

Lawrence County



Fiscal Year 2013-2014

County Human Services Plan

Revised 1/27/2014

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Public Hearing Notice

PUBLIC NOTICE

NEW CASTLE NEWS, THURSDAY, NOVEMBER 21, 2013

147-Legals

PUBLIC NOTICE

Notice is hereby given of a public hearing for the Lawrence County Human Services Annual Plan for fiscal year 2013/2014. The public hearing will be held at the Lawrence County Mental Health/Developmental Services Office, Gettings Annex Bldg., 439 Countyline St., New Castle, PA at 10:00 a.m. on Wednesday, November 27, 2013. Any citizen of Lawrence County shall have the opportunity to view, ask questions, and make oral statements concerning the plan at this time. Copies of the Human Services Annual Plan will be available for viewing at the MH/DS Program Office at this time.

Legal: November 21, 2013

PUBLIC NOTICE

THE LEDGER, BEAVER NEWSPAPERS INC., PENNSYLVANIA THURSDAY, NOVEMBER 21, 2013

Public Hearings

PUBLIC NOTICE

Notice is hereby given of a public hearing for the Lawrence County Human Services Annual Plan for fiscal year 2013-2014. The public hearing will be held at the Lawrence County Mental Health/Developmental Services Office, Gettings Annex Bldg., 439 Countyline St., New Castle, PA at 10:00 a.m. on Wednesday, November 27, 2013. Any citizen of Lawrence County shall have the opportunity to view, ask questions, and make oral statements concerning the plan at this time. Copies of the Human Services Annual Plan will be available for viewing at the MH/DS Program Office at this time.

11/21/13

Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN


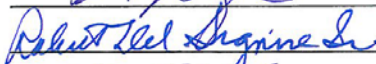

ASSURANCE OF COMPLIANCE

COUNTY OF: LAWRENCE

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the 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>	
	Daniel J. Vogler	Date: 11/27/13
	Robert Del Signore Sr	Date: 11/27/13
	STEVE CRAIG	Date: 11/27/13

Introduction

Lawrence County, Pennsylvania is a relatively small county (approximately 360 square miles) that is bounded to the north by Mercer County, to the east by Butler County, to the south by Beaver County, and to the west by the State of Ohio. The County itself is subdivided into twenty-seven municipalities. The city of New Castle, situated very near the geographical center of the county, is the county seat. Lawrence County is designated a rural county, with 59% of its population living within its urban areas.

Lawrence County's proximity to major cities and transportation routes make it a crossroads to Ohio and points west, Pittsburgh, Erie, and New York City via routes I-80, I-79, and I-76 (the Pennsylvania Turnpike). Despite its prime location, Lawrence County's economy began a gradual, steady decline in the late 1970s, with losses of jobs, population, and tax base. Recovery has been a slow process, and continues today as Lawrence County still finds 19 percent of its total population in poverty.

The following graph displays general demographic data on Lawrence County, PA.

Indicator	Number	Percent
Total Population	90,535	100.0
Median Age	43.6	(x)
Average Household Size	2.44	(x)
Average Family Size	2.99	(x)
Median Household Income	41,664	(x)
Median Family Income	51,406	(x)
Poverty Status (Families)	2,406	9.6
Poverty Status (Individuals)	11,951	13.2
Children Under 5 in Poverty	1,235	24.6

Lawrence County's population has decreased by 5.1% during the past ten years and is currently 90,535 (US Census Bureau 2010). The major population trend impacting Lawrence County is the penetration of individuals and criminal activity originating in Detroit. In the past four months alone, our local newspaper has reported that thirteen (13) Detroit residents have been arrested or are being sought for criminal activity. As much of the criminal activity is drug related, it has created an increase in supply and demand for illegal drugs thus increasing the need for drug and alcohol treatment and recovery support services for our residents.

Lawrence County continues to suffer economically. In comparing demographic data reported in the Pennsylvania Department of Health Profile (Lawrence County Health Profile 2006 and 2012), the number of individuals eligible for Medical Assistance increased from 18.4% to 19.9% during the six year period. For 2012, Lawrence County's population eligible for Medical Assistance was almost 3% higher than the Pennsylvania state average. The percent of the labor force unemployed increased from 5.9% to 8.5% during the same six year period which was slightly higher than the Pennsylvania average.

The County has suffered economically as evident by the following data: (Pennsylvania Department of Health, Health Profile 2012).

- Lawrence County's unemployment rate is 8.5 percent as compared to a state average of 7.7 percent (December 2012)
- Lawrence County's population eligible for Medical Assistance is 19.9 percent as compared to 17.2 percent statewide (December 2012).
- Lawrence County's per capita personal income is \$33,475 vs. \$42,291 statewide (2012).

As indicated above, Lawrence County's economic situation is worse than the statewide average in all categories. Furthermore, Lawrence County's economic situation has become worse when compared to Pennsylvania Department of Health's 2012 Health Profile.

- Lawrence County's unemployment rate increased from 6.3 percent to 8.5 percent.
- Lawrence County's population eligible for Medical Assistance decreased from 20.8 percent to 19.9 percent.

County Planning Team

At the present time, Lawrence County does not operate under a single human services model. In light of this, representatives from our local human services providers have worked diligently for many years to establish professional relationships to best meet the needs of the citizens of Lawrence County. Through hard-work and a dedicated purpose, leaders from all sectors of our human services programs have come together to form numerous committees to best address the needs of our community in a cost-effective, collaborative approach. The following is an example of various leadership committees formed to address on-going County needs.

- **Complex Case Team**

Lawrence County has been able to better serve the youth that are involved with two or more child-serving systems. Those youth that are in two or more child-serving systems and are at-risk for and/or have a history of out of home placement, adjudicated delinquent or dependent or at-risk for such disposition, and have a documented history of noncompliance with any of the child serving systems are identified as our “complex cases”. Meetings are held monthly with members from Mental Health, Developmental Services, Children and Youth, Juvenile Probation, Drug and Alcohol, CASSP, and our Managed Care Organization Liaison.

- **Continuity of Care Team**

Our Continuity of Care Team continues to provide valuable insight and resolution to important issues that Lawrence County faces. The goal of this team is to bring major players of multiple human services entities together to discuss, work together, and find resolution to the issue at hand. Major contributors are Mental Health and Developmental Services, Probation, Single County Authority, Inpatient (Jameson Hospital), Children and Youth, Juvenile Probation, Office on Aging, Patches Place (our consumer operated service center) and our Community Mental Health Center. Participation is not limited and anyone who has a system concern is free to attend and address their issues. Meeting takes place quarterly.

- **Infant Mental Health Task Force**

Team consists of members from: Mental Health and Developmental Services, Children and Youth, CASSP, Children’s Advocacy Center, Early Intervention, and the Community Mental Health Center. It is designed to assist in the development of vital programming to address the increasing issues that affect our young children and families.

- **Criminal Justice Advisory Board**

This Board is made up of nearly all Criminal Justice, Courts, Judges, Commissioners and Human Services representatives in Lawrence County. Agenda items recently discussed include Forensic Housing, Drug Court (established), MISA population, and Forensic Commitments.

- **Child Death/Near Fatality Review Team**

The mission of the Lawrence County Child Death Review Team (CDRT) program is to promote the safety and well-being of children and reduce preventable child fatalities. This is accomplished through timely bi-monthly reviews of child deaths in the county. Information obtained from the reviews is used to determine how future deaths can be prevented.

- **Inpatient Hospital Diversion Team**

This team consists of members of Jameson Hospital (local inpatient psych), Mental Health, Developmental Services, Single County Authority, CMHC, and family members. Developed to ensure proper discharge options from our local inpatient setting ensuring safety of the consumer, community, and proper treatment upon discharge. Any person who is admitted to our local inpatient provider multiple times in a six month period triggers a diversion team meeting.

- **LHOT Team**

Lawrence County Housing Coalition: (Because of the alarming rise in households requiring some type of emergency housing services, (over 600% in 5 years), the creation of a coalition of over 20 local agencies and private citizens has been assembled to look at the causes and service needs of this population. This group has taken the initiative to apply for HUD Super NOFA monies, creating a scattered-site transitional housing program for families with children. It has become imperative that the issues surrounding our housing needs and the effort to meet those needs through both public and private funding be a well-coordinated effort, requiring an individual's time to devote to the continued assessment and program development. A coordinator will be assigned by LCSS to meet the following goals:

- Creation of a needs assessment, with the specific goals of finding the top ten current causes of homeless issues and the populations demographics.
- Creations of a asset assessment of Lawrence County's current available services, including the faith-based services.
- Create a 10-year plan to eradicate homelessness, using the needs assessments and asset assessments mentioned above.
- Plan for continued private and public development of affordable housing stock in Lawrence County.
- Most recent need... determine the extent that Marcellus Shale Drilling will affect our community, including the availability and cost of housing options.

- **Lawrence County Prevention Coalition**

Communities That Care (CTC) is a delinquency and violence prevention planning model that helps the community to mobilize, identify risk and preventive factors and develop a comprehensive prevention plan. Community members include: Mental Health, Developmental Services (ID), Early Intervention, Juvenile Probation, Children and Youth, Office on Aging, Drug and Alcohol (SCA), Local Provider Network, Local Inpatient Representatives, Student Assistance Program, CASSP, and the Children's Advocacy Center. Meetings are held monthly.

In addition to the above mentioned collaborative teams, Lawrence County has also formed a **Block Grant Planning Committee**. This committee consists of members from each sector of our local human services programs that were designated to be altered by the block grant funding model. Regular meetings have been occurring in preparation for the possibility of future block grant funding. The primary

focus of the team has been to continue to grow the collaborative nature of our human service system in a cost effective and efficient manner.

As we move forward as a committee, we realize the need to expand membership to include representatives from other entities directly or indirectly related to our local human service structure such as representatives from our criminal justice departments, CASSP, Office on Aging, and Consumer and Consumers of the valuable services that will be effected should the block grant be extended to include all Pennsylvania Counties.

