ultimate 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 with serious mental illness, persons in recovery, transitional age youth, 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.

The Lancaster County Mental Health Program seeks to provide as comprehensive and holistic array of services and supports as possible with the funding available. We are committed to providing a system that supports choices and opportunities for the persons we serve that help to promote personal growth. Through meetings with stakeholders, we are aware that the needs for both treatment and non-treatment resources within the County go beyond what we are currently able to provide. The commitment to not just treatment but also employment, housing, transitional age supports, and community supports continues to be the focus for the Lancaster Community.

Each provider that receives county funded mental health dollars is challenged with meeting state guidelines as applicable and goals that are jointly developed by the provider and the Mental Health Program. Progress toward goals are reviewed every six months as well as discussed and monitored during annual provider site surveys. In addition, satisfaction of the service is determined by satisfaction surveys that are sent out to consumers and reviewed by the county. Additionally, our Mental Health Quality Improvement Council is the stakeholder group that reviews the largest amount of data and helps the mental health staff to analyze and develop initiatives to improve system access, capacity and options.

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The Lancaster County Mental Health Program also partners with many other agencies and organizations within the County in an effort to develop and enhance available resources. We have an established coordinated planning and working relationship with the local Office of Aging, County Drug and Alcohol Program, the Lancaster County Coalition to End Homelessness and the Office of Veterans Affairs to help ensure better understanding and coordination of services to our shared aging, veteran populations and those faced with drug and/or alcohol addiction. Additionally, we continue working jointly with our local Children and Youth Agency, Juvenile Probation and Parole Department and Intellectual Disabilities Program to address the needs of youth who are dually served by our respective programs. Together, there is intensive planning and evaluation of services/supports to meet the needs of our youth aging out of Residential Treatment Facilities and those youth that no longer require the intensive level of Behavioral Health Rehabilitation Services but still require specialized services to be successful and resilient.

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. One of our local hospitals has an inpatient mental health unit that specializes in treating older adults.

We are seeing a growing number of individuals who are in need of both mental health and intellectual disabilities services. This population requires skilled professionals who have the knowledge and experience in working with this specialized population. Efforts to expand specialized services such as psychiatry, therapy, case management/supports coordination, employment, housing needs are being explored.

Lancaster County currently has 71 youth receiving treatment within a Residential Treatment Facility. Evidenced based interventions such as Parent Child Interaction Therapy and Family Group Decision Making are just two avenues utilized to meet the challenging needs of our children and youth.

The Lancaster County Mental Health Program provides specialized transition age intensive case management to our youth as well as a specialized support/educational 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 are

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able to 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, developing budgeting skills, and prepares them to live independently within the community.

As previously mentioned, the Lancaster County Mental Health Program also 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 housing for individuals with a mental illness. In addition, we will continue to use PATH funds to house those individuals who have a mental illness and are in need of permanent housing.

There are currently sixty (60) individuals from Lancaster County receiving treatment at Wernersville State Hospital. 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.

In an effort to reduce the number of individuals who become incarcerated or admitted to inpatient units as a result of interactions with police, we are in the process of developing a Crisis Diversion Program. This program is being developed in cooperation with our managed care organization, using reinvestment dollars. It will serve to support individuals who may be having a mental health crisis/issue that warrants some additional treatment but does not require inpatient care. This is a program where police could voluntarily take individuals who may be having a negative interaction with other community members or the police and rather than charging them legally, they could get the needed treatment within this program.

Additionally, as one of our reinvestment projects, we will be working jointly with one of our local inpatient units to offer bridge services. This service will allow a crisis staff member to work with individuals upon discharge from an inpatient setting. The goal would be to connect with person to help him/her to understand their discharge instructions; facilitate compliance with their next appointments and medications; arrange for transportation and other services as necessary. These connections will either be in person or via the telephone and the designated staff person will remain in contact with the individual from discharge through their first outpatient appointment.

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In order to enhance the services provided to individuals while on the inpatient mental health unit, reinvestment dollars will be utilized to expand the staff at one of our local hospitals. The expansion will allow the hospital to hire a peer support specialist who will be embedded within the unit and provide peer support services to individuals on the mental health unit.

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 of the treatment courts are a valuable resource and opportunity for individuals, some who are incarcerated, to participate in a process to promote their recovery at the same time that 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.

