

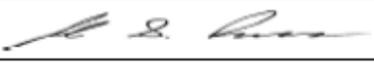
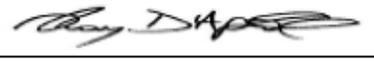
**Lancaster County
Human Services Block Grant Plan
Narrative
2025-26**

Appendix A
Fiscal Year 2025-2026
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Lancaster

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with A53 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signature	Name	Date
	Joshua G. Parsons Chairman	8/6/2025
	Ray D'Agostino Vice Chairman	8/6/2025
	Alice Yoder Commissioner	8/6/2025

Appendix B

County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2025-01.

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the Plan for the expenditure of human services funds by answering each question below.

1. Please identify, as appropriate, the critical stakeholder groups, including:
 - a. Individuals and their families
 - b. Consumer groups
 - c. Providers of human services
 - d. Partners from other systems involved in the county's human services system.

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

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

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

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

Quarterly or bi-monthly meetings occur with the Behavioral Health, Intellectual Disability and Homeless Assistance provider associations in which agendas are set and minutes are taken. Lancaster County conducted two (2) public discussions on the development of the Human Service Block Grant.

3. Please list the advisory boards that participated in the planning process.

The Behavioral Health & Developmental Services Advisory Board, which is comprised of individual utilizers of Agency services, their family members, professionals from various Human Service realms and community stakeholders.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.

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

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

5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

Based on a careful review of last year's outcomes, no substantial programmatic or funding changes are being implemented at this time. Current service levels have demonstrated continued effectiveness in meeting identified needs, and we are maintaining the existing array of services to ensure consistency and continuity in support of program goals.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
Attached.
 - b. When was the ad published? Ad was published on July 14, 2025 in LNP.
 - c. When was the second ad published (if applicable)? N/A

*If other media options were utilized, such as social media, internet, etc., for the public hearing announcement, please attach a copy(screenshot) of the notice, along with the date(s) posted.

2. Please submit a summary and/or sign-in sheet of each public hearing.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

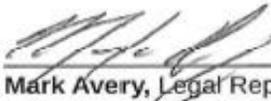
Monday, July 14, 2025

STATE OF PENNSYLVANIA
COUNTY OF LANCASTER } SS

Mark Avery being duly sworn according to law deposes and says that LNP is a newspaper of general circulation with its principal office and place of business at 101 North Queen St, Lancaster, County of Lancaster and State of Pennsylvania, and was established in 1794, and has been published daily and continuously in said Town, County and State since that year and on the attached notice, published on dates listed below, and that the affiant is one of the officers or publisher or designated agent of the owner or publisher of said newspaper in which legal advertisement was published; that neither the affiant nor LNP is interested in the subject matter of said notice and advertisement and that all of the allegations in the foregoing statement as to time, place, and character of publication are true.



Ad Text:
Date(s) Published: 07/14/2025



Mark Avery, Legal Representative

Sworn and subscribed to before me this 14th day of July 2025.



(Notary Public)

Commonwealth of Pennsylvania - Notary Seal
SCOTT KNEISLEY - Notary Public
Lancaster County
My Commission Expires May 20, 2028
Commission Number 1446432

LANCASTER COUNTY COMMISSIONERS
150 N QUIFFEN ST
SUITE 715
LANCASTER, PA 17603

222212
3283490



COMMISSIONERS' OFFICE
 150 North Queen Street, Suite 715
 Conference Room 701

SIGN IN SHEET

DATE	NAME	ORGANIZATION	TITLE
8/5/25	Gray Warral	SKMUSTA	PK
8/5/25	Brian P. Pasouale	DEPT. PUB. SAFETY	Exec Dir
8/5/25	Bob Devonshire	DEPT Gen Serv.	Director
8/5/25	Ruchik Vyas	AFT	Architect
8/5/25	Kris Seeks	ERS	Senior Consultant
8/5/25	Michael Armer	Purchasing	Buyer III
8/5/25	Amanda Diehl	BHDS-IDD	Deputy
8/5/25	Deb Jones	LEHRA	Dir of Human Servs
8/5/25	John Bailey	BHDS-MH	Deputy MH
8/5/25	Tania Mayer	BHDS	Exec Dir
8/5/25	Tom GSI	LMP	Reporter
8-5-25	Len Brown	Carb	Judge
8-8	Comer Law	Gov Serv	Asst Dir
8/5	Christin Miller	WR	Director
8/5	Brian Koering	IT	Dep Dir
	J. Klausner	IT	CISO
	Crystal Nutton	CYA	ED
	Kristy Kunkel	Controller's	Dep
8/5	Gail Groves Scott	Health Policy Network	MH

RESOLUTION NO. 50 OF 2025

On motion of Commissioner D’Agostino, seconded by Commissioner Yoder;

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

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

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

WHEREAS, counties are required to fund each of the five program areas and cannot defund any of the included line items completely; and

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

WHEREAS, the County of Lancaster has opted to hold two public hearings, one held on July 30, 2025 at 3:00 p.m. and one held on August 5, 2025 at 10:00 a.m. to discuss the proposed Human Services Block Grant categorical funding allocations for Fiscal Year 2025-26 and provide opportunity for public comment; and

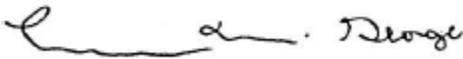
WHEREAS, the County of Lancaster will abide by the terms outlined in the County Human Services Plan Assurance of Compliance.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF LANCASTER COUNTY, PENNSYLVANIA that the Lancaster County Human Services Block Grant Narrative Plan for Fiscal Year 2025-26 be approved.

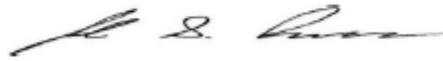
Motion passed unanimously.

ADOPTED this 6th day of August 2025, by the Board of Commissioners of the County of Lancaster, Pennsylvania, in lawful session duly assembled.

ATTEST:



Lawrence M. George
County Administrator/Chief Clerk
County of Lancaster, PA



Joshua G. Parsons, Chairman



Ray D’Agostino, Vice Chairman



Alice Yoder, Commissioner

Board of Commissioners of
Lancaster County, PA

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; identify partners and agencies involved in the provision of services; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

1. Employment:

Lancaster County Behavioral Health & Developmental Services continues to embrace the Office of Developmental Programs (ODP) 'Best Practices' prescription that supported employment opportunities be sought over site-based workshop settings. The "Employment First" philosophy has been promoted to County-based providers through the "Think Big" initiative, the main objective of which is to create a paradigm shift away from the traditional "workshop" model of post-graduation employment expectations to one that aligns with the supports the Employment First policy. Collaborative efforts have been to engage pre-transition age students with ID (under age 14), their parents, and schools, in discussions and activities designed to encourage exploration and planning for post-graduation integrated competitive employment. An "Employment Toolbox" has been specifically designed for educators to use with third and fourth grade students. Based on education curriculum standards the 'toolbox' provides teachers with fully developed lesson plans centered on the various aspects of employment, including job exploration and preparation. The collaborative is made up of stakeholder agencies, including; Intermediate Unit-13, the Office of Vocational Rehabilitation (OVR), the ARC of Lancaster/Lebanon County, and local school districts. Additionally, the Lancaster Clubhouse has programming which focuses on supported employment opportunities. The Clubhouse, though traditionally considered to be within the Behavioral Health 'domain', has increasingly come to serve dually diagnosed individuals. With the Intellectual Disability system's inclusion of Autism, the collaboration between the Behavioral Health and Intellectual Disability systems has increased exponentially.

2. Housing:

In February 2024, BHDS was notified that two HUD-funded rental assistance programs would be defunded, resulting in the displacement of 30 individuals with Serious Mental Illness by November 2025. The loss represents \$480,912 in permanent supportive housing funds. Despite the significant impact, BHDS acted swiftly to mitigate harm to this highly vulnerable population. By leveraging new and existing partnerships with community housing providers such as Chestnut Housing, Good Samaritan Services, Lancaster City Housing Authority, and others, BHDS expanded access to alternative housing options. Additionally, close collaboration with the Office for the Lancaster County Homelessness Coalition enabled BHDS to secure 15 new housing units. As a result of these proactive efforts, the risk of widespread displacement was avoided, and by the end of June 2025, only a small number of individuals remained affected. In addition, BHDS continues its partnership with Community Basics Housing Development Corporation to subsidize six set-aside apartments at Park Avenue Apartments. These units follow a housing first approach, allowing six individuals to maintain stable housing throughout the year. Another supportive housing initiative is the Master Leasing Program, which provide temporary housing for up to four individuals who would otherwise be homeless. Residents can remain for up to three months while they work to secure income, employment, and/or permanent housing.

In addition, we will continue to leverage "Projects for Assistance in Transition from Homelessness" (PATH) funds to house individuals who have a mental illness and are in need of permanent housing. We have utilized our PATH funds and housing support funds to assist individuals to successfully transition from our Community Residential Rehabilitation Programs (CRR) to independent living. It is anticipated that 3-5 individuals will enter independent living from one of our CRR programs annually. In addition, Lancaster County BH/DS continues its partnership with Community Basics Housing Development Corporation to subsidize 6 set aside apartments, using the housing first approach, in the Park Avenue Apartments project funded through PHFA. Six individuals will remain in their own apartments throughout the year. Lancaster County will continue to explore opportunities through our Coalition to End Homelessness and HUD to further expand these programs. An additional program is our Master Leasing program, which has a capacity for providing 4 individuals who would otherwise be homeless a safe and secure place to stay for up to 3 months at a time while they seek employment/income and permanent housing.

These housing programs join four other agencies to create the small portfolio of supportive housing programs in the Continuum of Care and meet regularly with the Office for the Homelessness Coalition for consultation and referrals. Over the past fiscal year, the BHDS units have served a total of fifty adults, of which 86% were 18-59 years old (14% were age 60 or older) and 92% did not have earned income upon entry, and 92% remain in the program during the entire fiscal year.

A low-barrier emergency shelter opened in December 2024 and has consistently been at capacity. The Prince Street Community Hub is slated to open in December, 2025. Among the array of on-site services will be crisis housing units and permanent supportive units in a City-County collaboration that will assist in meeting the needs of households with chronic impairments who are not suitable for congregate shelter.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights: *(Limit of 6 pages)*

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 24-25.

The Lancaster County Behavioral Health & Developmental Services (LC BHDS-MH) is responsible for overseeing the mental health continuum across the county. This department ensures that every dollar of human services block grant funding is strategically invested in building a responsive, recovery-oriented mental health system. Our goal is to deliver services that meet people where they are and adapt to their evolving needs as individuals, families, and the community. Our vision is to create a mental health system that is rooted in collaboration, compassion, and responsiveness. We are committed to building and sustaining a service network that supports individuals and families as they navigate their journeys toward mental wellness and recovery. The vision is carried out through our dedicated workforce and strong collaborative partnerships – including our managed care partner, PerformCare, the Capital Area Behavioral Health Collaborative, and a robust network of local providers. These partners bring innovation, adaptability and a deep commitment to a wide array of evidenced-based interventions and person-centered supports that align with both immediate and long-term recovery goals.

Services span across critical platforms such as crisis intervention, forensics, treatment, housing, peer support, and employment – areas where demand can often exceed available resources. By strategically leveraging funding and partnerships, we work to close these gaps and ensure that responsive, high-quality, and equitable care is accessible to those who need it most. Below are highlights from service areas, along with programs and initiatives that occurred during FY 24-25:

Crisis Intervention:

Crisis Walk-In Center: On January 21, 2025, Penn Medicine/LGHealth celebrated the opening of the Crisis Walk-In Center – an essential community resource offering immediate, in-person psychiatric crisis support without the need for an appointment. From its opening through June 30, 2025, the Center served 701 patients. Of these, 263 individuals were evaluated by psychiatry, and 68 required transfers to the Emergency Department for a higher level of care. Demographically, the Center served a broad range of individuals: 148 were under age 18, 520 were between 18-64, and 42 were age 65 or older. The Center operates Monday through Friday from 11am-8pm and Saturdays from 9 a.m.to 2 p.m., providing a vital access point for those in acute distress outside of traditional clinical settings. As demand for urgent behavioral health support continues to grow, the Crisis Walk-In Center plays a critical role in diverting individuals from emergency departments, reducing unnecessary hospitalizations, and connecting people to timely appropriate levels of care, all while promoting stabilization in the least restrictive environment possible.

Crisis Intervention Services delivers 24/7 support through mobile outreach, phone-based response, and in-person walk-in services for individuals experiencing a mental health crisis. In 2024, CIS responded to 33,362 calls through both the 10-digit crisis line and 988 Suicide & Crisis Lifeline, conducted 964 mobile outreaches, and assisted 117 individuals through walk-in services. Mobile outreach remains a cornerstone of crisis response, enabling trained staff to meet individuals in their natural environments, de-escalate urgent situations, and connect them to timely and appropriate care, all while reducing emergency room visits or avoiding law enforcement involvement. Additionally, CIS has two specialized positions, a 988 Specialist who supports implementation efforts, ensures compliance with state and federal 988 requirements, and coordinates data collection in partnership with the Unit Director; and a Police Liaison who works collaboratively with law enforcement on high acuity cases and provides training upon request.