The intention of this committee is to continue meeting on a monthly basis in order to accomplish the following:

- **Continue planning, researching, and developing necessary approaches to best implement a potential block grant in Lawrence County.**
- **Continue to find and utilize the most effective collaborative approaches to provide services to the residents of Lawrence County.**
- **Creation of the County Human Service Plan.**
- **Elimination of sectors within the County Human Services Program providing duplication of services which is not cost-effective or efficient.**
- **Outreach to involve stakeholders and consumers of services in the planning process.**

Aging

Our program office continues to take part in the County Risk Management Team where gaps and services are discussed quarterly. We continue to operate under a Memorandum of Understanding. This was a pilot project which took place in 2010. The Memorandum has encouraged a much higher level of cooperation and communication between these two local agencies.

Office of Vocational Rehabilitation Services

The Mental Health Program works closely with OVR to identify, discuss, and support consumers with the desire to work. MH staff meets with OVR to discuss procedural needs and to increase knowledge of both systems.

County Probation

Although the Mental Health Program office no longer offers the Forensic Liaison a strong partnership was formed during the time of its existence. The partnership has created an increase in system understanding, communication, and continuity of care for consumers who are involved with the Criminal Justice System. The MH office continues to contract with specialized staff though Human Services Center to enhance this relationship. This staff places priority on this initiative on a part time basis and works to continue to increase awareness and communications between the two systems.

State and County Corrections

As reported last year, the Criminal Justice Advisory Board (CJAB) continues to be an asset to the local community. The MH office has staff designated to participate with the CJAB. The largest success has been the implementation of our local drug court. This development has heightened the awareness of co-occurring MH and D&A issues. While working to assist those individuals to navigate the drug court, an

additional MH component has been added. This addition has greatly impacted the positive outcome of our drug court statistics and has allowed for an improved relationship with the State Correction Facilities. The County MH office works with the SCF, as needed, in order to accommodate the needs of those being discharged back into our community.

The MH system has been positively and strongly impacted by the local stakeholders. Their willingness to meet and discuss the MH system is reflected in the evolution of our current practices. This annual plan is just one way in which stakeholders positively impact the MH system of this county. The following is a list of stakeholders who have taken part in this year's discussions:

- The Human Services Center (Community Mental Health Center)
- Southwest Behavioral Health Management
- Value Behavioral Health
- Value Behavioral Health Quality Management Committee (QMC)
- Value Behavioral Health Oversight Committee
- Lawrence County's Assistance Office
- Patches Place (C/FST, NAMI, and Consumer Support Center)
- Lawrence County CFST
- Allied Transportation
- Allegheny Health Choices, Inc.
- Mayview State Hospital Regional Service Area Planning Committee
- Mayview State Hospital Steering Committee
- Jameson Hospital (local inpatient provider)
- Peer Support and Advocacy Network (PSAN)
- Feedback received from PA Department of Public Welfare, Office of Mental Health and Substance Abuse Services.

Though meetings and discussions with our stakeholders, the MH program office has been enlightened with the desires of our local consumers. The consumers have clearly spoken and the MH office continues to develop services and implement changes in ways that support their feedback and create a more recovery oriented, consumer driven system of care.

The feedback has given light to the fact that needs continue to exist. Their voices have suggested a need for improved housing options, increased transportation, and employment options. The desire is for a maximized level of independence and normalcy.

In addition to the stakeholder input, we have been fortunate to participate in the closure of Mayview State Hospital. This closure afforded us the opportunity to transform our traditional thinking. It has also prompted a wave of new trainings for the professional community leading to the development of additional consumer driven, recovery oriented services on an individualized level.

Lawrence County's Mental Health Program Office feels we have set a solid foundation in developing services that allow for our consumers to be successful in obtaining personal recovery. The following list contains what we perceive to be strengths to build on in our current service system:

- A stakeholder group whom has bought into the principals of the recovery model.
- An active and vocal group of consumers and advocates.

- Relationships and regional service development with the Mayview Region Service Area Plan (MRSAP) group, with whom we worked closely with throughout the closure process.
- A complete continuum of housing and treatment options located within the confines of Lawrence County. Recent development has allowed for considerable growth and a solid foundation of housing options which include: LTSR, CRR, Transitional Living Homes, Enhanced Personal Care Home, and Residential Treatment Facilities for Adults, Five Fair Weather Lodges and numerous independent apartments/subsidized rental.
- A large Community Resource Center focusing on mental health issues, as well as, physical wellness of mental health consumers.
- Numerous employment opportunities for our consumers via Lark Enterprises, Westwood, Fair Weather, Patches Place, and Caritas.
- Diversion Meeting Committee
- Complex Case Meeting Committee/ Coordinated Adult Service Team approach.
- Continuity of Care Committee.
- Strong working relationships within our provider networks, along with our local Office on Aging, Single County Authority, Impatient Provider (Jameson Hospital), Value Behavioral Health, and our Local Assistance Office.

County Planning Team

The County Core Planning Team consisted of representatives from each categorical service. Team members include:

- **Joe Venasco** Administrator of Mental Health and Developmental Services
- **Judy Thompson** Director of the Single County Authority
- **Kathy Presnar** Housing-Lawrence County Social Services (HSDF-HAP)
- **Bill Betz** Director of Children and Youth
- **Paulette Benegasi** Mental Health Specialist-Adult
- **Albert Antonelli** Mental Health Specialist-Children
- **Sue Ascione** Director of Children's Advocacy Center
- **Kristin Johnston** Developmental Services Specialist
- **John Carran** County Fiscal Officer

The core planning team reports directly to the **Lawrence County Commissioners** and **Chief Clerk**. They have been invaluable in providing direction to our local team.

In order to receive sufficient consumer and stakeholder input to the development of this plan, draft copies of this plan will be on display at the following locations:

- Mental Health and Developmental Services Program Office
- Lawrence County Social Services
- Lawrence County Drug and Alcohol Commission
- The Human Services Center (CMHC)
- Patches Place (Consumer recovery and resource center)
- Children and Youth

These locations provide a high concentration of stakeholder involvement as well as consumer involvement. Stakeholders and Consumers are encouraged to submit feedback prior to the public hearing.

Needs Assessment

The data that has been reported by HealthChoices reflects the average length of stay on an inpatient unit peaks at approximately 8 days for those with an SMI diagnosis. However, the overall length of stay on an inpatient unit is reflected in a linear line which is quite consistent with an average of 5 days on the inpatient unit. This is consistent with prior data from November 2012. The readmission rates reflect a distinct decrease from the data reported in past years. The data shows that in 2012 the readmission rate was almost 19%. The most recent data from November of 2013 drastically drops to a 10% readmission rate. This can be attributed to the efforts of the Continuity of Care planning team. This group continues to meet as needed and specific information is included below.

Our forensic population continues to have identified needs attached. We currently address this need through our forensic liaison position at Human Services Center. This person has contact with the jail, probation, district justices, local court system and police departments. The data from this year shows an increase in jail population and unmet needs. At this time, 45% of our inmates in our local jail have some prior services with our Community Mental Health Center. Additionally, 48% of the inmates receive one or more psychotropic medications. These statistics define a continued need for continuity of MH treatment upon release. A new survey is being completed in order to assess the perceived MH need and the lack of accessibility for those being released from jail. Again, the specific information and expanded explanation of the forensic liaison is described below.

The older population represents 18% of county's total population and 15% of them have been served in the MH system during this past year. However, this group also represents a larger portion of our readmission rates. In order to address this, our office now participates in the local meetings with state representatives and the Area Office on Aging (AAA). This group identifies system failures and unmet needs. To date, it has been noted that 38% of the identified older adults who access support from AAA are also seeking MH support in this community. In order to meet these needs, this group as well as several others listed below will continue to meet and address statistics and unmet needs of the older population.

The following is an example of various leadership committees formed to address on-going County needs. Through each of these groups, Lawrence County has been able to collect and review statistics which has been the data that drives our current endeavors for addressing the unmet needs of our consumers.

Although Lawrence County continues to receive its funding in the traditional categorical method for fiscal year 2013-2014, our system remains dedicated to promoting and making positive strides in the development of our inter-system collaboration. The Lawrence County planning team which was previously described reviews data from various sources. We are fortunate to have many collaborative teams which meet regularly and represent the voice of consumers' unmet needs in this county system. Our CMHC currently has contact with approximately 7,500 individuals each year. As such, it is reported that housing and financial assistance for medication are unmet needs of this population. Additional reports from our managed care organization, Value Behavioral Health, are also reviewed regularly which identifies many of our system's strengths and weaknesses. In this county, 90% of those individual who utilize MH services are accurately enrolled in the MCO. The feedback from Value Behavioral Health has been extremely important in the planning process. Our local inpatient unit is also very helpful in providing us with admission and readmission statistics. By working closely with the MCO and the local inpatient unit we have been able to accurately track the monthly trends for admissions, length of stay and readmissions.

Each categorical funding program has detailed specific needs within their individual summary. Below is a list of needs that our planning team has identified as being critical in continuing the development of our human services system, as well as fulfilling our obligation as a team in developing and over-seeing programs which best meet the needs of our community and its citizens:

- **Additional opportunities for the forensic population.**
- **All-inclusive MISA Programming within County borders.**
- **Continued growth in Drug and Alcohol Services and available options.**
- **Additional Housing and Shelter resources for the general population as well as, the dual diagnosis, co-occurring, and forensic populations.**
- **More Family Support Services, to decrease out of home placements of youth.**

Although our county takes pride in the innovative and progressive system that is currently available, we have listened to the desires of those who actively utilize these services. Lawrence County's MH program realizes that strong stakeholder concerns reflect a current need. We have heard several needs identified. We continue to respond and ultimately utilize this plan to assist in identifying the most appropriate changes. With careful consideration, training and support we are able to move forward and increase the efficiency of the current MH system. The following is a summary of what we feel represents our highest priority for system changes or deficits:

Specialized Rental Assistance for Older Adults and Transition Age Youth

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

MISA Programming

Despite the efforts between the Single County Authority and the MH program office, a need continues to exist for a MISA program. The one resource that is lacking is a designated single place or program for accessing dual treatment. To date, programs with Jameson Behavioral Health have assisted in the development of a diversion team and reduction of inpatient readmissions. The addition of the drug court and a MH presence has increased the positive outcomes for individuals with a dual need. However a true MISA program fails to exist.