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. Wellness is key to all members of our community and as we address not only mental health needs we are also looking at the physical health needs. Both MHA and CSP have various programs/events to educate our community about recovery and ways to support people as they recover.

b. Intellectual Disability Services

Despite the challenges of a ten percent reduction in ID base services for FY 12-13, Lancaster County is committed to maximizing all financial resources historically available through the "traditional categorical" funding. Our FY 13-14 HSBG will reflect a commitment to serving as many people with intellectual disabilities as we can. We will maintain our commitment to keep ID funding at its current level.

The County AE adheres to a Quality Management Plan per ODP regulations, but would appreciate further clarification as to specifically what information is being requested with regard to its relationship with the Block Grant Plan.

Lancaster County continues to work with Office of Development Programs (ODP) and the Office of Mental Health and Substance Abuse Services (OMHSAS) to move people from State Centers and State Hospitals into the community. This endeavor has been a challenge as community integration has become more challenging as there are few agencies willing and able to start-up new programs due to the current waiver structure.

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The lack of start-up costs and failure to accommodate our supports coordination organization (SCO) for transition services puts a significant strain of the county based system in a limited resource environment. Despite these challenges, we continue to work with the State Offices to make certain that these agencies are ready and able to serve the needs of these individuals.

Lancaster County BHDS is fully committed to decreasing State Center/Hospital Admissions, and reducing the number of individuals currently in such settings. Through regular participation in formalized multi-systemic processes such as: Positive Practices Committee, the Positive Practices Review Team, Dual-Diagnoses Case Reviews and CASSP (Child & Adolescent Service System Programs) Clinics, Lancaster County BHDS works closely with sister agencies and stakeholders to minimize risk and identify community based-alternatives to institutional care for individuals with complex and acute needs.

Lancaster County is certainly grateful for the additional Person Family Directed Services (PFDS) slots we have received for some of our recent graduates. The PFDS slots will help maintain youth with intellectual disabilities in our community.

Lancaster County was also provided with six consolidated slots "Aging Caregivers". Lancaster County's base funding has been challenged again by the lack of consolidated waiver slots. Our hope would be that Lancaster would receive our fair share of the proposed consolidated waiver slots proposed in the governor's budget because we currently have an Emergency Waiting List of over thirty (30) people. As our waiting list grows, without adequate additions to Lancaster County's slot allocation, we believe more people will be put at risk of higher levels of care or even worse, institutionalization.

During the fiscal year, we have used some of our Block grant funds to serve a number of people who were in crises situations. While the initial costs for this FY will not be that great (about \$125,000) the annualization of these costs will surpass \$400,000. The use of these funds has kept at least four people from State Centers.

Lancaster County continues to be a hub for refugees. In fact, we have the second highest number of refugees in the State. We continue to work with those organizations who have been given Federal mandates. We will provide our staff with cross-cultural training so that they better understand these individual who are coming here from many different countries. We are working with Church World Services, one of the leaders in this project, to try to secure a psychologist who has some knowledge with this population. We have only begun to see the challenges with serving new and previously unidentified people with intellectual disabilities.

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During the 13-14 fiscal year we will also be evaluating expansion of our respite programs for people based funded with intellectual disabilities. Specific attention will be to assess the possibility of collaborating with the mental health component to check the viability of sharing costs with the development of the crisis residential program.

Increasing the number of individuals in Life Sharing environments is a fundamental and perennial goal of Lancaster County BHDS, and Life Sharing is consistently broached and promoted in every ISP with all individuals deemed eligible for residential services. The County, of course, must ultimately recognize and honor the preferences and choices of the individuals whom it serves, regardless of whether we believe a decision not to pursue Life Sharing to be in the individual's best interest.

The ID Program will commit its effort to promote the employment of the people we serve, especially with the young adults who are in their transition years at school. For a number of years, we have contracted with a local provider to provide a summer employment program. With the success shown, if funding allows we will expand this program. We are also working with one of the large camp providers who will have an employment/volunteer experience for the older children. We are committed to making a strong effort to work with families, educators, OVR, business leaders and the students to enable them to obtain competitive employment before they graduate into the "human services system".