- **988 Suicide & Crisis Lifeline:** BHDS/MH operates one of thirteen 988 call centers in Pennsylvania through a partnership with the Office for Mental Health & Substance Abuse Services (OMHSAS), Thomas Jefferson University and Vibrant Emotional Health. In its third year (FY24-25), our Crisis Intervention team handled 3,814 calls, achieving a 92.45% answer rate (benchmark is 80%) with an average talk time of 15.7 minutes per call. The 988 Suicide & Crisis Lifeline provides a critical, easily accessible point of entry for individuals experiencing emotional distress or a mental health crisis. By connecting callers to trained crisis counselors 24/7, 988 helps de-escalate situations, reduce emergency room use, and ensure timely linkage to ongoing care and community supports.
- **Crisis Peers:** The integration of certified Crisis Peers into our Crisis Intervention team has been transformative. Their lived experience offers a unique and powerful form of support, helping individuals in crisis feel seen, understood, and less isolated. This peer-to-peer connection has proven effective in de-escalating situations, diverting hospitalizations, and increasing engagement with ongoing community-based services, ultimately helping to reduce the likelihood of future crisis. For the first time, Crisis Intervention now has a full complement of Certified Peer Specialist (CPS), employing a total of five. These peers are fully integrated into the team, participating in mobile outreaches alongside crisis staff and providing follow-up support to individuals who request or consent to the service. They are actively engaged with the local homeless service programs, helping bridge gaps and support continuity of care for this vulnerable population.
- Expansion of mobile outreach is a core priority in our crisis response strategy. This response reduces reliance on emergency departments and law enforcement, fosters trust, and provides care in the least restrictive and most person-centered manner. With a fully staffed crisis team, to include our Certified Peer Specialists, our capacity to conduct after-hours and weekend mobile interventions grew significantly, allowing us to serve more individuals during vulnerable times and prevent crises from escalating further.
- **Peer Run Warmline:** Funding through OMHSAS and CHMHSBG/ARPA has supported a peer-run Warmline, operated by Recovery Insight, a consumer-owned and operated peer support program. Available 7 days a week from 2:00 p.m. – 10:00 p.m., the Warmline provides supportive listening and emotional support from certified peer specialists. This service provides a consumer-driven approach to crisis prevention and emotional wellness. During FY 2024-2025, Warmline responded to a total of 3,458 calls from 223 unique callers. The top presenting concerns/issues involved anxiety, depression, and suicide ideation. The Warmline continues to serve as a vital non-clinical resource that diverts individuals from higher levels of care and provides meaningful levels of care through peers with lived experience.

- **The ARPA Therapy Grant**, expands access to accelerated outpatient therapy for individuals referred by Crisis Intervention who do not require inpatient or emergency care. It enables timely, low-barrier access to services by eliminating obstacles such as insurance coverage, waitlists, and eligibility criteria for both uninsured and underinsured individuals in need of stabilization and therapeutic support in a less restrictive environment. Over the past year, access has been expanded to add additional therapy services (from 5 to 10), expand the client base to include adolescents, provide for psychological evaluations, and support additional appointment slots to assist individuals in applying for benefits. A total of 101 unique individuals have benefited from services this fiscal year.
- **Lancaster County Threat Advisory Group (TAG)**: The TAG Team proactively addresses both existing and emerging threats of targeted violence across Lancaster County. This multidisciplinary team's focus is to enhance community safety by collaboratively assessing potential threats posed by individuals whose behavior indicates a risk of future harm. Spearheaded by the Lancaster County District Attorney's Office and supported by the FBI's Community Anti-Threat Team, TAG brings together local partners to identify concerning behaviors, assess threats, and develop coordinated intervention strategies. The team meets regularly to review cases and provide recommendations for a community-based response to mitigate risk. Key members of TAG include representatives from law enforcement, schools, juvenile and adult probation, CYA, and BHDS. Both the Directors of Crisis Intervention and the Children & Adolescent Unit actively participate, offering behavioral health insights to guide case decisions. Their involvement helps to ensure appropriate support is mobilized for individuals identified as a threat. This model has been recognized by other counties as a promising practice and is being replicated in other communities due to its success in cross system coordination and violence prevention.

Children & Adolescent Services:

- The Blended Case Management (BCM) Children's units have largely remained fully staffed throughout the fiscal year. Many team members bring years of experience in the children's behavioral health system, contributing deep knowledge and a strong commitment to achieving positive outcomes for youth and families. Similarly, the Administrative Case Management (ACM) unit is fully staffed by seasoned professionals, ensuring capacity to respond to the continued rise in service acuity among young people. Despite the growing demand for service, there are no current waitlists for children's case management services in Lancaster County, an outcome directly attributed to the dedication and expertise of long-standing responsive staff.
- In August 2024, the Children's Cross-System Team (CASSP Policy Committee) hosted a half-day cross-training event to strengthen collaboration and shared understanding across child-serving systems of child welfare, juvenile justice, and behavioral health. 150 staff from all three sectors actively engaged in training and networking sessions enhancing cross-system coordination and service integration.
- The county continues to offer partial hospitalization options for youth, including two outstanding programs providing both acute and short-term stay lengths. A third program, launched in 2021 and operated by the local intermediate unit (IU13), has become a vital resource, offering extended stays and enhanced academic and behavioral supports.
- The Youth Behavioral Health Collaborative is a high-level, cross system initiative co-led by the President Judge and a County Commissioner. This collaborative brings together key leaders and from the judicial system, child welfare, behavioral health, juvenile probation and community-based providers to address the complex needs of court-involved and at-risk youth through a trauma-informed lens. The initiative is focused on reducing system fragmentation, identifying and closing gaps, and advancing solutions that promote improved outcomes for youth.

Suicide Prevention:

- The Lancaster County Suicide Prevention Coalition unites representatives from government, education, community-based service providers, and individuals with lived experience, including survivors and community members in its mission to increase awareness of suicide risk, promote prevention strategies, and highlight the importance of early intervention. Led by a subcontracted partner, Mental Health America, the Coalition meets monthly to advance a comprehensive agenda that emphasizes training, education, and the implementation of evidence-based practices. The Coalition hosts an annual Suicide Prevention Conference to share knowledge, foster connection, and elevate best practices. In September 2024, the conference welcomed over 200 attendees, for its “River of Resilience: Charting a Course for Suicide Prevention.” The keynote speaker was Matt Dorgan, President and Founding Member of Building Bridges for Brianna. The upcoming 2025 event, scheduled for September 18th, is titled, “The Power of One”. The keynote speaker will be Jennifer Storm, victims’ rights expert and author of *Blackout Girl*.
- Led by Mental Health America/Lancaster County Suicide Prevention Coalition, and in partnership with Penn Medicine/LGH and the Lancaster County Sherriff’s Office, this initiative launched a comprehensive Safe Firearm Storage program with support from the PA Department of Health’s Preventative Health Services Block Grant. Partners provide gun locks and gun safes to those with a firearm in the home, promoting secure storage as a critical component of suicide prevention. This three-pronged effort focuses on: (1) Reducing the risk of firearm related suicide, providing veterans with tailored safety strategies that address their specific needs, and (3) creating safe environments for children through advanced locking technologies and educational outreach.

Programming & Services:

- WellSpan Philhaven was awarded grant funding to launch a First Episode Psychosis (FEP) program in Lancaster County, addressing a critical gap in services for youth and young adults experiencing early psychosis. The program implements a nationally recognized, recovery-oriented model known as Coordinated Specialty Care, which is designed to improve outcomes for individuals ages 15-30 who are experiencing psychosis for the first time. The CSC model offers a multidisciplinary array of services, including psychotherapy, medication management, family support and education, peer support, supported employment and education, and case management. Care is individualized, culturally responsive, and rooted in shared decision-making among the participant, their family and the care team to promote continuity and long-term recovery. Commonly reported outcomes of FEP Programs include reduced symptom severity, improved functioning, fewer psychiatric hospitalizations, and a significant decrease in suicide risk. The program represents a transformative investment in early intervention and coordinated mental health care for Lancaster County youth.

Residential Services:

- Lancaster County BHDS received a supplemental allocation of Human Services Block Grant base funds to establish a three-bed Enhanced Community Residential Rehabilitation (CRR) program, awarded to Community Services Group (CSG). This program is designed to serve individuals discharging from Wernersville State Hospital who have medical and behavioral health needs that cannot be met in traditional residential settings. Lancaster County currently has a 55-person bed cap at Wernersville and consistently maintains a waitlist of around 20 individuals seeking admission. With limited local resources available, appropriate community discharge options are often unavailable, delaying transitions and prolonging hospital stays. This new CRR will provide a qualified and medically

supportive setting for individuals requiring medical care, including insulin administration, diabetes monitoring, incontinence, tremors, eye drop application and other medication management needs. Staff will be specially trained to assist individuals who have historically been denied admission to other CRRs or personal care homes due to their medical conditions. The addition of this home creates new local capacity and opens the door for safe discharge planning. Because counties must discharge a current resident to admit a new individual to the state hospital, this program will effectively open three beds at Wernersville for Lancaster County residents. This investment addresses a long-standing gap in Lancaster County's residential continuum, offering a community-based alternative for individuals who have been unable to leave the state hospital due to the absence of medically capable residential options.

Forensic Services:

- In April 2024, the Transition to Community RTFA shifted course and became an Enhanced Community Residential Rehabilitation (ECRR) program. This transition allowed for greater flexibility in meeting the needs of its residents by offering enhanced services and extending the length of stay from 90 days to six months to support residents post release in meeting their outcomes related to securing employment/income, obtaining benefits, participating in treatment and wellness programs, developing life skills (e.g. budgeting) and advancing their recovery plans. To be eligible for TTC, all persons must have a serious mental illness and be at least 18 years of age, have forensic involvement, be residents of Lancaster, and open with BHDS Case Management. The program provides a stable and comfortable community-based alternative to incarceration while providing intensive and structured treatment necessary for the recovery of individuals 24/7. In FY 24-25, 27 individuals were served by this program.

Vulnerable Populations:

- **Individuals/Families Experiencing Homelessness:** In February 2024, BHDS was notified that two HUD-funded rental assistance programs would be defunded, resulting in the displacement of 30 individuals with Serious Mental Illness by November 2025. The loss represents \$480,912 in permanent supportive housing funds. Despite the significant impact, BHDS acted swiftly to mitigate harm to this highly vulnerable population. By leveraging new and existing partnerships with community housing providers such as Chestnut Housing, Good Samaritan Services, Lancaster City Housing Authority and others, BHDS expanded access to alternative housing options. Additionally, close collaboration with the Office for the Lancaster County Homelessness Coalition enabled BHDS to secure 15 new housing units. As a result of these proactive efforts, the risk of widespread displacement was avoided, and by the end of June 2025, only a small number of individuals remained affected. In addition, BHDS continues its partnership with Community Basics Housing Development Corporation to subsidize six set-aside apartments at Park Avenue Apartments. These units follow a housing first approach, allowing six individuals to maintain stable housing throughout the year. Another supportive housing initiative is the Master Leasing Program, which provides temporary housing for up to four individuals who would otherwise be homeless. Residents can remain for up to three months while they work to secure income, employment, and/or permanent housing.
- **Creation of a Community Intake/Homelessness Liaison Caseworker:** This newly established position is embedded within the community with a primary focus on identifying and engaging individuals experiencing or at risk of homelessness who may have a serious mental illness. The liaison works in close partnership with the Lancaster County Homelessness Coalition providers, regional hubs,

emergency shelters, encampments, drop-in centers and other community-based organizations to conduct targeted outreach. The goal is to locate, engage, and build trust with individuals who are often disconnected from services. This role emphasizes helping individuals navigate complex systems of care, connect with mental health support and public benefits, and access housing options that promote long-term stability

b) Strengths and Needs by Populations: (Limit of 8 pages #1-11 below)

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

1. Older Adults (ages 60 and above)

Strengths:

- Lancaster County Area on Aging (AAA), hosts the Aging Well Being Committee which is represented by community leaders including the PA Dept. of Aging, area nursing home administrators, Millersville University, CABHC, D&A, community-based aging providers and behavioral health providers. The agenda is one that seeks to (1) identify and mental health issues/needs of the aging population in Lancaster County, (2) provide mental health training for staff working with the aging population, (3) provide education to reduce stigma and (4) engage in community outreach activities to promote mental health service availability and access.
- A robust Aging network that includes a well-established network of aging services providers, including senior centers, home-delivered meals, and care management services that promote wellness and reduce isolation. The Office of Aging offers virtual health and wellness classes and activities (arts & crafts, fitness activities, current event discussions, entertainment, adult education).
- Many local health systems, including Penn Medicine/LGH and WellSpan offer integrated behavioral health within primary care settings, which improves access and reduces stigma for older adults seeking mental health support.
- BHDS and its contracted providers offer outpatient services, psychiatric support and case management tailored to older adults, including those with mobility, cognitive or transportation challenges.
- A strong culture of faith and peer support exists in the county. Many older adults participate in faith-based programs, which serve as protective factors for mental health and help reduce social isolation.
- Strong collaboration between BHDS and the Office of Aging allowing for more coordinated care and targeted problem-solving around issues that impact aging individuals.