To address the need for additional drug and alcohol outpatient services, the Single County Authority in conjunction with Value Behavioral Health, issued Requests for Proposals (RFP). During the 2012/2013 fiscal year, two new providers received outpatient licenses through the Pennsylvania Department of Drug and Alcohol Programs. During the 2013/2014 fiscal year, both providers secured PROMISE numbers for drug and alcohol outpatient services and are now able to serve Health Choice-eligible individuals. As one of these providers, Community Alternatives was already licensed as a Mental Health outpatient provider, it now has the ability to treat both the mental health and drug and alcohol needs of MISA clients.

In coordinating care for the MISA client, the Lawrence County SCA Case Management Unit will also conduct assessments onsite at the local Behavioral Health Unit. Drug and Alcohol Certified Recovery Specialists also meet with MISA clients at the Behavioral Health Unit to engage them in drug and alcohol and recovery support services.

The Lawrence County Drug Court was implemented in March 2012. To better identify and address the needs of the MISA participant, a Mental Health professional was added to the team during the 2012/2013 fiscal year.

Transitional Living Homes for Veterans and Forensic populations

Our first transitional living home was opened 4 years ago. This housing option offers a common living area and private sleeping and bathing areas to three individual with a mental health diagnosis. The house has staff for nine hours per day who provide minimal supervision for individual who need assistance. Often times it is utilized by individuals as they are discharged and stepping down from a higher level of care such a psychiatric inpatient stay or an LTSR. As the name states, this housing option offers “transitional” living arraignment to provider a buffer prior to returning to a more independent setting.

Feedback has exposed a need for a similar option to be offered to our local Veterans who suffer from mental health issues. Recent statistics show that 30% of returning military veterans encounter mental health issues and have limited resources for seeking appropriate housing options. We would like to enhance the options for this population by offering a specialized transitional housing unit.

Even more alarming is the continued need for the creation of appropriate housing for those people who are discharged from jail and have a mental health diagnosis. Many providers shy away from such individuals based upon the perceived difficulty that may arise. Locally, we encounter a large number of individuals being discharged to the city rescue mission. In order to decrease some of the most prevalent issues, we feel compelled to move forward with attempting to meet the housing need for such people. We understand that this is only one piece of the puzzle, but we feel strongly that this could have a dramatic impact on this population. Such an option would include 24 hour staffing in order to meet the needs of the individual and secure the safety of all community members.

Re-entry Programming

Once again, we note mentally ill consumers who have a history of incarceration often have difficulty with reintegration. Much of the time it can be contributed to the lack of skills that would enhance their ability to succeed in a community. In order to achieve this level of support for our consumers we envision an enhanced skill building program. This program would be tailored to meet the very specific needs of each consumer. This program would be contracted to a local provider with oversight from this office.

To address the drug and alcohol needs of the incarcerated population, Drug and Alcohol Certified Recovery Specialists meet with individuals prior to their release. The purpose is to engage individuals into needed drug and alcohol and recovery support services.

Assertive Community Treatment

With the closing of Mayview State hospital several changes to the system occurred. These changes created a system that mirrored that of the ACT, however not all of the components have come into existence. While planning to meet the needs of our local SMI, we would like to move forward with creating a pure ACT team. Having a pure ACT team would give our SMI population a more stream lined service navigation. A single point of accountability will assist in making the continuity of treatment flow more smoothly. Currently, we use a complex case/CAST methodology which has worked thus far. With the addition of a more pure ACT team, we anticipate a steep reduction in inpatient readmissions.

Diversion Liaison

Recently, the Criminal Justice Advisory Board (CJAB) held community-wide cross-mapping sessions. One key area identified was pre-trial programming. A CJAB committee has been established to research and determine the feasibility of implementation of a pre-trial diversion program. Both the MH/DS and the SCA recognize the benefits of pre-trial programming serve on the CJAB Pre-Trial Committee and are committed to its implementation. MH/DS and the SCA have already discussed potential funding sources for behavioral health services should the pre-trial program be implemented.

Recovery-Oriented Systems Transformation

Although Lawrence County feels that we have continued to make significant progress in transforming our MH system, there are still some areas in which resources and funds to be directed in order to address the unmet needs and gaps in services that exist.

MISA PROGRAM

- A stand-alone program that will adequately serve the co-occurring population. This will represent a single point of access or entry in order stream line the process and eliminate confusion for consumers.
- An RFP was sent out by the SCA and several new providers now have an outpatient license through the Pennsylvania Department of Drug and Alcohol Programs. The time line for this should not exceed 6 months for full implementation.
- Funding has been secured via HealthChoices managed care organization.
- Anonymous client specific data will be collected and reviewed quarterly. The SCA staff and MH/DS staff will work closely to interpret this information.

TRANSITIONAL LIVING FOR VETERANS AND FORENSIC POPULATION

- This would be a partial day staffed home. Individuals would come to this housing option upon discharge from a higher level of care. As the name states, it would be transitional in nature and teach skills for independence in a community setting.
- Preliminary discussions with Human Services Center have occurred. Nothing formal has been solidified. Once funding could be secured, this type of housing could become a valuable option within 3-6 months.

- Seeking grants for funding options and discussions with our current rental subsidy program for guidance.
- Monthly review of data and annual financial calculations for sustainability

Assertive Community Treatment

- A single point of accountability for the consumer where the treatment navigation will flow more smoothly. It will look much like our current CAST mechanism for the adult population
- Meetings and discussions have occurred however we currently function under the CAST model as this has proven to be effective. Given the similarity of what our county already provides, a transition to this type of service is anticipated to take only 3-6 months once funds can be secured.
- By decreasing utilization of other services and decreasing costs, Lawrence County expects to use any excess dollars for the startup of this team.
- Analysis of monthly inpatient reports and readmission rates will be the main tracking mechanism

Diversion Liaison

- These activities would occur as part of a pretrial program. This would assist with treatment access and compliance as well as continuity between service systems. The diversion liaison would work with all members of the treatment team and represent a single point of contact for all service providers.
- Some research and studies have been completed by the CJAB group. They are seeking data to support the efficacy of this type of position. This program/position's creation and implementation is expected to require no less than 12 months.
- Consideration of pretrial activities, case review, and successful program completion would be monitored and reviewed quarterly.

Mental Health

The Lawrence County MH/DS office and the local stakeholders, consumers groups and advocates have historically worked in tandem to create a vision and mission statement that accurately reflects the individuals of this county. Our vision has remained constant with updates provided from feedback from our annual mental health plan, as well as input from stakeholders.

The statements are driven by the strong desire to continue and enhance a mental health system of care that is centered upon the principles of consumer recovery. Our local priorities are to continue to meet the needs of this county's seriously mentally ill population. In so doing we envision a comprehensive system of care that is consumer driven, individualized, and easily navigated by consumers.

Our county mental health system is progressive and efficient, thus offering our local consumers the best opportunity for a successful and permanent recovery. Our stakeholders have been on the front lines of this success. They understand that continuity of care, family/consumer involvement, and individualized treatment are vital for the success of our local mental health system.

Vision

Our vision is for the transition age youth, adults, and older adults we serve to be empowered, have control of their lives, to have a sense of hope and self-determination, to live and work independently, and to have opportunities which strengthen their individual recovery process. This vision is supported by beliefs that:

- Every consumer is a person first
- Each person is an individual
- There should not be a "one size fits all" approach to services and supports
- Every person has different needs, goals, and preferences which are vital to their recovery
- Lawrence County embraces the philosophy and development of a recovery oriented system
- Lawrence County is committed to providing quality mental health services to all adult populations (transition age youth, adults, and older adults)

Mission

Our mission is to improve the quality of life for the transition age youth, adults, and older adults with mental illness that we serve with effective treatment and support services, We have to enable them to live full and productive lives in their community.

In order to achieve such a progressive system, the Lawrence County Mental Health Program is committed to the following purposes.

1. Continuing a valuable relationship with the administration of the local Aging Program.
2. Continuing to work with our local Medical Assistance Office.
3. Continuing to build our relationship with the Local Housing and Urban Development programs.
4. Continue to work closely with Lawrence County Social Services for program and housing development.
5. Continue to work closely with our Community Mental Health Center in refining and supporting current programs, as well as developing future programs to enhance our service system.
6. Continue working with our local inpatient provider.

7. Continue to work closely with our local NAMI, Consumer Satisfaction Team, and Consumer Support Center to ensure consumer involvement.
8. Continue working closely with our Single County Authority to find effective strategies to providing appropriate supports for our ever growing co-occurring population.

In order to continue to provide innovative and effective mental health services, we understand that numerous hours and extreme cooperation must remain our focus. Lawrence County has committed to this work effort by reviewing and adhering to feedback, being flexible, and openly reviewing each programs efficacy. Our county has been able to ensure a recovery oriented system through this strong commitment to the vision mission, as well as our extensive and elaborate relationships with our local stakeholders.

Behavioral Health Services Initiative Funds

Lawrence County Mental Health currently is allocated \$184,542 in BHSI funding. Our desire is to assist each consumer with stabilization, integration, and recovery. We manage our dollars with this concept in mind. Each service that is developed is a reflection of our current mission, vision, and stakeholder feedback. We want to nurture the personal growth and independence for each consumer by giving them opportunities to live normal and successful lives wherever they choose. During the past several years these funds have accounted for the successful maintenance and/or enhancement of the following programs:

Community and Forensic Liaison Positions

For several years, our county has contracted and utilized the forensic and community liaison positions. The need was based on the closure of Mayview State hospital. This initiative has been successfully complete and we no longer utilize two separate liaison functions. Due to the successful reintegration and closure, the county felt confident that these duties could be combined under one service definition. We have continued to successfully meet the needs of those inpatient individuals as well as the incarcerated individuals through the utilization of one combined Community Liaison.

Transitional Living Housing

This program came into existence as part of our innovative services during the Mayview closure initiative. It has been widely successful in meeting the housing needs of specific individuals. We have had notable success with reintegration as well as meaningful living for individuals who have opted into this type of housing. While living in the transitional House, individuals can prepare for the next step of a more independent arraignment. The home maintains staff for 9 hours per day to address any mental health needs or other incidentals that may arise. As stated previously, this housing option is currently limited to three individuals. They live in a home with private sleeping, toileting and bathing facilities and a common living area. This setup works as a peer support mechanism, as well companionship and lessons in cooperation.