Given our recognition of the multi-systemic nature of issues impacting those who utilize Supportive Employment, and the diverse factors and variables which impact its success, we are planning to facilitate the formation of a Supportive Employment Task Force. In addition to serving as a forum for stakeholders to share perspectives and improve collaboration, it will identify and attempt to redress gaps, inefficiencies and underserved populations, such as those not educationally active who need Supportive Employment.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Supported Employment	127	137
Sheltered Workshop	477	460
Adult Training Facility	240	240
Base Funded Supports	150	150

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Coordination		
Residential (6400)	383	383
Lifesharing (6500)	29	31
PDS/AWC	66	70
PDS/VF	80	87
Family Driven Family Support Services	226	226

c. Homeless Assistance

Lancaster County is now in its fourth year of the ten year plan to end homelessness. As stated in the previous Human Services Block Grant Plan, Coordinated Assessment was proposed. Lancaster County met the goal of having the Request for Proposal distributed by November of 2012. Shortly after the RPF/Q was distributed, a Bidders Conference was held with all interested applicants. The purpose of this was to clarify anything from the proposal content and to answer questions from the bidders. In the weeks following that session, questions were answered electronically and included all bidders.

After due diligence and lengthy deliberation, the proposal was awarded to Tabor Community Services. Tabor Community services coordinated the proposal with cooperation and partnership from the Lancaster Housing Opportunity Partnership (LHOP) and the United Way. At this current time, Tabor is in the process of hiring staff and ramping up for a June implementation.

The model chosen will have two full time assessors and one manager through Tabor. Those staff will be charged with using the Homeless Management Information System (HMIS) as the consumer database. They will be using a standardized assessment form, consisting of nineteen domains. The first several domains will be completed by the coordinated assessors and then will be completed by the program individuals are referred to. United Way's 211 Call Center will be the initial contact point for individuals calling into the system. A pre-screening will be done and, based on that information; referrals will be made to Coordinated Assessment for entry/diversion/prevention services. LHOP will be maintaining a real-time website of all available, affordable housing units within Lancaster County for individuals to access. This coordination is a significant step towards reducing the length of stay in shelter and diverting people from the shelter system altogether. The impact of that will be the ability to free up resources and serve more individuals.

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Coordinated Assessment will be funded with block grant money. Lancaster County used the flexibility of taking 20% from some areas and diverting it into homelessness. In addition, some Homeless Assistance Program (HAP) funds were diverted into Coordinated Assessment.

During the 2012/2013 year, 80% of HAP funds remained with the Community Action Program for rental assistance activity.

Within the Coordinated Assessment program, there will be funds available for diversion/prevention activities. National best practices show that if communities can provide funds for utility bills, day care, groceries, etc., on a short term basis, families/individuals can often be prevented from losing their housing. In addition, there will be rental assistance funds available to also divert/prevent families/individuals from losing their housing or for families/individuals to leave shelter and obtain permanent housing.

Coordinated Assessment will provide an ability to have all current openings at providers monitored which will provide for a much more efficient use of those programs and resources. When reviewing "Point In Time" count information, we have demonstrated that we have more openings in programs than we have people who are in emergency shelter or on the streets. As we implement Coordinated Assessment, we should be able to use those openings quicker and therefore reduce the number of people on the streets or in emergency shelter.

As stated above, Coordinated Assessment will be required to use the Homeless Management Information System (HMIS). We will be tracking individuals who make contact with Coordinated Assessment through basic demographic data as well as some more detailed information around the presenting problem. In time, that data will be used to identify trends and risks for people becoming homeless in Lancaster County. We will also be measuring length of stay in programs, recidivism rates, new individuals/families experiencing homelessness and employment/income changes. Through these data elements, Lancaster County will be able to better target populations most at risk and work to divert them instead of casting a broad net and in turn assisting those that have resources and would not have wound up in the homeless system.

In addition, the Continuum of Care within Lancaster County will be responsible to HUD to report on the following indicators:

- Length of Stay in Shelter
- Number of Shelter Discharges to Permanent Housing
- Length of Stay in Permanent Housing
- Exits to Unknown, Shelter or Don't Know (and keeping that percentage low)
- Increasing Income and Employment

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➤ Recidivism Rate.

Coordinated Assessment would be a part of this monitoring and reporting to HUD.

In Lancaster County, we have seen 1,779 new entries into HMIS, meaning that there are that many new people experiencing homelessness. This number is for the period of July 1, 2012 through April 30, 2013. What is not accounted for in this number are the additional individuals who were at Winter Shelter which ran December 2012 - March 2013. If those individuals were included, the number of new entries would be 2,089. This number has remained consistent as the nation’s economic fatigue has made its grip on Lancaster County tighter. The mission of Coordinated Assessment is to provide the right service at the right time for families/individuals at risk of becoming homeless. We expect to have impact on the number of new people entering the system by utilizing the funds available for coordinated assessment’s diversion/prevention activity.