Needs:

- Responsive mental health services that address the unique challenges faced by older adults resulting from social isolation, grief, cognitive decline, and co-occurring physical health conditions. Includes the need for Geriatric Mental Health Specialists to offset the shortage of clinicians trained in this area, especially in rural areas.
- Outpatient providers who accept Medicare.

- Integrated Certified Peer Specialists within skilled nursing home facilities to help abate feelings of isolation and other conditions that serve to deteriorate both mental and physical health conditions.
- Expanded outreach and education targeting older adults to increase awareness of available mental health services and reduce longstanding misconceptions and stigma around mental health care.
- Enhanced coordination between physical and behavioral health providers to address complex, co-occurring medical and mental health needs of older adults,
- Long-term care facilities and personal care homes that are equipped to serve older adults with mental health needs and concerns.
- Increased access to in-home and community based behavioral health supports to help older adults age in place safely and with dignity.
- Combatting stigma around mental illness and help seeking among older adults through targeted outreach, public education, and peer support.
- Enhanced transportation options to reduce barriers that threaten or undermine access to services.
- Support for caregiver's mental health noting the toll caregiving takes on family members supporting older adults with behavioral health needs.
- Enhanced awareness and navigation support help older adults and their families understand and access available behavioral health resources.

2. Adults (ages 18 to 59)

Strengths:

- Strong, cross-sector partnerships that unite behavioral health, physical health, criminal justice, housing, and human services in a coordinated and responsive system of care.
- A comprehensive provider network that ensures access to a continuum of behavioral health services, including outpatient therapy, psychiatric care, case management and crisis response.
- 27/7 mobile crisis teams that reduce reliance on emergency rooms and law enforcement by delivering immediate, community-based interventions.
- Peer-led, recovery-oriented initiatives that are integrated into service delivery, with Certified Peer Specialists and Crisis Peers offering lived experience support throughout the system.
- Forensic support services that provide tailored interventions for justice-involved individuals with serious mental illness, helping them avoid incarceration through diversion, jail-based supports, and treatment courts.
- Strong hospital and health system collaboration facilitating smoother transitions of care, reducing discharge delays and readmissions.
- Meaningful consumer and family involvement is designed to influence planning and quality improvement through CSP, stakeholder engagement and advisory boards.
- Opening of the Crisis Walk-In Center (January 2025) offering same day access to assessment, stabilization, peer support, and bridge services for those in emotional distress.
- Assertive Community Treatment (ACT) and Extended Acute Care (EAC) programs that offer high-intensity, community-based support with access to medical and psychiatric services.
- Co-occurring treatment services, including an outpatient clinic in Columbia using the Hazelden model, to support individuals with complex mental health and substance use needs.
- Short-term housing options for individuals who are homeless, lack income, and are receiving BHDS case management services to provide the stability and time needed to re-establish benefits, seek employment, participate in supportive services, and actively pursue permanent housing solutions.
- Compeer, a program through MHALC, that seeks to reduce isolation and stigma for individuals who experience mental illness and promote recovery by increasing community re/integration and inclusion through friendship and meaningful engagement.

- Access to Social Determinants of Health which provides funding for non-clinical needs that can impact an individual's/family's mental health and stability. This includes funding for short-term housing support, transportation assistance, employment readiness, and basic needs such as food and hygiene supplies.

Needs:

- Across the board, increased access to affordable housing and residential treatment options remain a serious and pressing need for adults with serious mental illness.
- There is a growing demand for services that address co-occurring mental health and substance use disorders, requiring greater collaboration between D&A and behavioral health.
- Improved transportation is needed due to financial barriers, complex multi-bus routes, inconvenient access, and long wait times that cause delays to appointments or getting home.
- Access to stable and affordable housing, especially for individuals who are living on Supplemental Security Income (SSI). The limited income available through SSI restricts housing options almost exclusively to substandard rental rooms or unstable roommate arrangements. While such arrangements may technically meet the definition of shelter, they often fall short of supporting and individual's mental health, recovery and overall wellbeing.
- Culturally responsive access to mental health services, noting that there is a critical shortage of Spanish-speaking therapists, particularly for individuals who are uninsured or ineligible for Medicaid.
- Timely availability to neurological/psychological assessments; currently significant backlogs exist, with waiting times ranging from several months to over a year. These compounding barriers place vulnerable populations at heightened risk, underscoring the need for expanded provider capacity and timely diagnostic services.
- Lancaster County's expansive geography creates significant challenges in accessing behavioral health services due to transportation barriers and/or provider scarcity.
- Focusing on recovery-oriented models that prioritize community connections, peer relationships, and natural support to foster greater long-term stability and resilience for individuals with mental health needs.
- Sustained investment in Certified Peer Specialists noting that peers play a vital role in bridging service gaps, reducing isolation, and supporting individuals in navigating complex systems.

3. Transition age Youth (ages 18-26)

Strengths:

- WellSpan Philhaven was awarded funding to implement a First Episode Psychosis (FEP) program designed to provide early intervention services for individuals experiencing the onset of psychosis. The program is anticipated to launch in late summer or early fall and will have the capacity to serve up to 30 individuals between the ages of 15 to 30. This initiative reflects a critical investment in early identification and treatment, with the goal of improving long-term outcomes and supporting recovery during this pivotal stage of life. This program will be launched during Fall 2025, with service capacity for up to 30 individuals.
- The Specialized Transitional Age Resources (STAR) program, operated by CSG, remains an asset to the county's service continuum and consistently operates at full capacity. This skill building program plays a critical role in supporting young adults as they navigate the challenging transitions into adulthood and greater independence. Each year, approximately 50 individuals are served through the STAR program. A dedicated Transitional Age Coordinator and Peer Mentor work closely with participants to provide individualized support.

- A Specialized Community Residential Rehabilitation (CRR), called TAP, provides up to 5 transitional age youth with the opportunity to develop life skills and practice those skills in a safe environment. The program assists them in locating employment, completing their education, and developing budgeting skills to prepare them for living independently within the community.

Needs:

- The county's current residential program for young adults does not sufficiently meet the evolving and complex needs of this age group. There is a critical need for more developmentally appropriate services that offer intensive, individualized support, such as in-person coaching, life skills development, and individualized goal setting to support successful transitions into adulthood.
- Many young adults in the mental health system lack the daily living skills necessary for independence. Services are needed that support the development of practical tasks such as budgeting, building credit, apartment maintenance/laundry/cleaning, understanding leases, applying for benefits, self-advocacy, time management, maintaining motivation, and navigating interpersonal relationships. Additionally, safety skills while living in the community remain an unmet need.
- Transitional age youth often have limited understanding of the legal system and the consequences of impulsive or risky behaviors that may lead to criminal involvement. Targeted education and intervention are needed to reduce justice system involvement.
- A subset of youth, particularly those exiting foster care, residential treatment facilities, or the juvenile justice system, require more natural, consistent, and trauma-informed support as they lack family, community anchors, or supportive adults.
- The expansion of transitional-age focused support groups is needed to reach more young people with structured emotional support, mentorship, and real-time problem-solving.
- Youth currently engaged with the STAR program need access to alternative funding options, as the program is now funded through Medicaid/PerformCare, which limits its accessibility to non-Medicaid eligible individuals.
- There is a need to scale up evidence-based and promising practices that are tailored for young adults, particularly those that promote resilience, autonomy, and sustained engagement in education, employment or treatment.
- Suicide prevention and substance use intervention, and early psychosis education must be available and targeted toward this age group using developmentally appropriate, culturally relevant and destigmatizing approaches.
- Affordable housing options are needed, especially for those aging out of the children's system with minimal independent living skills and limited social capital. These individuals are highly susceptible to unstable housing or homelessness, putting them at risk for relapse or disengagement from care.

4.Children (under age 18)

Strengths:

- The county benefits from a robust network of providers and strong interagency collaboration across child-serving systems. Effective partnerships with schools, child welfare, and juvenile justice enhance service delivery and promote early identification and intervention.
- Community based services such as mobile therapy, family-based mental health, and school-based behavioral support are well established and widely utilized.
- A strong, influential CASSP system supported by the executive directors of all the County child serving agencies, as well as key children-serving leaders, meet regularly to discuss needs, address gaps to advance an agenda that promotes well-being and advocacy for youth.
- The CASSP Policy Committee collaborated to use braided funding to develop a full-time position to enhance the County's CASSP program/efforts. The Cross Systems Specialist, hired in 2024,

promotes early intervention and collaboration for systems involved youth among key stakeholders (CYA, JPO, Youth Intervention Center, behavioral health providers, JPO)

- Evidenced-based interventions such as Parent Child Interaction Therapy, Multisystemic Therapy, Functional Family Therapy, Family Group Decision Making are just a few avenues utilized to meet the challenging needs of our children and youth.
- The County's Youth Intervention Center staff are trained in TBRI (Trust-Based Relational Intervention).
- There are many school districts within the County that have school-based behavioral health services that can be easily accessed by children/youth experiencing mental health or drug and alcohol issues.
- The County provides funding support of two providers of family-based services to serve youth who do not have MA coverage or experience a lapse in coverage.
- Respite funding provided for 55 youth to attend summer camps.
- Respite services are available to families through Reinvestment funds. PerformCare partners with a respite brokerage agency to offer respite services to eligible individuals.
- Our local MHA has staff and consumers providing education and awareness about mental health issues within school districts across the County.
- A residential treatment facility located within the County of Lancaster that can serve up to 8 youth between the ages of 14-18 in Manheim, Pennsylvania.

Needs:

- There is a need for a centralized system or repository to track provider capacity and improve service coordination across the network.
- Additional specialty services are needed to address the diverse and complex needs of children and adolescents, including those with autism spectrum disorders, significant trauma histories, or dual diagnosis.
- Earlier coordination with our CYA, the Courts, and Juvenile Probation to find new approaches in meeting the needs of youth with multiple system involvement.
- Youth, with complex needs requiring an RTF frequently have complex and acute clinical presentation, often lack permanent discharge resources which are needed.
- Hosts home/CRR for children/youth with mental health needs; currently do not exist.
- Earlier identification of behavioral health concerns in children and access to treatment.
- Prevention options are limited due to reliance on the Medicaid system as the payor.
- Delivering intensive services for youth who do not have an identified caregiver leaves youth sitting in out of home placements for prolonged periods.
- Clinical specialties, noting demand for children experiencing trauma/disruption early in life. Modalities include Neuro feedback/Biofeedback, Dialectical Behavioral Therapy, Internal Family Systems Therapy, Eye Movement Desensitization Reprocessing.
- In general, need therapists with trauma-focused specializations, experience with problem sexualized behavior, and Co-Occurring MH & SUD.
- The needs of caregivers are more acute; often do not get to clinical issues due to their own inability to address their basic needs (housing and food), mental health issues, and other factors.

5. Individuals transitioning from state hospitals

Strengths:

- High level of commitment in reintegrating patients back into the community.
- Excellent medication management practices ensure individuals on trial visits and those discharged have access to prescribed medication.

- Ongoing tradition of bringing Lancaster County individuals to the annual Recovery Picnic, fostering social connection and community belonging.
- The county's access to a Diversion Program serves as a valuable step-down option for individuals requiring a structured, supportive environment post-discharge.
- The availability of ACT services to ensure that individuals with intensive needs receive wraparound, community-based support upon discharge.
- Individuals being considered for CRR placement are given the opportunity to tour programs and access to trial periods to assess fit and make informed decisions about their care path.

Needs:

- Many individuals cannot be discharged due to the lack of higher-level, structured, care settings within the county that can meet their intensive needs.
- Community-based individuals face long wait times for placement as forensic commitments are prioritized over community, often resulting in 2 year+ waitlists. This situation underscores the urgent need for additional beds and/or solutions for individuals in need of acute care who languish in other acute settings (EAU) creating system backlogs.
- There is a shortage of accessible, affordable housing solutions tailored for individuals with complex mental health and medical profiles.
- Long-term care and skilled nursing facility options are extremely limited for older individuals with significant medical and psychiatric needs.
- There is a need for expanded funding to support Enhanced Person Care Homes, including increased staffing, therapeutic support, and nursing availability

6. Individuals with co-occurring mental health/substance use disorder

Strengths:

- The County is supported by two Centers of Excellence, TW Ponessa and LG Health, each providing access to integrated support for individuals with co-occurring mental health and substance use needs.
- A Dual Outpatient program in Columbia (PA Counseling Services) that treats co-occurring mental health and substance abuse disorders simultaneously. This program was built using the Hazelden approach, an evidenced based model that has proven successful in achieving higher abstinence rates, reduced psychiatric symptoms, and increase housing and employment stability.
- Several Certified Crisis Peers also hold Certified Recovery Specialist credentials, enhancing their ability to support individuals with co-occurring mental health and substance use disorders.
- Lancaster County benefits from a network of co-occurring service providers, including Blueprints, the RASE Project, and others that offer intensive outpatient and inpatient rehabilitation services for individuals with Medicaid.
- Numerous support groups are available countywide in flexible formats, including in-person, phone-based, and virtual options.
- Consumers can access CABHC's Recovery House Scholarship Program which provides financial assistance for housing in licensed recovery homes.
- BHDS Specialty Case Managers actively participate in both Mental Health Court and Drug Court, serving as part of an interdisciplinary team to enhance coordination across behavioral health, criminal justice, and court systems. Upon graduation, participants receive ongoing case management services to maintain continuity of care and support.