Intellectual Disability

Our county's Mental Health and Developmental Services programs have been fully integrated for the longevity of the mental health programs. However, in most recent years, we have been able to operate in an improved capacity. The DS program now incorporates the dually diagnosed needs into a quality management tool. In order to meet the individual needs, the MH and DS staff meets regularly to discuss options for facilitating independence, success, and normalcy. During this past year, we have successfully managed two specific dual diagnosis cases. In both instances, the individuals presented as difficult at best. Through commitment, hard work, open minds, and exceptional cooperation this county successfully found housing and supports to meet the needs of these people.

LCDS works collaboratively with individual treatment teams through the evaluation and approval of needs in Individual Support Plans (ISPs). All individuals registered for services with LCDS have active, updated ISPs, as regulated in the Operating Agreement with ODP. Plans are reviewed at a minimum annually and as needed to confirm assessed needs are addressed; outcomes related to the plan are individualized and implemented, according to individualized needs and preferences.

LCDS also works with ODP and Support Coordination Organizations (SCOs) to identify persons through an ODP process, Prioritization of Urgency of Need of Services (PUNS) to identify all service need areas including those who may be interested in Life sharing and competitive employment opportunities. All individuals registered for services with LCDS have active PUNs unless all service needs are fully met.

Lifesharing and Employment Options

The Lawrence County Developmental Disabilities (LCDS) office maintains an Operating Agreement with the DWP Office of Developmental Services (ODP) to perform operational and administrative functions delegated by ODP. Administrative management of the expectations with the Operating Agreement includes assurance of quality, which is accomplished via our annual internal Quality Management Plan. This plan incorporates all stakeholders. Lawrence County's 2013-2014 AE Quality Management Plan includes action plan/goals/objectives that reflect ODP's focus areas which include increasing capacity and opportunities for Employment and Life Sharing. LCDS implements a Plan-Do-Check-Act methodology within the Quality Improvement Plan, which includes establishing objectives and performing quarterly reviews of activities and performance measures.

LCDS is committed to providing supports for residential services, including the service option of Life Sharing. Life sharing is an opportunity to share a home with family or person to whom the individual is not related. LCDS has increased Life Sharing participants over the years since the implementation of the service option by ODP. In fiscal year 2012-2013, LCDS supported 5 individuals who have chosen Life Sharing as a residential option with two service providers. Efforts to expand the number of participants and providers continue with the following efforts:

- LCDS has a Life Sharing Point Person who attends ODP Regional meetings and trainings.
- Encouraging providers to consider making current Life Sharing vacancies eligible for respite as a means of developing future potential Life sharing placements. This would assist in the needs assessment and the formation of bonds between potential participants and providers.
- Distribution of information at intake

- Distribution of information to SCOs, including Life sharing Fact Sheets, utilizing the Life Sharing Indicator on the ISPs and discussion points for offering choice.

LCSD offers community employment options under Supported Employment and additional support of Habilitation services to promote successful employment. LCDS continues to promote the expansion of employment with the following efforts:

- Strengthening community partnerships to identify future participants with participation of the Local Transition Counsel that consists of area school districts special education staff, IU4 transition staff, OVR, West Central Job Partnership and parents.
- Development and implementation of trainings for future participants, families and professionals with an annual Tool Box Training Series.
- Participation of the local Right to Education Task Force.
- Needs based assessment/planning for ODP Graduates Initiative, which expanded community employment needs by 11 participants in the current fiscal year 2013-2014.
- Distribution of information at intake.
- Distribution of information to SCOs including trainings and the Employment Indicator on the ISPs.
- Maintaining productive relationships with community providers for expansion for choice.

Drug and Alcohol

Lawrence County's Single County Authority (SCA) and Mental Health Program Office have been working together in a recent project to enhance our Inpatient Diversion and Treatment meetings. This is an attempt to curve our readmissions to the local inpatient unit. Lawrence County MH/DS has maintained a strong collaborative partnership with our SCA since the inception of the Health Choices Program in 1999.

The need for drug and alcohol services continues to increase in Lawrence County. The penetration of drug activity originating in Detroit has contributed to the increase in supply and demand of illegal drugs. Heroin and other opiates continue to be problematic. During the 2011/2012 fiscal year, individuals assessed by the SCA reporting heroin as their primary drug of choice tripled from the previous fiscal year. It must also be noted that many individuals bypass the SCA Case Management Unit and go directly to methadone clinics or Suboxone® prescribing physicians for their opiate addiction utilizing HealthChoices funding or through self-pay. During fiscal year 2012/2013, 556 Lawrence County residents received methadone services funded through HealthChoices.

To address the need for additional drug and alcohol outpatient services, the Single County Authority in conjunction with Value Behavioral Health, issued Requests for Proposals (RFP). During the 2012/2013 fiscal year, two new providers received outpatient licenses through the Pennsylvania Department of Drug and Alcohol Programs. During the 2013/2014 fiscal year, both providers secured PROMISE numbers for drug and alcohol outpatient services and are now able to serve HealthChoices-eligible individuals. As one of these providers was already licensed as a Mental Health outpatient provider, it now has the ability to treat both the mental health and drug and alcohol needs of MISA clients

Homeless Assistance

On any given night in Lawrence County, forty (40) homeless and near homeless families are wondering where they will sleep the next day. These families face an uphill battle in locating and affording safe, decent housing. Not only are the numbers of rental properties limited in Lawrence County, but economic downturn has resulted in a lack of employment opportunities that pay a livable wage. As such, these families often find themselves in a cyclical pattern of staying with family, friends, and shelters until their time runs out, being evicted, and finding another temporary refuge at another family, friend, or shelter. Although this application will serve any eligible household, Lawrence County has chosen to give priority to homeless households with children as these households require many services, a greater income to support a larger home, and limited shelter resources are available to this population.

Unfortunately, Lawrence County only provides 82 emergency shelter beds for homeless individuals at any point in time. Of those 82 beds, 31 are designated exclusively for victims of domestic violence and another 28 are designated solely for men. The sole family shelter in Lawrence County (for the general public) can hold up to 6 families at any point in time. Because of the shortage of beds, these near homeless individuals often do not have the opportunity to stay at local shelters and find themselves “hidden” from their communities.

Added to the immediate need of our homeless families, Lawrence County has been averaging 800+ households per year who find themselves in some type of housing emergency due to illness, lack of income, etc. These households, while not on the street at the time of arrival, are often within days of eviction and require extensive immediate assistance in resolving the issues surrounding their housing crisis.

All of these families are on the verge of a major crisis as they are at risk of : 1) Having their children removed from them and put into protective services 2) Potential income loss (as they will lose any Department of Welfare Benefits and/or Social Security Benefits they receive for their children if their children are placed elsewhere 3) Being forced to move into a shelter (provided there is space), or living in the their cars or abandoned barns/buildings/mobile homes.

Lawrence County housing providers have chosen to work together as a unit to address the various causes and issues surrounding these families. This group, the Lawrence County Housing Coalition has been working since 1995 to address the causes and issues surrounding low income housing in our community, having been instrumental in creating and obtaining funding for over 8 housing programs, including permanent, transitional, shelter and services in our community with more to come.

Through Lawrence County Social Services (LCSS), local homeless and near homeless households are provided a variety of services. Currently, LCSS provides the county's homeless individuals and families with intake, outreach, assessment and rental assistance subsidies through funding provided by the Homeless Assistance Program, Community Services Block Grant, Human Services Development Fund, and FEMA funds. LCSS also administers several McKinney-Vento programs including: a supportive services only program, a transitional housing program for families with children, and four permanent housing programs for chronically homeless individuals. Unfortunately, despite the introduction of these programs to the area, the numbers of homeless within Lawrence County continue to rise (Point In Time Count, Diana T. Myers & Associates). Since 2010, Lawrence County's homeless numbers have increased 25%.

Through its varied housing services, LCSS helps to ensure: 1) homelessness can be avoided through a variety of prevention services assisting clients to maintain affordable housing; 2) people who are homeless can find refuge and care; and 3) homeless and near homeless clients are assisted in moving toward self-sufficiency.

Lawrence County Mental Health continues to partner with Lawrence county social services (LCSS) to accommodate some of the identified housing needs for our consumers. Together we have successfully created and operate a unique Rental Subsidy Bridge Housing program. As partners, we also work with LCSS and other community resources to identify and create housing options through our active and zealous L.H.O.T

Children and Youth

While placements continue to be at a higher level than is desired the steps to counteract this rate have begun to take place. The state budget approved for Lawrence Co CYC included six new caseworker positions, a deputy director and an additional fiscal technician. The County Commissioners and the County Controller have approved these positions and they are awaiting a final vote at Salary Board. These positions will include an intake screener I and an intake screening II which will contribute to a decrease in referrals to our agency. Other positions will be added to the intake department so that a significant improvement may be made to the quality of initial assessments made at time of referral. All supervisors and staff make a priority of helping families identify family members or significant others who could be a resource as an alternative to placement. In addition an emphasis has been made to staff and supervisors to make use of the Accurint Search Engine to find appropriate family members for children in a time saving fashion. Lawrence County continues to have monthly case reviews as a component of the NGA Program. The use of Time Limited Family Reunification and Family Reintegration has been increased significantly among the caseworker staff. These programs have helped in the return of children in a short period of time to their families. CYC also continues to benefit from two proactive programs that were grant funded apart from the Needs Based Budget. These programs were Parents as Teachers, Nurse Family Partnership and Early Head Start. FGDM has been utilized successfully by CYC for three years and JPO also is utilizing this service during 2012-2013 and will continue using this service in 2013-2014. Overall, both CYC and JPO have benefited from the Evidence Based Programs and Promising Practices that have been implemented during the previous three fiscal years. CYC finalized 28 adoptions in the past fiscal year of which 25 were subsidized. Nineteen of the children were between the ages of one to five years. Six of the children were between the ages of six to ten years and three of the children were above the age of ten. Our agency now has two paralegal positions which has improved greatly our attention to court proceedings. In addition there is an additional third position approved and that will be filled when there is a new CYC solicitor. CYC can operate more efficiently when operating fully staffed.