In addition to funding Coordinated Assessment, HAP and HSS/HSDf funds will be targeted towards supplementing funds for the Community Homeless Outreach Center (CHOC). CHOC is a drop in center for people experiencing homelessness where they can go and get connected to services, get a shower and get out of the elements. CHOC has become a recognized “one stop shop” by individuals experiencing homelessness and we are hoping to have a great impact on getting individuals connected to services and housing through the effort of making CHOC a more robust drop in center.

Lancaster County continues to be a leading community in the nation when it comes to innovation and ability to serve those experiencing homelessness. The Human Services Block Grant has allowed for this to continue. We will be receiving cuts to our federal Housing and Urban Development funds due to sequestration. These cuts make the block grant funds even more critical. Our initiatives for the 2013/2014 year will be continued implementation of Coordinated Assessment and expanding CHOC. If block grant funds are cut, this may not be possible and individuals who already have the trauma of becoming homeless may not receive the services they need.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	0	0
Case Management	131	141
Rental Assistance	600	648
Emergency Shelter	200	216

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Other Housing Supports	2668	2882
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d. Child Welfare:

Multi-systemic Therapy (MST):

MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact at risk youth, their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST is geared towards youth ages 11-17 that are at risk of out of home placement. MST is utilized by Juvenile Probation Office and the Children & Youth Agency as a community based service to prevent out of home placement and strengthen families.

MST has a standard set of outcomes that have been measured and with which the Evidence Based Practice has been proven effective.

These outcomes include:

- Increase the caregivers' parenting skills
- Improve family relation.
- Involve the youth with friends who do not participate in criminal behavior.
- Help the youth obtain better grades or start to develop a vocation.
- Help the adolescent participate in positive activities, such as sports or school clubs
- Create a support network of extended family, neighbors and friends to help the caregivers maintain the changes

MST breaks the cycle of criminal behavior by keeping kids at home, in school and out of trouble.

MST aims to achieve these goals through a treatment that addresses risk factors in an individualized, comprehensive, and integrated fashion; and that empowers families to enhance protective factors. This evidenced based program is based on a successful model and implementation/operation fidelity is imperative. The County's contracted provider, PA Counseling, follows the accepted program model.

The proposed budget for the MST program is \$170,000.

Truancy Initiative:

Chronic truancy is the most reliable early indicator that a child is at high risk for becoming delinquent and becoming involved with juvenile crime. It is imperative to

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intervene early to assist youth in engaging in the school community and learning process for positive outcomes for the youth, family and community.

The Check & Connect Program is an evidenced based truancy intervention/prevention program designed to enhance student's engagement at school and with learning. The model was developed by the University of Minnesota to promote students' engagement with their school, reduce dropout and increase school prevention. The Program consists of the following four components: 1) A Mentor who keeps education salient for students, 2) systematic monitoring, 3) timely and individualized intervention and 4) enhancing home-school communication and home support for learning. The Mentor works with the students and partners with families for a period of two years. During this time, the Mentor is regularly checking on the educational progress of the student, intervening in a timely manner to reestablish and maintain the student's connection to school and learning and enhancing the students' social and academic competencies. Strategies are also used to enhance communication between home and school regarding student's educational progress range from frequent telephone calls to home visits or meetings at a neutral community setting or the school. A critical goal of parent-connected efforts is working with families as partners to increase their active participation in their children's education.

This program is one of 27 dropout prevention interventions reviewed by the U.S. Department of Education to date and the only one found to have positive effects for staying in school. Studies show that Check & Connect is effective for decreasing truancy, decreasing dropout rates, increasing accrual of school credits, increasing school completion, and improving literacy. The Check & Connect program in Lancaster County is delivered in the School District of Lancaster by a community treatment provider.

Expected Outcomes for Check and Connect:

- ✓ 75% of youth involved in the program will increase their attendance by 10%
- ✓ 75% of youth involved in the program will attend their court hearings to address their truancy issues
- ✓ 75% of youth and their families involved in the program will meet all court mandated requirements
- ✓ 75% of youth and their families will be referred to community resources.