Needs:

- Expanded financial assistance beyond CABHC's Recovery House Scholarship Program to support individual's ineligible for housing subsidies, including those in early recover or without Medical Assistance.
- Increased access to local inpatient and residential rehabilitation programs that accept Medicare, as current options are extremely limited or unavailable within Lancaster County.
- Improved communication and coordination between behavioral health and substance use providers, particularly during transitions to care.
- Greater availability of integrated treatment programs that fully address co-occurring disorders. Many programs are not equipped to manage both simultaneously.

7.Criminal justice-involved individuals

Strengths:

- Strong partnerships and collaboration exist between BHDS and the County's Prison Mental Health and Reentry teams leading to successful transitions of incarcerated individuals into the community.
- BHDS-MH provides forensic case management services to individuals involved in the criminal justice system, focusing on diversion, reentry planning and continuity of care post incarceration.
- The Transition to Community program plays a pivotal role in supporting individuals with a SMI reenter the community following incarceration. Designed as an up to 6-month residential step-down program, TTC offers a structured, therapeutic environment to stabilize individuals, reestablish benefits, find employment and work on their individualized recovery plans. The program offers trauma-informed, recovery-oriented care, with participants receiving medication management, therapy, life skills and other supports. This program has proven effective in reducing recidivism and boasts an impressive success rate.
- Participation in the Forensic Interagency Task Force has provided Lancaster County with the opportunity to build stronger working relationships with staff from the Department of Corrections and surrounding counties. This collaboration has enabled the County to learn from innovative practices implemented in other counties and help inform local strategies for better serving justice-involved individuals with behavioral health needs.
- Mental Health Court provides an alternative to incarceration for eligible individuals with mental illness. Participants receive structured supervision, mental health treatment and wraparound supports. BHDS has a dedicated Case Manager assigned to MH Court.

Needs:

- Early screening at initial points of justice involvement (e.g. arrest, arraignment) and mechanisms for diversion to treatment over incarceration exist
- High rates of recidivism exist among this population; more interventions could help to decrease.
- Access to a 30-day supply of medication upon release (instead of a three-day supply) and the ability to have medication filled if warranted.
- Affordable housing to options that prevent individuals from being released to homelessness.
- Options for sex offenders, noting that as the most marginalized population in forensic mental health, pathways toward recovery are grave due to barriers involving with housing, employment and general community reintegration.
- Ability to connect individuals with medical assistance/insurance so that coverage is available upon release.
- Expansion of our forensic case management staff to ensure that case management services are available to our forensic population.

8. Veterans

Strengths:

- VA Lebanon Healthcare System serves Lancaster County veterans with integrated behavioral health services, including outpatient psychiatry, case management, and substance use treatment.
- The Lancaster County Homelessness Coalition and the Veteran's Victory House prioritize veterans experiencing homelessness.
- Local organizations such as Veterans' Court mentors, American Legion, and VFW posts in the County help identify struggling veterans and connect them to services.
- Veterans Court to divert eligible veterans away from incarceration and into treatment, recovery and stability through a structured and supervised court program that is trauma-informed, and veteran focused for those who are struggling with mental illness, substance use, trauma or other behavioral health challenges.
- Telehealth services are widely available, reducing travel barriers for rural veterans with SMI.

Needs:

- Enhanced behavioral health access and navigation noting that many veterans with SMI struggle to navigate between VA and community-based services.
- Wider access to trauma-informed mental health treatment, particularly for PTSD, TBI, MST, and co-occurring disorders, especially for veterans who are not VA-eligible.
- Community programs that are military culture-informed promoting trust and engagement for veterans in accessing services.
- Providers across the spectrum of behavioral health, housing and justice systems need military cultural competency training to effectively engage veterans with SMI.

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

Strengths:

- An increasing number of mental health providers in Lancaster County offer LGBTQ+ affirming care, ensuring that individuals have access to counseling, peer support, and therapeutic services that are inclusive, respectful and tailored to their lived experiences. These services are available both in-person and virtually.
- The Lancaster Chooses Love movement, which began in 2021 in Lititz, has grown into a powerful grassroots mutual aid network. It advocates for LGBTQ+ individuals across the county by providing safe spaces, a community resource center, food pantry, and connecting residents with critical supports and services.
- A growing interfaith coalition has emerged to promote spiritual healing and acceptance for LGBTQ+ individuals, offering welcoming spaces that affirm identity and foster belonging.
- The annual PrideFest, now hosted in both Lititz and Lancaster, has expanded its reach to over 15,000 attendees. It serves not only as a celebration of identity and visibility, but as a platform for resource-sharing, mental health awareness, and service connection.
- A variety of community-based outreach events are intentionally designed to engage LGBTQ+ individuals, reduce isolation, and increase access to culturally competent mental health services and supports.

Needs:

- Culturally competent clinical services remain limited, particularly for transgender and gender-diverse individuals seeking affirming psychiatric care, trauma-informed therapy, and gender affirming evaluations.
- Many providers lack specific training or comfort in addressing LGBTQ+ identities within a mental health context. Need providers with training and who are competent in responding to LGBTQ+ individuals.
- Youth and young adults identifying as LGBTQ+ continue to face disproportionate rates of depression, anxiety, suicidal ideation and family rejection. There is a need for more safe, supportive housing options and peer programs specifically designed for LGBTQ+ youth navigating homelessness, trauma, or system involvement.
- Access to care in rural areas of the county remains a challenge, with few providers offering service, Transportation barriers and stigma exacerbate isolation and underutilization of available services.

10.English Proficiency (LEP)

Strengths:

- Participation in the new collaborative initiative led by Union Community Care (UCC) to enhance behavioral health and support for refugees and Limited English Proficient populations.
- Well-established and culturally responsive providers including SACA, Nuestra Clinica, Ponessa Behavioral Health and Esperanza Hope offer Spanish-speaking mental health services as provider capacity allows.
- There is a deeply rooted culture of mutual support within LEP communities which serves as a protective factor against isolation and can complement formal services.

Needs:

- Greater access to bilingual and bicultural providers, especially Spanish-speaking therapists and clinicians who accept insurance plans beyond PerformCare.
- Expanded psychiatric and outpatient treatment options, despite gains, significant gaps remain in psychiatry, outpatient services, and partial hospitalization programs for non-English speaking individuals, especially those in crisis or with SMI.
- The refugees who require services across multiple systems (behavioral health, housing, medical), experience language barriers and cultural misunderstandings that hinder engagement and retention in care. Need resources to combat language barriers and sustained cultural sensitivity training.
- To sustainably serve the LEP and refugee populations, the provider network must expand, both in size and in cultural/linguistic competency. This includes training, interpretation services, and staff recruitment.

11. Other populations, not identified in #1-10 above (if any, specify)

Homeless Population:

Strengths: An active Homelessness Coalition comprised of over 75 providers in housing, human service, physical health, education, municipal, crisis intervention, mental health providers, and others to coordinate care and address systemic gaps. Street Outreach teams who are trauma-informed and trained in harm reduction and work with individuals to connect them with shelter, treatment, and benefits. The growing commitment to and availability of shelter/housing resources through LCHRA, Tenfold, HDC, YWCA, and others that offer housing and stabilization resources. Growing number of resources for food, hygiene, and daily socialization services. Crisis Peers weekly presence at area hubs (Columbia and ECHOS) to assist homeless/vulnerable individuals in navigating systems.

Needs: A designated MH Specialist to assist individuals in navigating and expediting disability benefit applications often delayed or inaccessible without experienced support. Access to improved communication solutions noting that many individuals lack access to a consistent phone or mailing address, making it difficult to participate and stay connected to services. Expansion of low-barrier shelter beds or Housing First units for individuals with untreated mental illness. Transportation assistance without caseworker support.

Medically Involved Individuals:

Strengths: Meeting the physical health needs of many of our community members with no insurance is challenging and resources are very limited. In a partnership with Union Community Care, a patient certified patient-centered medical home, behavioral health clinicians are embedded on-site to provide real-time assessment and intervention. **Needs:** There is a continued need for outreach and education to strengthen understanding of mental illness and to connect individuals with appropriate behavioral health services and treatment providers across the county.

Co-occurring Mental Health/Intellectual Disabilities:

Strengths: The County is seeing a growing number of individuals who require both mental health and intellectual disability (ID) services. This population often requires highly coordinated, individualized care due to complex needs and system involvement. The County has made dedicated efforts to heightened focus on cross-system collaboration and has identified dedicated IDD Supports Coordinators and MH Case Managers to serve youth and adults who are dually diagnosed, providing navigation, care planning, and advocacy across service systems. These coordinators/case managers ensure that individuals are not lost between eligibility criteria or disconnected from services when transitioning between mental health and IDD programs. **Needs:** Access to intensive behavioral supports noting a shortage of specialized providers who are trained to work with individuals who have intellectual disabilities and mental health conditions. Safe stable housing with emphasis on the need for enhanced supportive living environments. Enhanced system navigation and continuity to ensure that families and caregivers are equipped in navigating eligibility, funding streams and access to resources.

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

Previous Year List:

Continuing from prior year New Priority

Priority 1: Stigma Reduction

Over the past year, Lancaster County has made intentional strides in reducing stigma associated with mental illness through coordinated community education, peer leadership and strategic partnerships. Key accomplishments include:

- Peer-Led Outreach and Education: Certified Peer Specialists have continued to serve as trusted messengers, sharing lived experience to normalize mental health challenges and promote help-seeking. Their presence at community events, in crisis response teams, and in social media campaigns has significantly humanized mental health struggles and reinforced recovery as possible.
- Community Campaigns: The County has collaborated with local providers and advocacy organizations to amplify anti-stigma messaging through public awareness campaigns, including mental health awareness month efforts, youth-led storytelling projects, and culturally informed outreach materials.
- Cross-Systems Training: Stigma reduction was embedded into training across all systems, including law enforcement, first responders, schools and primary care settings. These efforts emphasize trauma-informed care and hope-oriented, recovery-affirming practices.
- Inclusion of Lived Experience in Planning: Individuals with lived experience were included on advisory boards and workgroups, ensuring that stigma reduction is woven into the fabric of system transformation.
- Youth and Family Engagement: Efforts targeted stigma among youth and families through school-based programs. These programs helped normalize emotional wellness, reduce isolation, and promote early interventions.

Continuing from prior year New Priority

Priority 2: Consumer Engagement

As part of our recovery-oriented transformation efforts, meaningful progress has been achieved in building a consumer-informed and consumer involved network to enhance engagement, voice, and leadership. Action steps included:

- Formation of a Core Leader Team: A Request for Quote was issued to identify and secure a qualified organization to serve as the lead entity for the annual Recovery Picnic and Community Support Program. A consumer led agency was selected, Mental Health America of Lancaster County (MHALC) to coordinate planning and execution of these activities, ensuring alignment with recovery values and inclusive practices.
- Annual Recovery Picnic – Planned and Executed on June 12, 2025; the theme: Recovery is Groovy

- A vibrant, community centered Recovery Picnic was successfully held, offering a festive event that was filled with activities, dancing, basket raffles, cake dance, games, and great food. Approximately 350 individuals were in attendance. Event logistics, including entertainment, catering, outreach, and events, were managed collaboratively with consumer and provider input. A Peer from Crisis Intervention won the tee shirt design competition. Attendance was broad based, with strong representation from individuals in recovery and their families. Approximately 350 people attended. Post event feedback was collected to inform the planning for future events.
- Consumer Leadership in Community Support Activities: MHALC launched monthly engagement meetings involving consumers and stakeholders to inform programming and service improvements. Meetings are conducted in hybrid environment. The group provided input into the recovery picnic, learned about budget advocacy from MHALC national, met individuals who shared their lived experiences. Additionally, discussions occurred about stigma reduction, education and empowerment in alignment with recover goals.

Priority 3: Suicide Prevention: Suicide Death Review Panel

The original objective was to collaborate with mental health advocates, the coroner, law enforcement, public health, prison, aging and other relevant sectors to establish a Suicide Death Review Committee. This multidisciplinary team was intended to examine the circumstances surrounding individual cases of suicide, identify trends, risk factors, and service gaps, and develop actionable recommendations to inform policy changes, intervention strategies, and community prevention efforts. However, despite strong interest and preliminary discussions, significant barriers prevented the committee from being established. Chief among these were challenges related to data sharing and confidentiality, including JIPAA and privacy concerns across healthcare systems, law enforcement, and mental health providers. Additionally, resource limitations, such as inadequate staffing, infrastructure, and capacity for ongoing panel meetings, data analysis, and reporting hindered progress. While collaboration with MHALC and the Lancaster Suicide Prevention Coalition sought to clarify the composition and role of the panel, the process faced delays and lacked the necessary momentum to move forward. The absence of dedicated resources and a clearly defined direction/protocols further stalled efforts to formalize the committee. The County remains committed to advancing this initiative and will continue to re-evaluate its options and a path forward to gaining this data/information.