Success can also be measured in the increase of communication between CYC, other county agencies and the community. Productive planning has been the result of Complex Case meetings between Mental Health, CYC and JPO. CYC has benefited from a Diversion and Acute Stabilization program for youth with immediate mental health issues and has referred and received services for a record number of RTF placements. Special programs have been developed to meet the needs of youth with significant mental health issues. A limited number of families have benefited from rent subsidies through Mental Health. Caseworkers have requested assistance from both community agencies and faith based organizations for help in paying for utilities, rent, food, diapers and furniture. The Lawrence County Advisory Board again wrote a grant to help purchase clothing for at-risk children and provide Christmas presents to 50-60 youth.

Identifying **challenges** during 2013-2014 would continue to include the major one of drug use and abuse. This was a serious challenge identified by CYS staff and service providers. CYS conducted 181 random drug tests this past year of which 97 were positive. In addition 39 of the positive drug tests were positive for multiple drugs. Unfortunately there has been an increase of heroin usage in our community in various ways; pregnant women who are exposing their fetuses to this drug, parents impaired by its use and unable to properly supervise children and children residing in homes which are being used for the dealing of heroin and who are exposed to drug in large amounts. In addition there is increasing incidence of caretakers, both parents and others, operating vehicles while incredibly impaired, with children in the car. Drugs in Lawrence County continue to come from Detroit, Buffalo, Youngstown and Mississippi. Juvenile Probation is observing more violent hardcore activity related to the activity associated with drugs, e.g. possession of stolen weapons and random shootings. While the Lawrence County District Attorney's office has been successful in stepping up the fight on illegal drugs, the end result is more children in placement services. The District Attorney has continued to expand his staff of narcotics officers and to aggressively combat the drug epidemic. In reviewing the drug issues within Lawrence County, the District Attorney has advised us that the situation will become increasingly worse before any improvement is seen. The District Attorney's Office conducted 35 drug raids in the past year. As a matter of protocol our caseworkers are called when these raids are conducted to assess the safety of the children involved and make arrangements for them when their parent/caretakers are arrested. The drug raids characteristically take place in the early morning hours. When our agency is contacted because of children being in these dangerous situations this necessitates an obvious prompt use of manpower. When multiple children who are typically preschool age are brought to the office they must be comforted, fed, cleaned up and supervised. This usually means that more caseworkers and clerical staff become involved. Our agency has made great efforts to find safe and appropriate family placements for these children. The LSI staff becomes immediately involved in this family finding. In addition to the initial needs that these calls precipitate they obviously result in more ongoing cases for our agency. The reunification services that we collaborate with have noted a marked increase in the amount of time required for a successful family reunification. A period of six months was typical in the past for their work but this has extended to one year. Simultaneously the agency caseworkers have noted that the drug and alcohol services in our county are overtaxed and there are usually waiting periods of six weeks for rehabilitation to commence. Therefore even with the best intentions many of the individuals remain caught in a vicious cycle of abuse and subsequent neglect of their children.

More children are presenting with serious mental health issues. Because CYS is attempting to maintain the family unit, in-home services have been referred initially. The level of dysfunction has impacted outcomes for our most intensive interventions.

During the past fiscal year our agency received 683 referrals to be investigated. As a consequence this necessitated a cursory assessment of families rather than a thorough thoughtful investigation.

The addition of new staff in the form of caseworkers, a deputy director and fiscal technician will bring much needed relief in terms of manpower. However the addition of more intake workers will necessitate the opening of more protective services cases. The advent of Concurrent Planning will bring even more manpower challenges as staff struggle to provide quality visitation to families and conduct full disclosure interviews with parents. An additional need identified is for a Contract Monitor to ensure the proper delivery of services to our families.

Due to the economic climate and rampant drug activity, it will continue to prove challenging to maintain or decrease the number of entries and/or days of care for traditional foster care or group homes.

Major **priorities** for 2013-2014 include the following:

- Sustainability of the reduced number of days of care for traditional foster care and dependent community residential. CYS will continue the monthly case reviews including representation from OCYF, MH/DS, JPO, LSI representatives and private service providers.
- Enhance building security. Currently no security is present. A reconfiguration of the entrance and lobby area will provide added security. It is also recommended by our Insurance carrier to have security cameras installed inside and outside of the offices.

- Implement staff restructuring/additions as outlined from GAPS Analysis. The full implementation will occur in two separate phases. Phase one will take place at the end of calendar year 2013. A request for 7 additional caseworkers was made through the revised implementation budget for fiscal year 2013-2014. These changes will result in the proper alignment of the caseworker to case ratio as noted by OCYF Regional Office. In addition we will utilize the F.T.E Title IV-E position for the purpose of file reviews, court documentation and scheduling. However phase two will entail the addition of five ongoing caseworkers and a supervisor position so that proper attention may be given to the concurrent planning practices as outlined by OCYF. These areas will include increased visitation, often occurring outside the traditional office setting, full disclosure interviews, assertive family finding and engagement and increased recruitment of resource families who are willing to engage with biological parents. A Contract Monitor and three case aides will be requested.
- Continue the transition to the CAPS system which was done during the previous year and has led to an increased improvement in the documentation by caseworkers and increased scrutiny by the supervisors. However this system also involves significant amounts of caseworker time in maintaining timely documentation.
- CYS was granted a third paralegal for the coming fiscal year and will be hired when a new CYS solicitor is hired.

Base Funded Services for MH

Administrator's Office- Estimated Clients _____ Planned Expenditures \$154,413

Administrative Management- Estimated Clients 4600Planned Expenditures \$648,978

Our intake process is completed by a county representative who is placed at our local Community Mental Health Center, Human Services Center. The operation is either walk-in or by appointments as necessary. This process assists in identifying the strengths and needs of individuals who are presenting at Human Services Center's Intake department.

Community Employment- Estimated Clients 32 Planned Expenditures \$115,972

Lawrence County MH/DS contracts with Lark to complete such programs as Transitional services serving 8 clients, and Employment Services serving 23 individuals. In these programs individuals acquire skills that will enhance their employability. The mobile janitorial service is used to train individuals for full time employment. These programs operate under the yearly contracted amounts and create opportunities for individuals with a SMI to acquire the necessary skills to secure meaningful community employment.

Community Residential Services- Estimated Clients 105 Planned Expenditures \$1,514,478

The Human Services Center provides a broad array of housing options for individuals with mental health difficulties. These options range from independent, individual apartment living through fully supervised group living sites in both urban rural settings. While the goal of housing options is to stabilize and aid individuals in their journey to live independently, it is recognized that for some individuals, long-term care is a necessity. HSC's programming further recognizes the importance of a fulfilling work experience in the lives of those who reside in the housing programs. It can be a fundamental part of their recovery process. Thus HSC's vocational programming is a significant part of the programs provided.

Community Services- Estimated Clients 4600 Planned Expenditures \$766,189

Respite- Respite can be provided by a family member, a friend, a neighbor, a person from your faith community congregation, etc. Lawrence County MH/DS has contracted with the local agency Cray Youth and Family Services to provide this level of care for our county. The majority of families recognize the benefits of using respite services for the family and for the child with special needs. It is easy to become overwhelmed with the care needs of a child with a disability or chronic illness. Respite, as the word implies, is truly an interval of rest. The important purposes of respite are to give family members temporary relief of the stress they may experience while providing care for a family member and/or friend with a disability. This can also help prevent abuse and neglect, while supporting family unity. Respite care enables families to take vacations or just a few hours of time off.

Transitional Aftercare- Transitional Aftercare Program (TAP) is a parent/guardian's link to the follow-up services their child may need after being released from an inpatient or partial hospitalization setting. Parents/Guardians are informed of treatment options and other services available in this area. A TAP Counselor can provide short-term, supportive counseling to the child/adolescent, if necessary, until their scheduled appointment. This service can be utilized for children who are being discharged from an inpatient psychiatric stay or partial hospitalization program. Also, if a child was assessed but not admitted to an inpatient program then the TAP can be utilized for continuity of care.

Lawrence County Client Satisfaction- Team works in collaboration with the local providers to ensure compliance and satisfaction. They have been successful in representing individuals and family members during grievances and those in need of appropriate services selection.

Transitional Living House- This housing service currently offers a "transitional" place for people with SMI to live. Many individuals find themselves in need of an interim alternative living arrangement until

permanent housing can be secured. In these instances, the Transitional Living house can be accessed while other more long term options are being sought out.

CASSP- CASSP stands for the Child and Adolescent Service System Program which is designed to help children and adolescents diagnosed with emotional disturbances gain access to needed services. Services should be planned collaboratively with the child or adolescent's family, the mental health system, the school, and other agencies.

SAP (Student Assistance Program) - When a child or adolescent is troubled, it is often revealed at school. Therapists in the Student Assistance Program (SAP) work with schoolteachers, counselors, and administrators to identify students who may be having emotional or psychological problems. SAP staff members may consult with school personnel on methods to help such students. They may also provide on-site mental health assessments and accessing services from other agencies as arranged through the SAP.

Crisis Intervention- Estimated Clients 400 Planned Expenditures \$33,069

Crisis Intervention Services are immediate, emergency-oriented services for adults or children and their families who exhibit acute problems related to disturbances in thought, behavior, mood, or social relationships. The services provide a rapid response to crisis situations that threaten the well-being of individuals or others. Crisis Intervention Services include assessments, counseling, screening, and disposition/ referral services.

Crisis Intervention Services include:

Telephone Crisis Counseling/The Crisis Walk-in Service /Mobile Crisis Intervention

Emergency Services- Estimated Clients 75 Planned Expenditures \$68,672

These individuals are responsible for assisting patients to an inpatient psychiatric hospitalization.

Facility Based Vocational Rehabilitation- Estimated Clients 20 Planned Expenditures \$152,130

Caritas is a fully supervised, 11 bed residential program. The rural based program is located on 41 acres of open land. The program serves individuals with a history of serious psychiatric difficulties that have been treated with a variety of methods including acute and long term hospital care. On site vocational programming for the residents includes Canine Cuts Animal Grooming/Shelter/Kennel, raising alpacas, weaving, and farm product management. In addition, the Caritas Weaving Loft sells a variety of products that are handmade by clients from the fleece from Angora rabbits and alpacas. **Westfield** is a fully supervised, 8 beds, rural based, residential program for individuals with serious psychiatric difficulties. Typically, they have an extensive history of mental health treatment including numerous acute as well as extended hospital stays. Westfield has a vocational component called Westwood Enterprises. It is a rural based business that includes leaf recycling/processing, the cultivation and sale of vegetables and flowers, handmade crafts, woodworking, and the sale of preserved fruits and vegetables.