Housing Grant:

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This limited special grant is available for families involved with the Children & Youth Agency where housing is identified as a risk factor that impacts the safety and well-being of their children. This grant is utilized to stabilize family living situations, prevent out of home placement and promote timely reunification. Families exhausted other community resources before these funds were utilized.

The Children and Youth Agency utilizes the housing funds to assist families with payment of rent and mortgage costs and fuel assistance. The outcomes from using these funds are as follows:

- ✓ To allow families to maintain stable housing and avoid becoming homeless and needing to live in an area homeless shelter or having the children placed in an out of home placement
- ✓ To allow families to continue to care for their children
- ✓ To allow mothers to afford to leave abusive situations and live independently
- ✓ To allow for a more timely reunification of children in out of home placement. .

Family Group Decision Making:

The Family Group Decision Making program is a joint effort by the Children and Youth Agency, the Office of Juvenile Probation and It Takes A Village, Inc. The program is designed to provide Family Group Decision Making conferences to families involved in the child welfare and juvenile justice systems according to accepted FGDM practices and standards. FGDM is an evidence based practice that has proven to be effective with families involved in the Juvenile Probation and Children and Youth systems.

Family Group Decision Making is a practice that focuses on the strengths of the family and empowers families by allowing them to draw on family experiences, knowledge and resources to create and implement plans that provide for the safety, permanency and well-being of their family. When families are the decision-makers, it allows them to be invested in a plan for positive change and promotes a future of decreased involvement in formal systems.

The family group process is carefully coordinated and provides neutral facilitation to ensure fidelity to the FGDM values. Family members know their families best and their strengths are tools to solve concerns. The FGDM conferences are and will be used to bridge gaps between services and allow families to be accountable for the concerned individual(s).

The proposed budget for the FGDM program is \$260,000.

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Expected Outcomes for FGDM:

- ✓ Families will be able to safely provide for their children without the intervention of the Agency in an expedited fashion when extended families are engaged in the provision of services
- ✓ The length of time for children to be safely reunited with their parents will be shortened
- ✓ Extended informal family members will be utilized to a greater degree to provide the safety and well-being needs of children involved in the child welfare system
- ✓ 95% of children will not experience a substantiated child abuse within six months among those families who successfully participate in FGDM.
- ✓ 75% of children will not experience reentry into the foster care system within six months among those who successfully participate in FGDM
- ✓ 30% of fathers will increase their involvement with their children from no involvement to minimal or moderate involvement at the time of the FGDM conference.
- ✓ 50% of Independent Living youth who have successfully participated in FGDM will be able to identify at least one community connection upon their exit from foster care.

The County of Lancaster will also be using HSS/HSDf funding to support three child welfare related initiatives. The County will be supporting a grant to support an initiative to help children whose parents have been incarcerated and are attempting to maintain their relationship with their parent. For this FY, the HSBG will provide funding to CASA of Lancaster County.

Additionally, a ten percent match will be allotted to the Family Center. The Lancaster based family center provides services to families that may be engaged in child welfare and/or early intervention services. The Family Center Parents as Trainers program has been a successful program for the County.

The proposed budget for the Family Center program is \$57,800.

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Children & Youth	Served in 2012/13	Projected to be served 2013/14	Proposed Budget
MST	103	110	\$170,000
FGDM	63	85	\$260,000
Check & Connect	61	70	\$78,000
Housing	15	30	\$12,500

Children & Youth	Served in 2012/13	Projected to be served 2013/14
MST	103	110
FGDM	63	85
Check & Connect	61	70
Housing	15	30

e. Drug and Alcohol Services

Act 152 funding will be used in conjunction with BHSI and Single County Authority (SCA) base funding, to place clients into substance abuse treatment in a residential setting, as the client applies for Medical Assistance (MA). If the MA is approved, then the Act 152 funding is used for non- hospital residential programs, such as detox, residential rehab, and halfway house treatment, until the HealthChoices coverage begins. This is considered the MA lag period or gap. This lag time may occur from a few days, to a few months, depending upon several factors in the MA application process. Eventually if the MA is not approved, and therefore the client is not MA eligible, then the SCA will utilize BHSI funding and base funding for the placements, since Act 152 can only be utilized for MA eligible clients. Since the client's placement into treatment occurs before the MA application is processed, this lag or gap period can easily drain the limited funding of the Lancaster SCA.