Coming Year List:

Fiscal Year 2025-2026

Continuing from prior year New Priority

Priority 1: The Next Chapter: Transforming Mental Health in Later Life Narrative:

Leverage the county's strong stakeholder engagement to ensure that older adults have ongoing input and broader accessibility into mental health services with the vision of creating a responsive, age-inclusive and recovery-oriented mental health system that affirms the dignity, autonomy and wellness of older adults. Focus areas include: (1) Cultivating an Age-Inclusive Recovery Culture, (2) Expanding Peer Support for Older Adults, (3) Deployment of Mobile Geriatric Behavioral Health Teams, (4) Integration of Physical Health and Aging Supports, (5) Enhancing Social Connection and Purpose, (6) Supportive Housing and Transitional Care, (7) Advance Planning and Autonomy, and (8), Workforce

Development in Geriatric Behavioral Health. This initiative leverages the strengths of Lancaster County's existing stakeholder network, including case management, advocacy partners, behavioral health providers, peer support organizations, and health systems to drive system transformation.

Timeline:

Year 1: Focuses on foundation planning, stakeholder engagement, and strategic alignment. The County will build upon its existing network of providers, advocates, and system partners to design an integrated approach as follows:

- Quarter 1-2: Planning and Infrastructure Development
 - Establish the committee and leadership structure/roles
 - Define mission and vision, and shared outcomes
 - Complete system scan and stakeholder mapping
- Quarter 2-3: Community Engagement and Needs Assessment
 - Conduct listening sessions and targeted outreach with older adults (rural, urban, BIPOC, LGBTQ+, veterans)
 - Launch older adults-focused needs survey
 - Host inter-agency forums
- Quarter 4: Use data to inform the next steps and prioritize scalable pilot programs
 - Analyze community feedback and service utilization data
 - Identify opportunities for low-barrier, recovery-focused interventions (e.g. older adult peer support, mobile outreach, enhanced housing supports)
 - Draft a Year 2 Implementation Strategy with recommendations for Service innovation plans, policy or practice changes, provider training needs, cultural and linguistic considerations
 - Present findings and Year 2 plan to stakeholders.

Fiscal/Resources:

- Leverage HSBG funding and reallocation opportunities, exploring partnerships with aging networks and age-serving organizations, CABHC Reinvestment funds

Outcomes: Improved mental health and quality of life for older adults, increased access to age-inclusive recovery-oriented services, expanded peer support and use of community-based models, strengthened collaboration across aging, mental health and healthcare sectors, Greater independence, housing stability, and community connection among older adults.

d) Strengths and Needs by Service Type: (#1-7 below)

1. Describe telehealth services in your county (limit of 1 page):

a. How is telehealth being used to increase access to services?

Lancaster County has embraced telehealth in several meaningful ways that have served to expand access, reduce barriers, and integrate virtual options into traditional systems. Telehealth has been particularly effective in reaching populations that have been disconnected from services and for individuals who experience severe anxiety, mobility limitations, or co-occurring medical conditions. Telehealth allows these individuals to maintain consistent engagement with providers with fewer barriers and has demonstrated efficacy with improved treatment adherence, patient satisfaction, and overall outcomes.

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces for telehealth appointments)

The County continues to promote and encourage implementation of new approaches to expand access to telehealth for individuals receiving behavioral health services. Telehealth has become a vital tool in helping people maintain continuity of care, especially when transportation or other barriers make in-person visits difficult. To support those without access to technology, outpatient sites across the county offer secure, private spaces equipped with tablets and video conferencing tools for virtual appointments. As we look to the future, the County remains committed to identifying best practices for virtual care, particularly for rural residents, older adults, non-English speakers and individuals with disabilities (such as hearing or visual impairments).

c. What are the obstacles the county encounters in the deployment of telehealth services? (limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barriers).

While telehealth has expanded access to behavioral health services across Lancaster County, barriers continue to limit its reach and impact, particularly for vulnerable and underserved populations. Key challenges include:

- Limited digital access, particularly for individuals who cannot afford smartphones, computers, or reliable internet connectivity.
- Infrastructure issues within government systems that meet criteria for confidentiality
- Low digital literacy, especially among older adults and individuals with limited experience using technology, making telehealth platforms difficult to navigate.
- Non-accessible platforms for individuals with disabilities, including those who are deaf or hard of hearing or who have visual impairments, which can prevent their equitable participation in care.
- Privacy concerns, especially among individuals living in shared housing, tight-knit communities, or crowded households where privacy is limited.
- Clinical limitations noting that there are mental health conditions that require in-person assessment or therapy.

- Services that are not culturally sensitive or tailored to the needs of diverse populations living within Lancaster County.
- Accessing telehealth services in native languages, noting that the County is home to a large and diverse refugee population which impacts the ability to communicate effectively with providers. Non-English-speaking individuals often require interpreters which challenges confidentiality concerns.
- Overcoming the stigma that exists in some cultures and communities about accessing mental health services could heighten their reluctance to use telehealth services.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 25-26. (Limit of 1 page)

BHDS remains strongly committed to embedding trauma-informed care across all levels of service delivery. All mental health staff and contracted providers are expected to adopt trauma-informed principals when working with individuals in care. Many providers across the county have clinical staff formally trained in trauma-informed therapy, and those offering peer support, socialization services, and residential services also incorporate trauma-informed practices into their work. BHDS partners closely with area health providers and participates in Let's Talk Lancaster to support and sustain a trauma-informed system of care across the county and within trauma-serving organizations.

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 25-26. (Limit of 1 page)

BHDS recognizes the critical importance of cultural and linguistic competence in delivering behavioral health services. BHDS encourages providers to implement culturally responsive practices and to participate in training that enhances their ability to serve individuals from diverse backgrounds. Many contracted providers offer staff training in cultural humility, language access, and bias awareness as part of onboarding and professional development. Several organizations also provide services in multiple languages or use interpreter services to reduce language barriers, particularly for the County's growing immigrant and refugee populations. BHDS staff participate in various learning opportunities and are further involved in initiatives that promote cultural awareness across the service system. Additionally, BHDS works with provider agencies to ensure that materials are available in multiple languages and responsive to the values, traditions, and needs of the communities they serve. These efforts aim to foster trust, improve engagement, and ensure that all individuals feel respected and understood when seeking care.

Initiatives include:

- "Patients R Waiting" – Connects Black and Latino Lancaster residents with free, culturally competent mental health services, covering at least three therapy sessions per person.

- Union Community Care, a federally qualified health center, integrates behavioral health clinicians into their primary care sites to serve medically underserved and limited English proficiency populations including Latinx, Haitian Creole, Nepali, and refugee communities. UCC staff are multilingual, and trauma informed.
- Behavioral health providers such as SACA, Nuestra Clinica, Esperanza Counseling offer Spanish language counseling, group support, and culturally affirming interventions.
- A countywide Refugee Behavioral Health Workgroup, supported by partners such as UCC, Church World Services, BHDS, and other stakeholders.

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 25-26. *(Limit of 1 page)*

BHDS is committed to advancing a more inclusive work environment that serves to enhance its existing culture and promote positive experiences for all. BHDS utilizes Leadership Teams to advance organizational needs and provide opportunities to invest in team members across all platforms. More specifically, the *BHDS Curiosity, Growth, and Understanding Leadership Team (CGU)*, focused on developing its mission statement, which is, *“to be committed is to lifelong learning, allyship, and embodying inclusivity for those within the organization. Through this lens, CGUs aims to empower and uphold a culture at BHDS that celebrates differences and creates safe spaces for all employees while working to foster belonging and provide opportunities for both individual and organizational growth.”* This past year the committee has been active in organizing a book and article discussion club, conducting policy reviews through an equity and growth lens, developing and implementing a survey of BHDS staff to assess departmental, program and unit work culture.

Looking ahead, CGU will be looking at Health Equity and identifying and implementing strategies to develop the cultural and linguistic competency of BHDS staff and providers through training that seeks to grow enrollment and service usage among marginalized communities through outreach and other activities. As CGU gets further launched and embedded into the organizational culture, the goal is to create a 5-year plan for Health Equity Advancement within Lancaster County by BHDS. Moreover, BHDS along with system partners (e.g. PerformCare) have facilitated provider training on cultural humility, implicit bias, and inclusive practices.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. *(Limit of 1 page)*

Suicide Prevention Initiatives include:

- MHA Lancaster Suicide Prevention Coalition: Holds monthly coalition meetings, QPR training workshops to empower the community to spot warning signs and programs through the Gun Lock Project and “Signs of Suicide “in schools. Also hosts an Annual Conference each September. This year, the conference (Power of One) held on September 18m 2025, features keynote speaker Jennifer Storm and thirteen breakout sessions, offering continuing education credits.
- Lancaster County BHDS’s Crisis Intervention offers 24/7 phone, outreach and walk-in services for individuals experiencing suicidal thoughts or mental health crisis.
- A County Warmline offers a non-emergency peer support line for those needing someone to talk with
- As part of Prevent Suicide PA, developed strategies addressing youth and adult suicide prevention, stigma reduction and community outreach.
- MHA’s employment of an impressive social and print media to spread awareness throughout the year; messages are age-appropriate and culturally sensitive to reach diverse groups.
- Educational Workshops in schools, workplaces, organizations, and places of worship educate individuals about the signs of suicide risk and how to seek help. Provided training on mental health literacy and emotional well-being.
- Free Mental Health First Aid Training for both Youth and Adult MHFAs, offered through a collaborative partnership with Community Services Group and Penn Medicine Lancaster General Health. Training teaches adults how to help adolescents and adults experiencing a mental health crisis.
- Crisis Intervention staff regularly participate in community events and conferences/trainings to promote awareness of crisis services and to promote mental wellness.
- Gun Locks Project: In partnership with the US Department of Veterans Affairs, West Lampeter Police Department and Morr’s Shooting Range and Gun Store, free gun lock kits are made available to anyone. Kits include the gun lock, veteran and county crisis cards, gun safety booklets and resources.
- Let’s Talk, Lancaster, a coalition of organizations (including BHDS/MH) that work together to improve mental well-being in Lancaster County. Proposed goals for FY25-26 include implementing a countywide Zero Suicide framework to prevent youth suicide. Work to date has included the completion of a Lancaster County Suicide Prevention Initiative that works across youth serving systems. The current focus is on the implementation of training, screening and support.

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

- a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
 - Name: Gregory Snyder
 - Email address: Snyderg@lancastercountypa.gov

- Phone number: (717) 399 - 7392
- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
- Yes No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness.

Previous Year: FY 24-25 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	77	
ii. # served ages 14 up to 21	8	
iii. # served ages 21 up to 65	68	1 out of 77 is over 65
iv. # of male individuals served	47	
v. # of female individuals served	28	
vi. # of non-binary individuals served	2	
vii. # of Non-Hispanic White served	52	
viii. # of Hispanic and Latino served	5	
ix. # of Black or African American served	16	
x. # of Asian served	1	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	3	
xiv. # of individuals served who have more than one disability	29	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	32	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	3	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	15	
xviii. # of individuals served with highest hourly wage	4	\$17-\$20/hr.
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	5	

7. Supportive Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Emily Cowhey, Housing Specialist
Email address: ECowhey@lancastercountypa.gov
Phone number: 717.735.1558

- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Permanent Supportive Housing Evidence-Based Practices](#) toolkit:
 Yes x No

DHS' five-year housing strategy, [Supporting Pennsylvanians Through Housing](#) is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

- c. **Supportive Housing Activity to include:**

- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

- i. Please identify the following for all housing projects operationalized in SFY 24-25 and 25-26 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

- ii. Next, enter amounts expended for the previous state fiscal year (SFY 24-25), as well as projected amounts for SFY 25-26. If this data isn't available because it's a new program implemented in SFY 25-26, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 25-26 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 24-25 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 25-26 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Totals								
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health

Check box if available in the county and complete the section
 DHS Bulletin 2025-01
 County Human Services Plan Guidelines

Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 24-25	10. Number of Individuals Transitioned to another Subsidy in SFY 24-25
First Month's Rent	2014	HC Reinvestment Funds	\$37,265.75	\$39,255	54	50	54	\$690.11	0
North Star (Grant year 12/1/23-11/30/24)	2009	US Dept of Housing & Urban Development Continuity of Care	\$67,167.94	\$159,264	13	12	13	\$466.44	0
Polaris (Grant Year 12/1/23-11/30/24)	2010	US Dept of Housing & Urban Development Continuity of Care	\$65,178.39	N/A – grant is not renewed for 25/26. End date 11/30/25	17	11	17	\$362.10	0

Enterprise (Grant Year 12-1/23 – 11/30/24)	2011	US Dept of Housing & Urban Development Continuity of Care	\$81,583.67	N/A-grant is not renewed for 25/26. End date 11/30/25	21	16	21	\$339.93	0
Totals			\$251,195.75	\$198,519	105	89	105	\$185,858	0
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 24-25	10. Average Subsidy Amount in SFY 24-25
Master Leasing	2013	HC Reinvestment Funds	\$82,998	\$71,6708	16	16	1	4	\$432.28
PIVOT (Transitional Housing #2)	2018	HC Reinvestment Funds	\$59,850	\$54,000	10	12	1	3	\$498.75
Totals			\$142,848	\$125,670	26	28	2	7	\$931.03
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Totals								
Notes:								