Lawrence County also has a contract with Lark to provide Prevocational services.

Family Based Service- Estimated Clients 1Planned Expenditures \$1,500

Family Based Mental Health Services assists families in caring for children or adolescents with severe behavioral and/or emotional problems. An essential aspect of this intensive program is the emphasis on families as partners and resources in treatment. Family Based staff work in partnership with parents to strengthen the family so that they can care for their emotionally troubled child at home.

The Family Based staff provides family therapy, individual therapy, skill development, and case management during non-traditional hours to best meet the family's needs. Crisis stabilization services are available 7 days a week, 24 hours a day. Since comprehensive services are delivered in the home, staff

members can work with the family in their own environment identifying strengths and needs, and developing strategies - as basic as developing behavior plans or a complex as obtaining an appropriate school placement for a child.

This program recognizes that families are not isolate, but are part of a network of school, friends, and community. Services are oriented to assisting children in receiving maximum benefits from school and community activities, and helping families to access community resources. For families involved with other systems - education, drug and alcohol, juvenile justice, BHRS, CYS - the program seeks to ensure that all services are coordinated.

Housing Support- Estimated Clients 100 Planned Expenditures \$311,518

As part of collaboration with Lawrence County MH/MR, LCCAP provides subsidized housing options to a limited number of eligible individuals. This program is meant to be a bridge to a permanent subsidy through the Housing Authority or Section 8 Voucher.

Individuals are able to select housing of their choice (that meet habitability standards and meet HUD Fair Market Rent guidelines) taking into consideration their support systems, employment, and transportation needs. The supportive component includes a Case manager who travels to participant's homes bimonthly to conduct inspections of the property, teach life skills, provide financial literacy/budgeting counseling, and track progress toward goals.

Outpatient- Estimated Clients 3500 Planned Expenditures \$638,134

The Lawrence County MH/DS program office contracts with our local CMHC, Human Services Center. Though Human Services Center Lawrence County's primary outpatient needs are met. The basic objective of Adult Outpatient Services (AOPS) is to utilize brief, short-term therapy to respond to mental health needs of individuals. Group, family, and marital therapy are offered in addition to individual psychotherapy. The emphasis of AOPS is on providing services in a manner that enables the individual to return to his/her normal routine as soon as possible. Individuals who may initially have received services through another more "restrictive" program are referred to AOPS as their problems become less acute. The aim is to utilize all community resources are available and relevant to the needs of the client in order to expedite recovery.

The MH/DS program office funds the County Prescription Program. This program offers free psychotropic medication to county residents who meet the criteria and who have exhausted all other payment options.

The Mobile Medication Services of HSC are available to individuals who have difficulty managing medications on their own. The service provides support, education, and skill building for individuals to become independent and responsible for their medications.

To be eligible for this program the individual must be 18 years or older with a psychiatric diagnosis, a history of inpatient psychiatric hospitalizations, and be a resident of Lawrence County. The staff members are comprised of a psychiatric nurse manager and mental health workers, all of whom have knowledge of medications and experience in the psychiatric field.

Staff members regularly attend continuing education programs to keep abreast of developments in behavioral health, especially, psychotropic medications. The staff members interface with every clinical department of HSC to ensure that medication is properly managed and the aspects of an individual's mental health are considered and incorporated in the delivery of services. Staff members also consult with area hospitals daily and primary care physicians for continuity of care and referrals. Through this program individuals are expected to acquire the skills to manage their medication in a responsible and consistent manner and reduce hospitalizations.

Partial Hospitalization- Estimated Clients 5 Planned Expenditures\$1,899

Jameson's Partial Hospitalization Program is defined as an intensive, psycho-educational and therapeutic based treatment experience. This program allows for a flexible combination of group and individual

therapy, psychopharmacology and activity programs to meet the needs of individuals in many stages of recovery. A person is eligible for Adult Partial Hospitalization if he or she: is 18 years or older, has a primary psychiatric diagnosis with acute symptoms, is agreeable to participate in the program.

Treatment is provided for a wide range of psychiatric illness including psychosis, depression, anxiety disorders, obsessive compulsive disorders, post-traumatic stress disorder and personality disorders. The structure provides a day program treatment intervention designed to further stabilize acute symptoms of mental illness and an individualized treatment plan coordinated with the client and the multi-disciplinary treatment team. Group therapies are designed to improve coping skills, increase ability to manage psychiatric symptoms, improve understanding of mental and emotional illness and increase knowledge of psychiatric medications.

Partial Hospitalization Programs (YOUTH) Lawrence County offers 2 separate partial hospitalizations programs for our youth in this county. Human Services Center is contracted to operate Brighter Visions for children ages 6-12 and Pinnacle for adolescents ages 13-18. Brighter Visions is a school-based, partial hospitalization program for children who are experiencing behavior problems at school, home, and in the community. Brighter Visions combines education and behavioral health treatment. A staff psychiatrist is available for on-site services for children and families and consultation with staff members. Pinnacle is the school-based comprehensive partial hospitalization program for adolescents, ages 13-18. The target population is adolescents who need more intensive and more frequent treatment than outpatient services.

Psychiatric Inpatient Hospitalization- Estimated Clients 2 Planned Expenditures \$1,733

Our Inpatient Behavioral Health program strives to meet the unique needs of each individual patient. The primary focus of the Behavioral Health Inpatient Program is to provide the patient with the most current and effective method of treatment. Services are designed for those patients with acute symptoms of mental illness. Anyone who is experiencing prolonged symptoms, needing medication adjustment or who has newly developed symptoms is considered for admission. Services are available for different diagnoses including depression, anxiety, obsessive compulsive disorder and schizophrenia, among others. Treatment programs include individual and family counseling, recreational and group therapy, medication and partial hospitalization. Treatment is directed by a psychiatrist and patients are seen daily by members of the multidisciplinary team. Families are a valuable resource and are encouraged to participate in the treatment plan. Lawrence County also has Geriatric Psychiatry component which provides care for older patients who have depression, dementia, medication-induced delirium and a variety of other psychiatric illnesses. When left untreated, depression in the elderly can be physically debilitating and lead to medical complications such as infection and malnutrition.

Social Rehabilitation Services- Estimated Clients 200 Planned Expenditures \$184,629

Patches Place is the behavioral health consumer and family support and resource center in Lawrence County. The services cover nearly all aspects of life from the basic needs in life to social, economic, educational and supportive assistance. Patches Place is an integral part of helping our community become stigma free. At Patches Place, recovery is an expectation, employment is a real possibility and living in safe, affordable housing with all essential needs is being met.

Targeted Casemanagement- Estimated Clients 10 Planned Expenditures \$2,500

Case Management Services may be used for clients (adults and children) who have a serious mental illness. Case managers are assigned a limited caseload which enables them to develop a close relationship with clients. Supportive interventions and day-to-day assistance with a wide range of problems are provided. Staff members also act as advocates in assisting clients in gaining access to needed services. Case managers work closely with other agencies and organizations to ensure that the needs of HSC clients are addressed in a comprehensive manner. Case managers work with clients in non-traditional or "natural" settings, therefore utilizing community resources and promoting the integration of clients into the larger community.

Developmental Services (I.D)

The Lawrence County Developmental Services Administrative Office continues to be dedicated in establishing a system of services and supports in a self-determination/consumer defined context in concert with the Office of Developmental Services (ODP). Lawrence County continues to meet the expectations and standards imposed within the Administrative Entity Operating Agreement with ODP and will continue to demonstrate our commitment to recipients and families of services by striving for excellence. We remain responsible for those services outlined within the Operating Agreement and do not contact for any of these obligations. We continues to provide a continuum of services to meet the needs f the county residences with intellectual disabilities in the least restrictive settings appropriate to individualized needs. All eligible consumers have been able to access/obtain identified service needs as outlined in the current ODP service definitions.

Administration Office Planned Expenditures \$510,000

Current funding supports one Director, two Developmental Services Program Staff, one Fiscal staff and a partial support staff to implement the services outlined within the Operating Agreement. We will also utilize the funds allocated with the management/oversight and coordination of services for the Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q). We currently are funded for 75 surveys this fiscal year for IM4Q: 30 NCI; 20 IM; 25 PFDS and 6 Transitions.

Case Management- Estimated Clients 90 Planned Expenditures \$32,830

Supports Coordination and Medicaid State and Federal Eligible.

Community Residential Services

Base funded emergencies and funded services for individuals that are not enrolled with the waivers for community residential needs.

Community Based Services- Estimated Clients 260 Planned Expenditures \$695,606

Base funded services with the community to include, but not limited to OBRA/Family Support for those individuals not enrolled with the Consolidated Waiver.

Community Data and Indicators:

- Number of based funded/block grant funded individuals: 0
- Number and percent of individuals serviced in state center: 26
- Information on increased employment opportunities for individuals served: 26
- Information on increased life sharing/family living opportunities: 6
- Number of people avoiding higher level of placement cost by using base funding: 10 however Lawrence has 260 individuals enrolled in Base services with minimum needs being served and the following waiting list:
 - Emergency- 25 individuals
 - Critical- 88 individuals
 - Planning- 56 individuals
- Proposed services for young adults leaving high school: 12 (Vocational Supports, Day Services, Transportation, Individual Supports and Respite)

- Proposed services for individuals aging out of EPSDT: 10 (Nursing, Therapies, Day Services, Individual Supports, Transportation, Respite)
- Proposed services for individuals leaving jail: 2 (Out of Home Residential, Vocational Supports, Individual Supports, Transportation)
- Proposed services for individuals discharged from RTF/CYS: 2 (Out of Home Residential, Vocational Supports, Day Services, Individual Supports, Transportation, Therapies)

Proposed services for individuals who will be discharged from State Centers :2 (Out of Home Residential, Vocational Supports, Day Services, Individual Support, Transportation, Therapies)

Drug and Alcohol Services

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

The Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services, is providing \$289,075 in Behavioral Health Services Initiative (BHSI) and \$67,351 in Act 152 funding to Lawrence County for fiscal year 2013/2014. These funds will be administered through the SCA. Ninety-two percent (\$327,913) of these funds will be utilized for treatment services on a fee-for-service basis. Treatment services include hospital-based detoxification and rehabilitation, non-hospital detoxification and rehabilitation, halfway house and outpatient/intensive outpatient. Eight percent (\$28,513) will be utilized for the administration of these funds. The SCA estimates that 268 individuals will receive treatment services funded through the BHSI and Act 152 funding.