Act 152 is used for any MA eligible client described in the above situation, but it is especially effective in having clients enter D&A residential treatment directly from the County prison. The County Pre-Parole Unit works closely with the Lancaster SCA in

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placing clients into D&A treatment, directly upon discharge from the prison. Medical criteria are evaluated by conducting a D&A assessment and level of care determination, using the PCPC and other evaluation instruments. The MA application is completed in the prison, and submitted to the County Assistance Office on the day the client leaves the prison and enters treatment. If the MA is approved, then Act 152 funding is used for D&A residential placements, until the MA HealthChoices coverage begins. If MA is denied, then the D&A treatment is funded by BHSI and SCA base dollars.

The Lancaster SCA also works with the Re-entry Management Organization (RMO), the Student Assistance Program (SAP), the CASSP Clinic, the Drug Court Team, Mental Health Court Team, the Community Homeless Outreach Center, the Youth Intervention Center, the county prison, the Pre-Parole Unit, and several other organizations, to assist clients in accessing D&A treatment. The results of having clients enter treatment will be fewer people being homeless, a decrease in domestic neglect or abuse cases, including child abuse, and fewer citizens in the County prison.

Since Act 152 can only be utilized for MA eligible clients, the need for this funding fluctuates with how quickly the clients can “flip” onto Medicaid and HealthChoices funding. If the lag time is great, then the need for additional Act 152 funding increases. If the lag period or gap is short, then the demand for Act 152 is decreased. Therefore, the Act 152 funding allocation should be adequate to implement the above plan. If not, the BHSI funding can serve the exact same purpose as the Act 152 funding, but without the MA requirement pediment. Preferably, the Act 152 MA requirement will end, and the funding could simply be used for low income, uninsured clients.

Although the Lancaster D&A Commission will continue to aggressively seek the Medicaid card for eligible clients, it will no longer make this a requirement for the use of Act 152 funding in the Block Grant. This is an obstacle for many clients, who may not have all of the required paperwork to complete the MA application. Since the purpose of the Block Grant is increased flexibility and greater client access, this MA string requirement will be cut in the 2013-14 fiscal year.

The Act 152 funding will still be used for non- hospital D&A residential treatment, as stipulated in the original Act. But all low income clients will be eligible, as identified in the DDAP financial liability process. MA/HealthChoices is the preferred funding stream for all low income clients, since the resources are available to meet the client treatment demand and needs.

The demand for residential services in Lancaster County would support the increase in Act 152 funding by \$200,000, in order to keep the residential placements open for

Lancaster County Human Services Block Grant Plan FY 13-14

another two months. Typically, residential D&A placements are closed in Lancaster for four to six months each year.

BHSI funding is more flexible than Act 152, since it does not require the MA eligibility, and it can also be used for any D&A modality of treatment, not just non hospital residential programs. The purpose and use of the BHSI funding will be the same as Act 152 in this plan, but all treatment modalities will be used. Also, some case management services and recovery support services, such as buprenorphine (Bup) Coordinators for recovering heroin addicts, will be funded with BHSI funding.

A client enters the Lancaster SCA treatment system by connecting with the detox call center, or by scheduling an appointment with a contracted licensed outpatient counselor. The detox or outpatient staff conducts a D&A assessment and level of care, to determine whether the person needs a substance abuse program, and if so, where the client should be placed (detox, rehab, halfway house, partial, outpatient, methadone, etc.)

If the client is low income, uninsured, and ineligible for Medical Assistance, then they are a candidate for D&A BHSI funding for the treatment episode. This includes all of the clients connected to the SCA in the above description of the Act 152 plan. A vast majority of the clients served are involved with the county court system, so addressing the addiction with treatment will decrease the logjam in the courts and county prison, and also address homelessness, unemployment, family dysfunction, and other Lancaster community social needs.

Case managers and Bup coordinators assist both the clients and referral agencies in placing the clients into treatment, and addressing other needs, such as housing, medical, employment, court obligations, mental health needs, etc. A portion of the BHSI funding will be used for these services, along with purchasing Suboxone and methadone medication for recovering heroin addicts.

Since there are no MA strings attached to the BHSI funding, the Lancaster SCA could utilize a much greater BHSI allocation than the amount identified in the block grant plan. Many Lancaster citizens do not have insurance, MA, or family income to pay for D&A treatment. Many of these people are the working poor, struggling to maintain their sobriety and keep their life together. With statistics showing more than 42,000 addicts and alcoholics living in Lancaster County, there is a demand for D&A treatment which far exceeds the limited funding. Therefore, if additional BHSI funding is available, then additional D&A treatment can be provided, and more citizens can begin their clean and sober life in Lancaster County. Additionally, additional HSS/HSDf funds will also be allocated to help pay for rehabilitation costs.