5. Housing Support Services (HSS) for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
Tenancy Search (IHELP)	2010, 2017	Community Mental Health Services Block Grant	\$351,248	\$315,777	147		150	5.375 FTE shared between Tenancy Search & Tenancy Sustaining Programs
Tenancy Sustaining (IHELP)	1995,2019	Community Mental Health Services Block grant	\$110,000.00	\$110,000.00	11		25	5.375 FTE shared between Tenancy Search & Tenancy Sustaining programs
PATH Critical Time Intervention	2009	US Dept of HHS, SAMSHA Projects for Assistance in Transition from	Fed: \$91,098 State: \$30,366	Fed: \$91,098 State: \$30,366	33		60	2.05

		Homelessness Grant Community Mental Health Services Block Grant	\$49,151	\$48,008				
North Star (Grant Year 5/1/2023 – 4/30/2024)	2009	US Dept Housing & Urban Development Continuity of Care and HSBG	\$74,364.88	\$57,233.50	13		12	1.916 FTE split between North Star, Polaris & Enterprise grants
Polaris (Grant Year 12/1/2023 - 11/30/2024)	2010	US Dept Housing & Urban Development Continuity of Care and HSBG	\$169,020.71	N/A – grant is not renewed for 25/26. End date is 11/30/25	17		0	1.916 FTE split between North Star, Polaris, & Enterprise grants
Enterprise (Grant Year 12/1/2023 – 11/30/2024)	2011	US Dept Housing & Urban Development Continuity of Care and HSBG	\$238,563.10	N/A – grant is not renewed for 25/26. End date is 11/30/25	21		0	1.916 FTE split between North Star, Polaris, & Enterprise grants
Totals			\$1,113,811.69	\$652,482.50	242		193	
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26	8. Average Contingency Amount per person
Housing Contingency Funds	2013	Health Choices Reinvestment (SD/Beds/PFM)	\$78,484.75	\$50,000	115		150	\$613.09
		Social Determinants of Health	\$46,584.60	\$50,000	89			
Totals			\$125,069.35	\$100,000	204		150	\$613.09
Notes:								

7. Other: Identify the Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26
Park Avenue LIHTC Long Term Subsidies	2009	PA State Human Services Block Grant	\$22,446	\$35,000.00	5		6
Totals			\$22,446	\$35,000	5		6
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist (CPS) is defined as:

An individual with lived mental health recovery experience who has received the Department approved peer services training and certified by the Pennsylvania Certification Board.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

County MH Office CPS Single Point of Contact (SPOC)	Name: Jan Baily
	Email: jbaily@lancastercountypa.gov
	Phone number: 717.399.7410
Total Number of CPSs Employed	29
Average number of individuals served (ex: 15 persons per peer, per week)	8 persons per peer weekly
Number of CPS working full-time (30 hours or more)	14
Number of CPS working part-time (under 30 hours)	15
Hourly Wage (low and high), seek data from providers as needed	\$17.00 - \$ 26.95 (Supervisor/Lead Peer)
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	Yes
Number of New Peers Trained in CY 2024	8

f) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

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

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to #1. **Service available**, please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Yes		TMACT	MCO	Annually		Yes	
Supportive Housing	Yes	247	Aspects of Critical Team Intervention	Agency	Annually		Yes	
Supported Employment	Yes							Employed -13
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	unknown		Agency				
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes	25		Agency	Annually		Yes	
Functional Family Therapy	Yes	10		MCO				
Family Psycho-Education	Yes	45						

SAMHSA's EBP toolkits: https://www.samhsa.gov/libraries/evidence-based-practices-resource-center?f%5B0%5D=resource_type%3A20361

h) Additional EBP, Recovery-Oriented and Promising Practices Survey:

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	No		
Compeer	Yes	64	
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	24	
CPS Services for Transition Age Youth (TAY)	Yes	4	
CPS Services for Older Adults (OAs)	Yes	4	
Other Funded CPS- Total**	Yes	5	
CPS Services for TAY	Yes	0	
CPS Services for OAs	Yes	0	
Dialectical Behavioral Therapy	Yes	unknown	Funded as OP treatment through BHMCO
Mobile Medication	Yes	unknow	
Wellness Recovery Action Plan (WRAP)	No	27	
High Fidelity Wrap Around	No		
Shared Decision Making	Yes	unknown	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	163	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	unknown	
Consumer-Operated Services	Yes	2	
Parent Child Interaction Therapy	Yes	unknown	
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	unknown	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	unknown	
First Episode Psychosis Coordinated Specialty Care	Yes, 25/26		Awarded funding, FY 24-25
Other (Specify)			

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center](#) | [SAMHSA](#)

i) Involuntary Mental Health Treatment

1. During CY 2024, did the County/Joinder offer *Assisted Outpatient Treatment (AOT) Services* under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY 2024
 - Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY 2024

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2024 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2024:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). 0

4. Please complete the following chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
 - b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2024	N/A	2391
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2024	N/A	0
III. Number of AOT modification hearings in CY 2024	N/A	
IV. Number of 180-day extended orders in CY 2024	N/A	216

V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2024	N/A	\$228,330
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j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISE, timeliness, and completeness through routine monitoring reports based on submitted encounter data. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. <http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf>)

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion Guides

❖ Have all available claims paid by the county/joinder during CY 2024 been reported to the state as an encounter? Yes No

k) Categorical State Base Funding (to be completed by all counties)

Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding in FY 25-26:

Enhanced Services and Supports for Transitional Age /Young Adults: Young adults, especially those with co-occurring diagnosis (ASD & MH) often do not possess the functional skills or motivation to move into adulthood with success. Funding to build the infrastructure and safety net to better support their transition from adolescence into adulthood within a setting that promotes independent living skills would serve to address a gap in services that exists. This population is extremely vulnerable to challenges including social isolation, academic difficulties, and unemployment. Noting that this period is critical in achieving key developmental milestones, such as gaining independence, pursuing higher

education/vocational training, and forming relationships, targeted supports can facilitate transitions and promote successful outcomes. Integrated services addressing both ASD and mental health needs can serve to reduce the risk of crises and long-term issues, in addition to reduced dependency on social services, increased employment rates, and improved quality of life.

Enhanced support for individuals with a SMI who are homeless. Homeless individuals with a SMI are particularly vulnerable to physical health issues, violence and exploitation and arrest. Their complex needs require coordinated care across multiple systems including mental health, substance use, and medical services. Noting that homeless individuals with SMI face significant barriers to accessing traditional services, such as transportation, identification, stigma and the like, improved levels of support are needed. Without appropriate support, individuals with SMI are more likely to cycle in and out of homelessness, emergency services, and the criminal justice system. Enhanced services can provide stability and resources to break this cycle and further stable housing, mental health care, and social support. Investment can lead to a reduction in the use of emergency services, hospitalizations, and incarceration. Funding to work cross-collaboratively will provide for greater efficiencies and coordination in addressing the higher acuity of need that exists in meeting their basic needs while, at the same time, improve their quality of life/mental health, reduce systemic costs, and

Expanding options for dependent youth in obtaining treatment services: In Lancaster County, youth in shelter care are housed at the Youth Intervention Center, the county's detention center. The existing environment creates a barrier to treatment for dependent youth due to facility-wide restrictions that present challenges in accessing treatment and other services.

Investing in Certified Peer Specialists to enhance mental health supports for Older Adults: As the population in our county continues to grow, the need for specialized mental health support tailored to older adults becomes more important. Older adults often face a range of mental health challenges, including depression, anxiety, and the psychological impacts of chronic illness, social isolation, and the loss of loved ones. These challenges can be further exacerbated by stigma, a lack of understanding, and barriers to accessing appropriate care. By investing in Certified Peer Specialists with lived experience, we can provide empathetic, non-judgmental support to address the complexity of mental health needs that serve to prevent crises and reduce the need for more intensive interventions.

INTELLECTUAL DISABILITY SERVICES

The Intellectual and Developmental Disabilities (IDD) Program, under the umbrella of the Lancaster County Behavioral Health and Developmental Services, supports approximately 3,500 individuals over the course of a year with an average of 2,100 individuals open for services at any given point in time. Approximately 25% of the individuals with open records do not receive any type of waiver funding and rely on natural supports or Block Grant funding to support their needs. During the 2024 calendar year, the IDD program completed 205 new intakes. This number is slightly decreased from the previous year. However, IDD services also completed 20 Behavioral Health transfers which is an increase from 8 the previous year. We expect this trend to continue which presents challenges from an administrative, supports coordination and funding standpoint. Regardless, we believe that each individual we support, no matter their diagnosis or funding stream, has the inherent right to live the same Everyday Life as any other citizen of Lancaster County and the Commonwealth of Pennsylvania. We are committed to supporting all individuals in our services to achieve a life with meaning and dignity.

The IDD program in Lancaster County helps to ensure all individuals with open records have the options and opportunities to reach their desired goals of independence and an Everyday Life. To meet this goal and mission, we have partnered with an expansive network of both service providers and community resources. These partnerships allow for a continuum of services that is anchored by dedicated and knowledgeable Administrative Entity (AE) and Supports Coordination (SCO) Organizations in Lancaster County.

The AE provides intake and enrollment activities, local oversight of the provider network, funding authorization for appropriate services, risk management activities, quality reviews of service providers and AE activities, technical assistance to the SCOs/providers/stakeholders and outreach to the community in an effort to expand resources available to the individuals and families supported.

Working as facilitators, assessors, educators, and disseminators of information for both community and systemic resources, the Supports Coordinators (SC) diligently support individuals and their families/caregivers in the identification of needs, strengths, and goals which are then matched with the appropriate services and supports. Among the continuum of services available to individuals open with the Lancaster County are:

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

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

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

- The Lancaster County is a member of a 4-county collaborative participating in the ODP's Community of Practice initiative. Through our involvement with the collaborative, we have been able to provide the LifeCourse tools to all those coming into our intake unit. Individuals receiving services have access to the tools with the assistance of their Supports Coordinator. The program also utilizes the support of the PA Family Network for technical assistance, training opportunities, and facilitating the use of the LifeCourse tools. The tools are available in either hardcopy or electronic formats and assist individuals and families/caregivers in planning for the life they desire.
- Lancaster County maintains a long-standing and strong relationship with the Lancaster-Lebanon Arc. Staff in the IDD program routinely refer families to the Arc for a variety of needs. The Arc supports individuals who would like advocacy support or who are interested in connecting to the multitude of educational, supportive, and social opportunities that are offered. The Arc works with families/caregivers who are struggling to adapt to the changes created when an individual in IDD services encounters significant transitional events, such as school graduation and/or a move to alternative housing. Using various resources, including the LifeCourse tools, the Arc works with the individual and the family/caregivers to identify transition related challenges and to then develop a plan designed to alleviate the identified stressors. When possible, the County participates in local training facilitated by the Arc that provides educational sessions on a variety of topics relevant to individuals receiving IDD services. Information about these sessions is shared with individuals and families/caregivers.
- The agency website continues to be a source for sharing information to a wide spectrum of stakeholders. The website is user-friendly and allows for quick links to community and systems information, networks and resources. It also offers an events calendar where all stakeholders can see the various IDD related training and information events being held throughout Lancaster County. Subscribers to the website will receive alerts each time a new event is added to the calendar or critical information is posted. The IDD intake unit offers the opportunity to sign up for website notifications to every individual and family/caregiver enrolling in the program. IDD created a social media presence on Facebook and Instagram in January 2025 to share more information to individuals and stakeholders.
- The Teaching, Reaching & Achieving Independent Living (TRAIL) Academy is an innovate training program that embraces Everyday Lives concepts by supporting adults in learning how to successfully live in the community as independently as they desire and are able. The program is 18 months in length and currently works with a total of 6 adults at a time; 2 at each apartment location (there are 3 locations). Two participants live together in one of the program's community apartments which serves as a temporary residence and a living classroom. Through the Academy, the participants learn daily living skills such as cooking and cleaning. They also learn safety skills, medication and

medical management, budgeting, community resources, public transportation skills, employment and housing attainment skills. The apartments are fully staffed at the start of the program and by the end of the 18 months, the individuals have only minimal contact with staff and can live, work and play with little paid supporter involvement. At the time of graduation, the goal of the Academy is for participants to have secured community housing, competitive employment, expanded social involvement and the abilities and support to successfully live the life that they desire.

- Provider meetings continue to be held regularly as a group and individually with providers as needed for technical assistance. These meeting are facilitated by the Lancaster County AE and are attended by service providers, the Lancaster-Lebanon Arc, the South-Central Health Care Quality Unit (HCQU), the AE and the SCOs. The meetings are designed as a forum for information exchange, needs identification and resolutions, and for systemic/service training sessions. These meetings allow for a greater dissemination of provider information to individuals and families/caregivers by Supports Coordinators. The information shared from these meetings allows individuals and families/caregivers to make better informed decisions about supports since they are aware of provider related changes and alternative service options. In addition, the County provides a weekly email to providers related to ODP communications, local program news and shared resources. The result of these communications is a stronger partnership between Lancaster County and our provider network which helps ensure the delivery of quality services to Lancaster County individuals and the promotion of Everyday Lives.