The SCA estimates that the \$356,426 in BHSI and Act 152 funding for the 2013/2014 fiscal year will be expended as follows:

Act 152 Inpatient Non-Hospital-Estimated Clients: 37 Planned Expenditures: \$61,963

Medically monitored inpatient detoxification, medically monitored inpatient residential and halfway house services provided at Pennsylvania licensed facilities. Level of care is determined by the Pennsylvania Client Placement Criteria (PCPC) and is paid on a fee-for-service basis.

BHSI – Inpatient Non-Hospital-Estimated Clients: 80 Planned Expenditures: \$209,640

Medically monitored inpatient detoxification, medically monitored inpatient residential and halfway house services provided at Pennsylvania licensed facilities. Level of care is determined by the Pennsylvania Client Placement Criteria (PCPC) and is paid on a fee-for-service basis.

BHSI – Inpatient Hospital-Estimated Clients: 2 Planned Expenditures: \$5,782

Medically managed inpatient detoxification and residential services provided at a Pennsylvania licensed acute care facility. Level of care is determined by the Pennsylvania Client Placement Criteria (PCPC) and is paid on a fee-for-service basis.

BHSI – Outpatient/Intensive Outpatient-Estimated Clients: 149 Planned Expenditures: \$50,528

Outpatient and intensive outpatient treatment provided at Pennsylvania licensed facilities. Level of care is determined by the Pennsylvania Client Placement Criteria (PCPC) and is paid on a fee-for-service basis.

Administration Estimated Clients: N/A

Planned Expenditures: \$28,513

Administrative services provided to manage drug and alcohol BHSI and Act 152 funding. Services include, but are not limited to, contracting, monitoring, funding determination, funding authorization, invoice review, issuing checks and processing expedited enrollment.

TOTAL DRUG AND ALCOHOL SERVICES

Estimated Clients: 268

Planned Expenditures: \$356,426

The SCA utilizes other funding for additional treatment services, intervention, case management, recovery support, prevention and administrative services. Its 2013/2014 budget is \$1,476,943 with the BHSI and Act 152 funding (\$356,426) representing twenty-four percent (24%) of the total amount. In addition to DPW, the SCA's major funding sources are the Department of Drug and Alcohol Programs and HealthChoices.

The SCA does not have adequate funding to provide a full continuum of care for all individuals in need. Its Case Management Unit completes approximately 1,200 assessments annually and works with other funding sources (i.e. private insurance, the County's Assistance Office, Value Behavioral Health, self-pay, etc.) to ensure that the SCA's dollars, including BHSI and Act 152, are utilized as a last resort. The SCA also utilizes the Department of Public Welfare's expedited enrollment process which transitions individuals from Act 152 funding eligibility to HealthChoices sooner. Through this process, twenty-one (21) Lawrence County residents received \$56,363 in drug and alcohol treatment services during the 2012/2013 fiscal year. The SCA will continue to utilize this process.

According to the 2009 National Survey on Drug Use and Health, 7.7 percent of individuals over the age of 12 have substance abuse disorders. Therefore, it is estimated that 6,004 Lawrence County residents are suffering from substance abuse disorders. It is estimated that 2,903 of these individuals are involved in the criminal justice system. This is based on the Department of Corrections' estimate that seventy percent of the State and County Probation and Parole caseloads have substance abuse problems. The Lawrence County SCA has strong collaborative relationships with the local criminal justice system. This is evident by the SCA's involvement on the Drug Court Team, participation on CJAB, criminal justice representation on the SCA Board, the development of a Criminal Justice Intervention Program and daily interactions with the Lawrence County Adult Probation Office.

For the 2011/2012 fiscal year, the SCA's Case Management database also revealed that 253 individuals reported that they were injecting drugs representing an increase of thirty-two percent (32%) from the previous fiscal year. Statistics received from our local hospital support an increasing drug problem in Lawrence County as well. Specifically, the number of drug dependent individuals presenting themselves at the local emergency room increased significantly in recent years (i.e. 473 individuals in 2009 vs. 564 in 2010 and 741 in 2011). This represents an increase of fifty-seven percent (57%) during the two-year period.

The SCA collaborates with the entities involved in this planning process as well as other governmental and community agencies. A strong example is the collaboration between Mental Health Developmental Services (MH/DS) and the SCA in the administration of the Lawrence County HealthChoices Program for the past fourteen years. Another example was the development of the Lawrence County Drug Court to better address substance abuse, criminal activity and public safety. The Drug Court Team originally consisted of the President Judge and individuals from the District Attorney's office, Public Defender's office, Adult Probation and SCA. To better address the needs of the dual client, a Mental Health professional has been added to the team. The Drug Court officially began in March 2012 and was awarded a Staunton Farm Grant in 2013. Approximately, \$75,000 of the grant will be used for drug and alcohol residential and outpatient treatment. Expected outcomes include decreased days of incarceration, reduced re-arrest, increased negative drug screens, increased length of recovery, improved employment status, higher education and increased reunification with children. The SCA Director is also a member of the Criminal Justice Advisory Board (CJAB) which is currently researching the feasibility of implementing a pre-trial diversion program.

In regards to program planning, the SCA seeks advice and input from various sources. The SCA is governed by a Board of Directors with members representing the community at large. The SCA meets regularly with its provider community, meets with individuals in recovery, and participates in various community meetings (i.e. New Visions, Lawrence County Prevention Coalition, Peer Leadership, Council of Community Services, Juvenile Advisory Committee, Child Death Review Team, etc.). In November 2013, the SCA organized a Recovery Coalition to advise and assist the SCA in addressing stigma and other drug and alcohol related issues. The SCA facilitates the Reality Tour® in Lawrence County utilizing volunteers from the courthouse, law enforcement, agencies, businesses, the recovery community and others.

The SCA is dedicated to the state's movement towards Recovery Oriented Systems of Care.

- In 2008, the SCA opened a Recovery Center. During 2012, the Recovery Center had 5,685 visits representing an average daily participation of 22.6 individuals. It is staffed by Certified Recovery Specialists.
- In 2010, the SCA began providing additional Recovery Support Services. Certified Recovery Specialists meet one-on-one with individuals to provide guidance on the recovery process, assistance in the development of a recovery plan and introduction to the recovery community. These Certified Recovery Specialists also go onsite at Jameson Hospital's Behavioral Health Unit, the Lawrence County Jail and other community agencies to engage individuals in drug and alcohol treatment and recovery support services.
- Regional initiatives included the development of the Recovery Oriented Methadone Maintenance (ROMM), Oxford House expansion in western Pennsylvania and expansion of Recovery Support Services utilizing Certified Recovery Specialists.

HSDF and HAP Homeless Services

**Case Management-Estimated Clients 1000 Planned Expenses \$83,476
(HAP = \$73,476 HSDF Homeless = \$10,000)**

LCSS case managers, along with the household members will work together to develop a service plan focused on specific short and long term goals for eliminating the housing crisis and securing necessary services to maintain the housing.. Service plans are a useful and valuable case management tool for assessing the families'/individual's needs, as well as in the development of goals in order to attain them successfully. Service plans will be regularly updated to reflect the changes and accomplishments of the household as they progress toward becoming self-sufficient. LCSS Case managers will meet with participants monthly and will hold monthly case management team meetings that bring together all case managers with the participant to assess progress and make future plans and goals. As households will possess a multitude of needs, LCSS and its partners will provide a variety of information and services to its participating clients. Information and services will be available on site to the family regarding transportation, education, employment assistance, financial literacy and budgeting, rental assistance, pre-school, and childcare. Along with onsite assistance, LCSS also makes referrals to community agencies for food, clothing, furniture, fuel assistance, substance abuse counseling, domestic violence counseling, and mental health issues.

**Rental Assistance-Estimated Clients 25 Households Planned Expenses \$ 35,000
(HAP = \$35,000)**

Lawrence County currently contracts with LCSS to offer rental subsidies to consumers while they await a section 8 housing voucher.

HAP Administration \$12,051

As the County's Emergency Housing leader, Lawrence County Social Services, Inc. (LCSS) has taken the lead on coordinating all homeless and housing services. HAP services provide the basic intake, intensive case management and rental assistance that are the back bone of the remaining housing programming in Lawrence County. LCCAP has developed a single intake document which allows for case managers to review each individual household's basic housing needs and direct the individuals to the appropriate housing service which meets the newest design of the HEARTH Act. All HAP services are utilized meeting the HAP guidelines as presented in previous years and is offered through Lawrence County Social Services, Inc.

Employment Program Need

Employment Initiative designed to meet the growing gap in the transportation and manufacturing industries caused by the recent introduction of the Marcellus Shale drilling to Lawrence County.

The first Marcellus Shale drill came to Lawrence County in October of 2010. Since that time, Lawrence County has become literally a hub of activity surrounding this industry with over 30 active drill sites and thousands of acres under future drilling contracts. With this growth in economic activity has come the realization that Lawrence County, with its 8.5% unemployment rate, is still unable to provide the workforce necessary to meet the increase demand for specialties in the transportation and manufacturing industries. For instance, a very clearly defined lack of CDL Drivers, mechanics, fork lift operators and dispatchers are being noticed as employers are being forced to advertise more and more outside of the area for qualified employees.

A recent review of the advertised employment opportunities in our area included:

- 294 CDL Drivers Needed
- 22 Diesel Mechanics Wanted
- 4 Transmission Specialist
- 175 Manufacturing jobs including general labor, fork lift drivers, to inventory specialists

Additionally, as reviewed in the book **"2010 Meltdown"** By Ed Gordon, these specialties have not been in the forefront of career choices across United States for Generation X and have seen significant drops in available workforce members with the recent increase in the number of Baby Boomers stepping away from the workforce due to retirement. Lawrence County's workforce is no different. Statistics show that Lawrence County's population has steady increase in its aging population, leaving our workforce with limited numbers. It is our intention to begin the slow turn to helping our youth ages 17 – 24 determine the possibilities, probabilities and success that awaits them in these industries. Therefore, allowing for a workforce that meets the demands of a growing oil and manufacturing industry, and providing many economic options that grows into a quality place for families to live.