Lancaster County Human Services Block Grant Plan FY 13-14

The Drug & Alcohol Commission will also use HSS/HSDF funds to purchase evidence based prevention and early intervention services for children and early adolescents, who are at great risk for substance abuse addiction and school dropout. These services have been shown to reduce the risk for substance abuse, school dropout, delinquency, teen pregnancy, and other health damaging behaviors.

The Elementary Youth Support Program has received national recognition as an Exemplary Program, and is undergoing research by the University of Pittsburgh. This program provides in school group education using Caring and Sharing groups and Lions Quest groups for high risk children, grades K through 8; early teen and pre-teen pregnancy prevention classes using the Baby Think It Over curriculum; SkillQuest sessions on stress management, anger control, bullying prevention, communication, and dealing with loss; home visits and family linkage to community services; parenting training; and school and community training to educate and advocate for the needs of high risk families.

The Alternative Community Intervention Program provides a unique intergenerational mentoring program, providing the youth with the skills, opportunities, and expectations to change their own environments with the support and guidance from adults. These students take part in developmentally appropriate social skills, and leadership education. Specifically, the program provides a four day per week after school tutoring; mentoring and talent development; leadership training and job skills development for high school youth; a one week overnight summer camp and several six week day camps; service learning projects; parent education sessions; and a higher education scholarship program using private donations.

RECOVERY SUPPORT SERVICES:

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.

The primary populations to be served are adult men and women on Medical Assistance or low income, between the ages of 18 and 75, in all stages of the recovery process. Special emphasis is placed on addressing the needs of individuals who have experienced relapse and have struggled to achieve lasting recovery.

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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. Recovery Specialists assist participants by demonstrating how best to accomplish their goals, through hands on instruction and guidance. Recovery Specialists divide their time between individual and group interactions with the participants.

Each Recovery Specialist must be actively involved in recovery from addiction, with substantial experience in personally overcoming the barriers to recovery, and a minimum of two years in personal recovery. They will complete the Pa Certification Board's training, and become a Certified Recovery Specialist, within one year of being hired.

Along with the above Recovery Specialist services, the recovery support services will also include specialized care management services from Bupe Coordinators, who work with consumers in recovery from opioid addiction, who are using the medication suboxone, as a medicated assisted treatment modality. These Coordinators assist the consumers in creating a recovery plan, refer the clients into additional D&A treatment, educate and work with the certified doctors who prescribe the medication, monitor the client's progress, assist in job searches, and other support services.

f. Human Services and Supports/Human Services Development Fund

For FY 13-14, Lancaster County Human Services Block Grant Plan, the County will continue funding and supporting the Lancaster County Reentry Management Organization (RMO). The RMO is a collaborative of social service organizations, government, academia and faith based organizations. The RMO has been a successful partner to traditional efforts to reduce recidivism.

The RMO serves people at medium to high risk of recidivism to reenter the criminal justice system. Funding would be used to pay direct client case management, life skills or other pertinent services necessary to empower people to make correct choices to avoid incarceration.

Lancaster County will also be funding a full time social worker to work with "super utilizer." This social worker will be implanted into a Care Transition Team at Lancaster General Health. This position will act as a liaison between the healthcare system and the County Human Services Departments within the County. The goal of this initiative is to drive down healthcare costs and to effectively, appropriately and efficiently utilize social services (if necessary).

As noted in the preceding parts of this plan, HSS/HSDF will be used to supplement child welfare, homelessness and drug and alcohol programs in Lancaster County.

Lancaster County Human Services Block Grant Plan FY 13-14

Fiscal Year 2013-2014


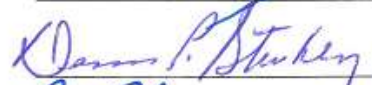

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Lancaster, Pennsylvania

- 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

<i>Signatures</i>	<i>Please Print</i>	
	Scott F. Martin	Date: 7/3/13
	Dennis P. Stuckey	Date: 7/3/13
	Craig E. Lehman	Date: 7/3/13