Individuals Served

	<i>Estimated Number of Individuals served in FY 24-25</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 25-26</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	11 (\$20,761.50)	0.73%	25	1.67%
Pre-Vocational	0	0.00%	0	0.00%
Community participation	1 (\$9,022.66)	0.07%	15	1.00%
Base-Funded Supports Coordination	373 (\$116,758.11)	24.87%	200	13.33%
Residential (6400)/unlicensed	27 (\$1,761,393.21)	1.80%	35	2.33%
LifeSharing (6500)/unlicensed	1 (\$68,087.06)	0.07%	1	0.07%
PDS/AWC	N/A	0.00%	N/A	0.00%
PDS/VF	68 (\$65,000.00)	4.53%	85	5.67%

Family Driven Family Support Services	977 (\$486,683.11)	65.13%	977	65.13%
Assistive Technology	1 (\$5,350.00)	0.07%	5	0.33%
Remote Supports	0	0.00%	10	0.67%

Supported Employment:

All people who desire employment should have the opportunity to seek and maintain employment. Lancaster County IDD strongly supports the “Employment First” policy of the Commonwealth. Through supported employment services, individuals are given the opportunity to achieve and maintain competitive, integrated employment within their home communities. These employment services not only enhance the individuals’ employability and personal skills, but they also allow employers and communities the chance to experience first-hand the value individuals can bring to the workforce.

Employment is an ongoing topic of discussion with individuals, families/caregivers, providers, the Administrative Entity, Supports Coordination Organizations and other stakeholder groups. Individual Support Plan meetings, school-related meetings, initial IDD intake meetings, monitoring visits and other meetings are ideal times for the team to review an individual’s desire to be employed and the services/supports available to achieve that outcome.

Identifying the barriers is important, as is taking steps to attempt to remedy the issues. To keep efforts moving forward, Lancaster County IDD continues our partnership with employment providers. The County co-facilitates the local employment coalition. The coalition is a partnership with employment providers, the local Intermediate Unit, community stakeholders, ODP, the Office of Vocational Rehabilitation (OVR), local school districts and the Arc Lancaster-Lebanon.

The employment coalition holds regular meetings. An environment of collaboration has been created that encourages the sharing of knowledge, ideas, strategies, and tools, as well as opportunity to problem solve around the issues identified as being barriers to increasing the acceptance and availability of competitive, integrated employment for the individuals, we support in Lancaster County. The coalition hosts an employment recognition event annually to recognize individuals, providers, and employers who are doing outstanding work in disability employment. The coalition completes case reviews to assist employment providers with new ideas, which has led to successful placement in competitive employment for some individuals. The meetings are better attended when we have speakers, so the coalition is trying to do that at least twice a year. Reaching out to individual providers to ask for participation has been effective in increasing meeting attendance. For instance, asking a provider to do a case review or success story for the meeting increases the success of meeting attendance and increasing involvement from the provider network.

Employment providers do not currently provide discovery and customized employment; however, the AE is continuing to work on growing this section with local providers qualified to provide employment services. The principles of these services are being applied by providers for individuals who need them through Career Assessment and Job Finding services. Job Coaching services are also available to those who are employed but need support to maintain their employment. Moving individuals out of workshops (2390s) and into CIE is a goal of the County to improve upon during the 2025/2026 year. The

standards which are being used to indicate employment readiness do not always align with typical community jobs and would be beneficial to explore more with these providers.

Beyond direct Supported Employment services, the County ensures individuals have access to additional services aimed at promoting competitive, integrated employment. There has been increased awareness regarding Benefits Counseling services for individuals who want to work. Providers of the service have attended the Lancaster-Lebanon employment coalition meetings and at least one Supports Coordination Organization team meeting to provide education on this service. The Office of Vocational Rehabilitation (OVR) affiliate for Lancaster County (York District Office) has hired a Vocational Rehabilitation Counselor specifically for the IDD population. This counselor possesses knowledge of the common barriers and skill deficiencies that may affect employment acquisition for individuals with IDD and strategies to mitigate these obstacles. This expertise has been a valuable addition to the partnership between the County program and OVR. Employment is discussed at intake for those sixteen years and older. A referral to OVR is encouraged if not already in progress.

Looking forward, the County plans to work closely with Supports Coordinators, individuals and families on using the Charting the LifeCourse Framework and Tools as part of employment discussions during the school-years transition period and beyond. These tools will add value to the discussion and likely lead to more positive employment outcomes. The Community of Practice Collaborative and the employment coalition will partner together to provide messaging to Supports Coordinators, individuals and families as well as any necessary technical assistance. Individuals and families will be referred to the PA Family Network as well that the Arc Lancaster Lebanon for additional support with the LifeCourse.

Supports Coordination:

Services that fall under Supports Coordination include locating, coordinating, and monitoring for all those registered in the IDD program in Lancaster County. Lancaster County is fortunate to have four Support Coordination Organizations (SCOs) operating and offering services within the county borders. The County maintains close and positive relationships with each of the SCOs. Regular, monthly meetings allow for in-depth conversation regarding the delivery of quality services to individuals. The meetings also allow for the sharing of knowledge and information about initiatives, resources, services and funding options, regulatory changes, etc. The result of which are well-informed Support Coordinators who can assist individuals and families/caregivers, regardless of funding or funding eligibility, to identify service and support needs and to then put a plan into place for how those needs can be met.

System services are important to address needs, but they cannot be the only focus for individuals in their quest for an Everyday Life. To assist Supports Coordinators in engaging individuals in their communities, the County provides information about resources through a monthly newsletter and during monthly meetings. Supports Coordinators are referred to the PA Family Network resources, trainings and website to bolster their confidence in supporting individuals and families/caregivers with the LifeCourse tools. Another way the County is supporting Supports Coordinators in the identification and utilization of natural supports is by promoting the use of LifeCourse Tools and through the local Community of Practice Collaborative. The Collaborative coordinates trainings and distributes resources to Supports Coordinators to be used with individuals they serve. The Collaborative has been transforming this past year, and new members have been added to the team, including family members. The Collaborative has been formulating new goals and outcomes that will assist Supports Coordinators, individuals and families in maximizing resources in the community. During this year, social media

platforms, such as Instagram and Facebook, began to take form and was tasked to start in the 2025 calendar year to further promote these opportunities.

No matter if the support is from the community, natural, or HSBG funded, all supports are considered as potential resources and utilized as appropriate for individuals on the waiting list. Supports Coordinators engage individuals and their families/caregivers in an active planning process that seeks to put into place those supports that can assist in the maintenance of as healthy and productive a life as possible regardless of funding availability. The County requests that each Support Coordination Organization (SCO) provide updates on individuals on the waitlist at monthly meetings. The County will provide resources, strategies and guidance to SCOs during these meetings to address any unmet needs for individuals waiting for funding. Risk management meetings, Health Care Quality Unit (HCQU) referrals and HSBG funded services are often offered in the interim.

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

Supports Coordinators are very active in helping those already self-directing. The paperwork and regulatory requirements of those who choose to self-direct services can be overwhelming and Supports Coordinators are often needed to lend aid to individuals and families/caregivers who are struggling to navigate the many complexities. Whether introducing the idea of self-directing as a new option for consideration or helping someone to maintain self-direction as an existing support delivery model, the County is committed to promoting the ideals of self-determination and self-direction. To this end, the County will continue to disseminate information to Supports Coordinators regarding self-direction and increase the technical assistance available through the Administrative Entity.

LifeSharing and Supported Living:

Lancaster County encourages the exploration and utilization of all residential service types, including LifeSharing and Supported Living. The County continues to look for avenues that will promote the growth and availability of these residential options throughout Lancaster County. County IDD leadership engage providers in conversation regarding these services on a routine basis, expressing the need to expand these options locally. These models are often suggested during case review meetings with Supports Coordinators and Supports Coordination Organizations.

Despite ongoing efforts, the growth of LifeSharing/Supported Living in Lancaster County had been relatively unchanged. The obstacles identified are:

- Difficulty in recruiting and retaining providers and community families/individuals interested in becoming LifeSharing/Supported Living providers
- Natural families’ resistance to LifeSharing/Supported Living option
- Significantly higher needs (behaviorally and/or medically) of new individuals receiving residential services than LifeSharing/Supported Living providers and families are willing/able to support

- Resistance to moving from a traditional residential setting to a LifeSharing/Supported Living setting from existing residential residents and/or their families/caregivers
- LifeSharing/Supported Living rates are not always adequate to cover the LifeSharing costs
- Licensing processes often cause complications and delays that community families are unprepared for and/or are unwilling to incorporate into their family home regarding LifeSharing opportunities.

Currently, Lancaster has 18 waiver-funded individuals utilizing LifeSharing services, decreasing by two in the past year. LifeSharing individuals funded via Base/Block Grant dollars remains at one. Eight individuals are currently authorized to receive Supported Living in Lancaster, but we expect this to grow in the next year.

In the past year, the County has remained the same in the number of providers offering both LifeSharing and Supported Living services. There are six providers offering each of the services respectively. Due to the Performance-Based Contracting changes within the IDD system, there has been a noted increase in providers looking further into these two services and utilizes services compared to the previous year. Individuals have a healthy number of providers to choose from should they desire one of these services.

Lancaster County IDD is committed to promoting LifeSharing/Supported Living because we fully believe these options provide an opportunity for individuals to live an Everyday Life. At this time, the current barriers to maximizing the use of these services seem to be mostly uncertainty of individuals/families and lack of understanding of the services by Supports Coordinators. To address these issues, the County plans to continue to develop robust training for Supports Coordinators and awareness campaigns for individuals/families. Resources fair, training events, social media, written materials and partnerships with providers will all be tools used to accomplish these goals. ODP can assist in these efforts by continuing to provide trainings to all stakeholders on the benefits of these two services. During this year, social media platforms, such as Instagram and Facebook, began to take form and was tasked to start in the 2025 calendar year to further promote these opportunities. The County is also collaborating with The Arc of Lancaster Lebanon and local providers to have an Abilities Fair in the upcoming 2026 year to discuss providers and services available to Lancaster County individuals. Another noted barrier to Supported Living is the cost of living associated with this program. Lancaster has been fortunate to be a part of the housing pilot, but one of the barriers is the cost of living for supported living. However, ODP continuing this funding resource after the ending of the pilot increases the support provided to individuals to remain in their own home. It is imperative that ODP continues to financially support this initiative on-going due to Lancaster's success in increasing independent living within those supported by the pilot program funding source.

The County also recommends that ODP explore resources and trainings on "everyday" technology that can be used by individuals, not just formalized remote supports, as a means to offer this support outside of costly remote services.

Cross-Systems Communications and Training:

Lancaster County believes in a wholistic, bio-psycho-social approach, when it pertains to guiding service/support decisions for individuals who have significant and multi-faceted diagnostic needs. This wholistic, cross-systems collaborative approach means that each realm of need is addressed, not only

through IDD services, but often in conjunction with other systems, agencies and organizations. To this end we have nurtured longstanding, mutually beneficial relationships with other organizations and agencies such as The Office of Vocational Rehabilitation, Mental Health, Children & Youth, the Intermediate Unit 13, the justice system related agencies and the Lancaster Area Agency on Aging. This cross-system approach has become increasingly important as more complex individuals with co-occurring disorders have entered the IDD system.

The Administrative Entity has a fully formed Quality Management component. This unit serves as trainers and liaisons to community, school and human service agencies. They reach a large audience and disseminate information to better ensure that those in need have access to resources of all types. In addition, this unit has allowed the program to develop a more robust Quality Management (QM) plan to address areas of improvement opportunity. As part of the QM plan process, outreach and collaboration to community partners is expected to increase. This unit has enhanced support to the network of providers through the Human Rights Committee and Risk Management team.

While the County has partnerships with the local Area on Aging and Children and Youth offices, participation in cross-systems committees and workgroups is not currently occurring. This is a need the County has identified and will strive to address in the coming year.

In the realm of individuals who have more extensive medical needs, both children and adults are potential beneficiaries of a large and experienced network of medical/nursing agencies available within Lancaster County. Considering the amount of administrative work required to acquire and maintain provider waiver eligibility, coupled with the fact that IDD funded consumers comprise only a small fraction of most of our nursing agency network's overall business, we recognize the important role our ongoing partnership and collaboration with these agencies. As the IDD program begins to enroll more individuals eligible for services under ODP's medically complex category of eligibility, the need for such services is expected to grow. The greatest challenge at this time is the national nursing shortage that consequently impacts the availability of this service to individuals. Local provider meetings frequently include discussion with providers on expanding support to these individuals and connecting with the network of nursing agencies in the area. There is much work that remains to be done in this area and Lancaster County remains committed to continuing those efforts.

The wholistic, cross-system collaboration approach is used not only to address existing challenges but can also be used to promote best practices. With the support of the local Community of Practice Collaborative, Lancaster County plans to open intentional discussion with the local Early Intervention program, the local children's mental health program, Lancaster's Intermediate Unit and the various school districts across the county to introduce the LifeCourse tools and the benefits to students and families. Strategies to engage schools in this conversation may include meetings and correspondence with school officials and educators as well as opportunities for Community of Practice trainings and events. The County acknowledges that families of very young children are not always aware of the services and supports that might be available to them through the IDD system. The IDD program has begun to collaborate with Early Intervention and Mental Health programs within Lancaster County on identifying and support families that are aging out of this program and could benefit from IDD program support. In addition to members of the Community of Practice Collaborative, the County has a strong relationship with the Lancaster Lebanon Arc. The Arc provides ongoing communication, local informational sessions/trainings and assistance with LifeCourse tools. The Arc works closely with the County on identifying gaps in the community and developing a plan to address those gaps so that families are engaged early and are supported to the greatest extent. The County's Child and Adolescent

Service System Program (CASSP) program also falls under the same agency as the IDD program. Informal and formal communication surrounding complex cases and community needs is a natural process that occurs within the agency. The agency has developed a cross-collaboration workgroup that meets periodically throughout the year to develop best practices in supporting the most complex children and adults.