HSDF Services

HSDF Administration \$ 11,444

Adult Services: Total of \$23,300

Life Skills-Estimated Clients 10 Planned Expenses \$8,800

Children's Advocacy Center of Lawrence County, a nationally recognized provider of services geared to at risk families' utilized HSDF funds to provide Life skills to pregnant or new parents up the child's age of 2. The purpose of this program is to help young parents adjust to adult life with children by helping with everything from preparing healthy meals to obtaining good health care for your child. These services are provided in home by qualified nurses.

Homemaker Services- Estimated Clients 35 Planned Expenses \$9,000

Disabled and elderly individuals with no family available, are provided their own home, services by a trained homemaker providing basic care and management of the home that ensures safe and sanitary conditions which the individuals are unable to provide for themselves. Included are washing of clothing, cleaning of bathrooms, kitchen floors, etc.

These services are utilized to keep persons safe and secure in their own homes and not having to be placed in personal care of some type.

Transportation Services-Estimated Clients 35 Planned Expenses \$5,500

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

Specialized Services:

Employment Services Estimated Clients 30 Planned Expenses \$27,780

LCCAP has worked together with several community agencies to develop a workforce development initiative that will meet the employment training needs of at risk youth between the ages of 17 and 24.

Gen Y Transit Workforce Connection is an initiative that recognizes older youth as a valuable labor pool and includes innovative case management, career awareness, job readiness, and training strategies to educate/connect and excite future workers between the ages of 17 and 24 to jobs in the high-growth public transportation industry. This program is designed to utilize Lawrence County's community strengths identified in our 2012 Community Assessment including:

- New Castle and Mercer County Transit Authorities
- New Castle School of Trades
- Lawrence County Vocational Training Institute
- Allied Coordinated Transportation Services, Inc.
- Pennsylvania State Police
- Local Businesses
 - Mechanical
 - Engines
 - Transmissions

- o Buss Interior Design and maintenance
- o Dispatchers & Schedulers
- o Trucking Companies

This program will be administrated through LCCAP, with the general operations conducted within the ACTS Transportation Workforce Technology Center. This center will hold a computer laboratory, as well as have operating diesel maintenance and repair center for the youth to become actively involved in the necessary day-to-day knowledge necessary for movement into a career in these industries.

While offering knowledge, it is not the hope of this program to actually advance the youth directly into working positions, but to wet their appetite for the knowledge and experience necessary to propel them into additional secondary education which will lead them eventually to full time work in this career. Therefore, opportunities for additional information will come from a work fair to be held sometime in January with several local school districts, field trips to various locations with advanced employment opportunities such as local Tire Shop to demonstrate the strategies to changing and repairing large tires, Detroit Diesel to highlight the engineering knowledge necessary to design engines, local truck and bus transmissions repair shops to highlight the necessary knowledge to not only repair, but machining knowledge for the actual making of various parts inside of an engine or transmission, etc.

Additionally LCCAP staff will be working closely with the youth to ensure their ability to attend one of the various secondary educational programs by assistance with basic barrier removals such as GED's, various career assessments to ensure the student's compatibility with various employment opportunities, assisting with the scheduling of job shadowing opportunities when possible, and other basic case management services. LCCAP will also provide program development, General IT support, mechanical insight and training, as well as possible job development.

Interagency Coordination-Estimated Clients 800 Planned Expenses \$ 21,502

There will be two coordinated programs conducted through this funding.

1. Coordinated Summer Food Program: LCCAP, the county's Community Action group will work with in cooperation with various service providers, non-profits, faith-based, etc. to assure the continued development of the local summer food program which provides summer meals to children living within low income communities. In 2012, LCCAP was active in providing meals through 8 locations to over 868 children. It is our goal to continue this effort by increasing the sites offering food to over 12. The HSDF monies will pay for the salary of the program coordinator.
2. Lawrence County's Housing Coalition has been critical to providing, increasing and improving low-income housing services of all types throughout our communities. The continuation of the coordination of over 24 agencies, government authorities, private citizens will make an even greater impact within our community with the its recent increase in importance as written into the HUD's Hearth Act, as well as the increased need due to the decreased budgets provided to area agencies. HSDF monies will pay for the coordinator of this coalition.
3. In addition to these two programs, LCCAP will continue providing Information and Referral Services to allow for individuals to contact one location and get the information necessary for their particular need.

\$20,397 Designated to the County ID services for Personal Care Home Services for a Total HSDF funds of \$114,423.

Children and Youth

***Promising Practice*-Estimated Clients 50 Families Planned Expenditures \$103,500**

The Time Limited Family Reunification (TLFR) program at the **Children's Advocacy Center** of Lawrence County is designed to assist families in reunification within a 15 month period. Referrals are made by Lawrence County Children and Youth Services (CYS) after children have been removed from the home based upon concerns regarding domestic violence, physical and sexual abuse, neglect, substance abuse, and untreated mental health issues. The TLFR program provides intensive case management services to assist families in reaching the goals outlined in the **CYS Child Permanency Plan (CPP)**, supportive counseling (i.e., individual, family, and group), parenting education group, referrals to additional services, recommendations to **CYS** in addition to the **CPP** goals, court accompaniment, developing a reunification aftercare plan, and ongoing support while **CYS** retains physical and/or legal custody of the children.

***Housing*-Estimated Clients 5 Planned Expenditures \$2,678**

Lawrence County Children Youth Services Housing Initiative is used to assist the families who may have children at risk of being placed outside their homes due missed rent payments, housing clean-up, moving expenses and utility bills. The **County Caseworker** acts as a liaison with the **Housing Authority** to assist in meeting the needs of the family to avoid any out of home placements. No children have been placed out of their home due to homeless as the sole reason.

***Alternatives to Truancy*- Estimated Clients 168 Planned Expenditures \$257,400**

Community Resource Program (CRP) has operated within Lawrence County. The focus of **CRP** is to provide more intensive supervision of youth involved with **Lawrence County Juvenile Probation and Lawrence County Children and Youth Services** in the school setting. **CRP** also works in the community by organizing summer activities to include community service projects, maintaining the **Lawrence County Juvenile Probation Garden** and establishing fundraising events. **Juvenile Probation** will remain with the **Service Provider, Summit Academy**, while **Children and Youth** who had sent out an **RFP** to service providers, will use **Cray Youth and Family Service**.

Evidence Based Practices: Total of \$28,642

***Multi-Systemic Therapy (MST)* Estimated Clients 1 Planned Expenditures \$10,106**

Multisystemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- 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** clinicians go to where the child is and are on call 24 hours a day, seven days a week. **Cray Youth and Family Service is the county's provider.**

- They work intensively with parents and caregivers to put them in control
- The therapist works with the caregivers to keep the adolescent focused on school and gaining job skills
- The therapist and caregivers introduce the youth to sports and recreational activities as an alternative to hanging out with negative peers

Family Group Decision Making-Estimated Clients 7__Planned Expenditures \$20,734

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. **Cray Youth and Family Service is the county's provider.**

The prior costs and client numbers for 2012-2013 are the exact same for 2013-2014.

**APPENDIX - NON-BLOCK GRANT COUNTIES
COUNTY HUMAN SERVICES PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	DPW ALLOCATION (STATE AND FEDERAL)	PLANNED EXPENDITURES (STATE AND FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT					
Administrator's Office			154,413	16,487	
Administrative Management	4,600		648,978	72,109	
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehab					
Community Employment	32		115,972	8,201	
Community Residential Services	105		1,514,478	978	
Community Services	4,600		766,189	31,108	
Consumer Driven Services					
Crisis Intervention	400		33,069		
Emergency Services	75		68,672		
Facility Based Vocational Rehab	20		152,130	16,903	
Family Based Services	1		1,500		
Family Support Services					
Housing Support	100		311,518		
Other					
Outpatient	3,500		638,134	31,779	
Partial Hospitalization	5		1,899	211	
Peer Support					
Psychiatric Inpatient Hospitalization	2		1,733	193	
Psychiatric Rehabilitation					
Social Rehab Services	200		184,629	4,171	
Targeted Case Management	15		1,449		
Transitional and Community Integration					
TOTAL MH SERVICES	13,655	0	4,594,763	182,140	0

INTELLECTUAL DISABILITIES SERVICES

Admin Office			510,000	23,307	
Case Management	90		32,830	2,675	

Lawrence County

County:	ESTIMATED CLIENTS	DPW ALLOCATION (STATE AND FEDERAL)	PLANNED EXPENDITURES (STATE AND FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Community Residential Services					
Community Based Services	260		695,606	48,279	
Other					
TOTAL ID SERVICES	350	0	1,238,436	74,261	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing					
Case Management	1,000		83,476		
Rental Assistance	25		35,000		
Emergency Shelter					
Other Housing Supports					
Administration			12,051		
TOTAL HAP SERVICES	1,025	0	130,527		0

CHILDREN & YOUTH SERVICES

Evidence Based Services	6		30,840	1,623	
Promising Practice	50		103,500	11,500	
Alternatives to Truancy	168		257,400	28,600	
Housing	5		2,678	472	
TOTAL C & Y SERVICES	229	0	394,418	42,195	0

Lawrence County

County:	ESTIMATED CLIENTS	DPW ALLOCATION (STATE AND FEDERAL)	PLANNED EXPENDITURES (STATE AND FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<i>DRUG AND ALCOHOL SERVICES</i>					
Act 152 Inpatient Non-Hospital	37		61,963		
Act 152 Administration			28,513		
BHSI Administration					
BHSI Inpatient Non-Hospital	80		209,640		
BHSI Inpatient Hospital	2		5,782		
BHSI Partial Hospitalization					
BHSI Outpatient/IOP	149		50,528		
BHSI Medication Assisted Therapy					
BHSI Recovery Support Services					
BHSI Other Intervention					
BHSI Case/Care Management					
TOTAL DRUG AND ALCOHOL SERVICES	268		0	356,426	
<i>HUMAN SERVICES DEVELOPMENT FUND</i>					
Adult Services	80		23,300		
Aging Services					
Generic Services					
Specialized Services	30		27,780		
Interagency Coordination	800		21,502		
Administration			11,444		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	910	0	84,026		0
GRAND TOTAL	16,437	0	6,798,596	298,596	0