Lancaster County Human Services Block Grant Plan FY 13-14

APPENDIX B HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0			
Administrator's Office	2		963,900			
Administrative Management	2,530		986,135			
Adult Developmental Training	0		0			
Children's Evidence Based Practices	0		0			
Children's Psychosocial Rehab	0		0			
Community Employment	88		46,658			
Community Residential Services	30		3,446,044			
Community Services	0		0			
Consumer Driven Services	0		0			
Crisis Intervention	3,144		749,449			
Emergency Services	228		45,740			
Facility Based Vocational Rehab	65		169,080			
Family Based Services	0		0			
Family Support Services	350		65,127			
Housing Support	280		562,094			
Other	0		0			
Outpatient	620		688,370			
Partial Hospitalization	35		58,080			
Peer Support	0		0			
Psychiatric Inpatient Hospitalization	0		0			
Psychiatric Rehabilitation	286		664,822			
Social Rehab Services	416		675,849			
Targeted Case Management	1,035		1,522,522			
Transitional and Community Integration	0		0			
TOTAL MH SERVICES	9,109	457,673	10,643,870	0	334,343	0
INTELLECTUAL DISABILITIES SERVICES						
Admin Office	1788 (waiver and Base)		1,001,621			
Case Management	40		74,250			
Community Residential Services	25		805,455			
Community Based Services	892		1,512,437			
Other	143		78,121			
TOTAL ID SERVICES	1,788	153,522	3,471,884	0	109,048	691,953
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	0		0			
Case Management	141		94,271			
Rental Assistance	648		200,053			
Emergency Shelter	216		0			
Other Housing Supports	2,882		55,000			
TOTAL HAP SERVICES	3,887	0	349,324	0	0	0
CHILDREN & YOUTH SERVICES						
Evidence Based Services	201		430,000			
Promising Practice	65		57,800			
Alternatives to Truancy	55		78,000			
Housing	25		12,500			
TOTAL C & Y SERVICES	346	0	578,300	0	2,302	0

Lancaster County Human Services Block Grant Plan FY 13-14

APPENDIX B HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	335		587,535			
Inpatient Hospital	5		9,200			
Partial Hospitalization	0		0			
Outpatient/IOP	523		292,000			
Medication Assisted Therapy	14		18,407			
Recovery Support Services	527		187,005			
Prevention	127		84,000			
TOTAL DRUG AND ALCOHOL SERVICES	1,531	0	1,178,147	0	74,434	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	0		0			
Aging Services	0		0			
Generic Services	0		0			
Specialized Services	25		87,000			
Interagency Coordination	100		50,494			
TOTAL HUMAN SERVICES AND SUPPORTS	125	0	137,494	0		0
COUNTY BLOCK GRANT ADMINISTRATION			205555		0	
GRAND TOTAL	16,786	611,195	16,564,574	0	520,127	691,953

Lancaster County Human Services Block Grant Plan FY 13-14

Appendix "C"

Invoice No. 3067336

PROOF OF PUBLICATION NOTICE IN

State of Pennsylvania }
County of Lancaster } ss:

Penny L. Stauffer of the County and State aforesaid, being duly sworn, deposes and says that the Intelligencer Journal-New Era a daily newspaper of general circulation published at Lancaster, County and State aforesaid, was established 1794-1877 since which date said daily newspaper has been regularly issued in said county, and that a copy of the printed notice or publication is attached hereto exactly the same as was printed and published in the regular editions and issues of said daily newspaper on the following dates:

7TH DAY OF JUNE 2013

Affiant further deposes that she is the Billing Clerk duly authorized by the Lancaster Newspapers, Inc., a corporation, publisher of said Intelligencer Journal-Lancaster New Era-Sunday News a newspaper of general circulation, to verify the foregoing statement under oath, and also declares that affiant is not interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLIC 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 2013-2014 on the following dates:
- Tuesday, June 11, 2013 at 1:00 p.m., Room 102/104, 150 North Queen Street, Lancaster,
- Wednesday, June 19, 2013 at 6:00 p.m., Room 100/101, Public Safety Training Center, 101 Champ Boulevard, Manheim,
- Wednesday, July 3, 2013 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 cate-

gonical funding allocations for Fiscal Year 2013-2014.

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, child welfare special grants 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.

ANDREA McCUE
CHIEF CLERK
COUNTY OF
LANCASTER


(Signature)

COPY OF NOTICE OF PUBLICATION

Sworn and subscribed to before me this
7TH DAY OF JUNE 2013


Notary Public

My commission expires _____ Commonwealth of Pennsylvania