Supporting those with complex needs includes those who are engaged in the criminal justice system. A local taskforce was developed a few years ago to ensure all the relevant agencies and stakeholders are connected and collaborate. Currently this task force includes the Administrative Entity, Support Coordination, local police social worker(s), the public defender office, the local prison, adult and adolescent probation and parole, and community members. In addition to identifying best practices, the group also prioritizes effective communication between parties to offer assistance to the individual through the entire engagement in the justice system. HSBG is not currently supporting the task force at this time, but the task force is discussing potential projects in the future that could be supported through HSBG funding.

One of the greatest challenges in Lancaster County is the emergence into the adult service system of very high-need individuals transitioning from either intensive community school settings, or from institutionalized Residential Treatment Facilities (RTFs). To successfully support these individuals as they transition, it has become very clear that cross-systems training, and general collaboration is critical. Many of these individuals require intensive services when they enter the adult system. Due to a myriad of reasons, including the ongoing direct support professional staffing crisis and dwindling provider willingness to support our more challenging individuals locally, we are often finding that while we may have the funding to provide the services what we lack is a provider willing/able to deliver the service within the county borders. These challenges have become a high priority for Lancaster County. We recognize that developing and improving systems that best support these individuals is complex and takes time. To that end, we are committed to building a stronger network of collaboration with a wide-range of partners including mental health providers, school systems, ODP, RTFs/hospitals, the Lancaster-Lebanon Arc, providers, individuals and families. During the 2025/2026 fiscal year, Lancaster County will continue to expand efforts with these cross-systems partners to provide a more robust, local support network for these individuals to be able to live a fuller, Everyday Life. One of the greatest needs is a local task force that is focused on transitioning individuals out of hospital and facility settings. There is no such formalized group that has been established to date but continues to be important to achieve during the next fiscal year.

Supporting our community providers through HSBG funding to better support those with complex medical and/or behavioral needs proves to be difficult. Services needed for these individuals are often very costly. In most cases, HSBG is not sufficient to meet those needs. Lancaster County does utilize HSBG funds for respite, family aide, adaptive equipment and other IDD services to meet the needs where possible. At times, HSBG funding is provided for short-term, high-cost services while an individual is in process of enrolling in waiver funding. It is not uncommon for the County to dedicate several staff to multi-system team meetings to address complex situations. Team members often provide resources for accessing services under medical plans, access to adaptive equipment and other technology, and community-based behavioral health services. During the next fiscal year, Lancaster County plans to survey local providers on the barriers that prevent them from supporting complex individuals locally. The County is open to discussion on creative ways to access HSBG to support efforts such as technology grants, training scholarships or initial funding during facility stays when waiver funding is not an option.

The IDD program continues to collaborate with forensics at our local prison, CYA, APS, and OOA agencies for when there is a Report of Need identified as well as attempting to provide risk mitigation strategies.

Emergency Supports:

Lancaster County is fortunate to have Support Coordination Organizations (SCOs) that are both responsive and creative when faced with emergent situations, regardless of funding. Their knowledge of community supports is extensive. Examples of support include assisting individuals in securing emergency food and shelter via food banks and homeless shelters, linking individuals to emergency funding for utilities like LIHEAP, etc. As mandated reporters, both the Administrative Entity (AE) and the SCOs connect with Child or Adult Protective Services organizations who are then able to provide further supports to alleviate any emergent health and safety needs.

Further emergency response plans include:

- The County has been able to manage its HSBG funding in a manner that has allowed us to meet both short-term and longer-term emergencies needs as they arise for many individuals. The services have included out-of-home respite, various in-home supports, emergency employment supports and residential services. There has been a rising need for emergency housing supports. An increased number of individuals are at risk of being evicted or losing their housing due to rising costs and limited affordable housing. We strive to ensure the health and safety of individuals by assisting with services to seek and maintain housing. It is imperative that the program continue to have the ability to support these individuals. Continuation of such emergency supports is of course contingent on funding availability as well as service/provider availability.
- On-going risk management at the AE and SCO levels serves as an effective model for often preventing an emergency in the first place. The AE and SCOs meet regularly to discuss specific cases that may result in an emergency if not addressed. Community resources are identified, services may be changed or added, and an action plan is developed for addressing the concerns. Trends through the risk management process are analyzed in efforts to improve overall system needs.
- Whenever the County is notified of an emergency, actions are put into place to take whatever measures are needed in order to reduce/eliminate the immediate risk to the individual's health and safety. This involves the collaboration of the AE and SCO at multiple levels to assess the situation and develop a plan of action to address the emergency to the greatest extent possible.
- Lancaster County works in partnership with whatever other community resources are needed to assist in resolving the emergency situation. Partners include but are not limited to Crisis Intervention, 911 services, the local Area Agency on Aging, Children & Youth, ODP, Adult Protective Services (APS), Probation and Parole, as well as the Lancaster County IDD provider network and the Commonwealth-wide IDD provider network. Among the available options for psychologically and behaviorally based emergencies that arise outside of normal working hours are Lancaster County Crisis Intervention and, for medical issues, the proximity of four 'full-service' hospitals. Lancaster County IDD's AE monitors reported Incident Management activity over the

weekend, and the Agency continues to study how best to provide 24 hour on-call coverage in a manner that is practical and responsive.

- Lancaster County has a Crisis Intervention Unit (CIU) who can mobilize workers into the community and who have had experience working with individuals with ID and Autism both in the field as well as via their call center. All CIU workers are given extensive training in crisis management and mitigation which they are able to successfully apply during interactions with the many and varied disorders associated with the individuals they support. Regardless of a specific diagnosis, the family, Support Coordinators, and/or service providers are integral partners in assisting and evaluating/determining the need for mental health treatment during an emergency. CIU staff are encouraged and given the opportunities to expand their knowledge base in both IDD and ASD. Training specific to IDD is available to the CIU through the Lancaster County IDD program as well as via the HCQU under ODP. Training for Autism specific topics is available through Lancaster County's Behavioral Health (BH) unit, various BH providers, as well as via ASERT. The IDD program is available for any additional training needing to be offered to the CIU for ID/A individuals.

Administrative Funding:

The Lancaster County IDD program is a partner with Dauphin, Cumberland/Perry, and Lebanon Counties in the ODP Community of Practice initiative. The collaborative continues to explore various ways to further utilize the services of the PA Family Network to support individuals and families participating in the system. Lancaster County also continues to work with providers, the Arc of Lancaster/Lebanon County, and ODP to develop more local training opportunities for individuals and families to attend.

Our agency website offers individuals and families more immediate access to information and training events. The website provides direct linkage to a wide variety of supporting agencies, organizations, and networking opportunities, such as the Arc of Lancaster/Lebanon, United Way Link, ODP, ASERT, and the PA Family Network to name a few. As we continue to see in-person participation to events decrease and the increase of a preference for the delivery of informational needs through technology, we anticipate the website to prove a successful information dissemination strategy for individuals, families, and the community. The Agency also developed social media pages on Facebook and Instagram. The IDD program developed the same social media pages specifically for IDD related content in 2025. Aside from training opportunities, these platforms are excellent for delivering critical information to individuals and families about valuable services and connections in their communities. Whether it is peer to peer support or opportunities for growth and development, the electronic dissemination of information allows for easy and wide-sweeping access to all those connected to the County's IDD program. The websites and social media platforms of the PA Family Network, the Arc of Lancaster-Lebanon and other valuable partners is shared routinely with individuals and families who will find resources on each respectively. As the Community of Practice Collaborative continues to evolve, it is anticipated even greater connecting and networking will occur in the year to come.

We acknowledge that ODP is currently supporting these efforts through the Everyday Lives Conference, the Community of Practice initiative and publication of resources on MyODP. It should be noted that MyODP is a difficult platform for many individuals and families to navigate. An additional way ODP could be of assistance is by providing resources in a social media "ready" format for quicker sharing with less administrative work at the county level, which often delays the public sharing. Further, when the

Community of Practice Collaboratives were first developed, ODP provided small amounts of funding to each Collaborative to grow the initiative. We encourage ODP to consider reinstating this funding to allow collaboratives to provide stipends to family members as needed, invite speakers with fees or rent space for face-to-face meetings.

The South-Central Health Care Quality Unit (HCQU) provides services that include individual and provider trainings, medical assessments and data collection, as well as reviews of challenging individual cases. These services are open to individuals 18 years of age or older, regardless of the funding the individual receives. The HCQU is a unique resource as many of the services can be personalized to meet the specific needs of the individual. The County continues to utilize the valuable resources offered by the HCQU to improve individual lives as well as to aid their support systems.

In addition to training resources, the data generated by the HCQU is useful in the identification of emerging healthcare trends. Any trends are then incorporated into ongoing quality management activities, not only across Lancaster County but the Central Region as well. Lancaster County continues to participate in HCQU meetings with other Central Region counties to review HCQU data and to develop solutions to system-related issues being seen across the region.

Lancaster County has contracted with The Arc Lancaster-Lebanon County to manage the Independent Monitoring for Quality (IM4Q) program. The purpose of IM4Q is to provide information that could help improve the quality of life for people with disabilities. The County and local programs collaborate to make sure that each consideration is as fully addressed as possible in an effort to meet that individual's need. Data generated from the IM4Q process is used in the development of the quality management plan with a focus on safety considerations as well as major considerations. These considerations are thoroughly addressed so that the local program can determine if the loop is closed and that the individual is no longer at risk. While most of these quality improvements occur at an individual level, the County continues to review data to determine if there are concerns that could be addressed at a systemic level as well.

While the data generated by the various sources available such as IM4Q, the HCQU and HCSIS can be useful in the development of Quality Management plans and overall systemic improvement activities, at the local county level it is of minimal value in solving the lack of provider capacity. We continue to see a growing number of teens with very complex behavioral needs who are being discharged from mental health Residential Treatment Facilities (RTFs) and into the IDD system. Most of the IDD community providers are not equipped to support the intense levels of services needs presented by these children and young adults. The issues preventing providers from increasing their competency and capacity to support the ever-increasing number of complex and challenging individuals include, but are not limited to the following:

- An aging and less complicated consumer base who would be put at risk by the introduction into their programs of the younger, more behaviorally challenged individuals who are coming into the adult system, especially in a residential setting.
- Persistent system-wide high staff turnover rates make keeping well-trained and competent staff difficult. Providers have trouble staffing regular consumer-to-staff ratio programs and so often do not have the additional staff available to support 1:1 and/or the 2:1 staffing ratio needed for some of the high-needs individuals.
- The current start-up cost allowances do not support the actual cost of establishing a home for higher need persons, whether the challenges are behavioral, medical in nature,

or a combination of the two. Home adaptations/renovations are often needed prior to the move in date, as is extensive staff training. Even when a provider attempts to request a cost exception, the process is complicated and lengthy. This deters many providers from considering referrals for individuals who are complex. ODP could be of assistance by allowing the Administrative Entity to submit for a preliminary cost exception prior to a provider being identified. It is believed that this will help attract more providers.

- The IDD system regulations and treatment modalities are not always compatible with the support needs of many of the higher needs individuals with Autism who are entering the IDD system. Behavioral treatment for persons with Autism often rely heavily on restraint and restrictive procedures, which is counter to IDD treatments and philosophy. Many providers are unwilling to employ the behavioral supports prescribed for this population. They are also less willing to devote the time and human resources taken up by the myriad of paperwork and processes required by ODP in order to obtain and maintain the documentation needed to put the restrictive procedures into place and/or to have the level of staffing needed to successfully support the persons with complex needs.
- Of growing concern is the young age of the children the County is being asked to support in permanent residential placements. Adult services are not typically available until a person is 21 and no longer eligible for any type of children's services. On rare occasions and due to true emergency situations, we have supported individuals in residential services at 18. The growing trend we are beginning to see are the requests for residential placement for children who are 16, 17, with some as young as 14. All requests are due to the high behavioral needs of the children with most of them resulting from the primary supporting agency's inability to find adequate/appropriate placement in either a foster home or children's treatment facility or the child has been discharged from a treatment facility or children's residential placement and the parents/caregivers have refused to have the child returned to the home. The County is seeing a concerning trend of more requests for 3800 homes to support children that are discharging from RTF placements and/or other systems that do not have therapeutic or behavioral homes available.

The most impactful support ODP could provide is to support the work of the Support Coordination Organizations, Administrative Entities, and providers by re-examining current policies and procedures. The ever-expanding complexity of the system is an enormous challenge. Those who work in the system cannot always provide the high-quality support that individuals and families/caregivers deserve because of these challenges. ODP could help alleviate some of this strain by finding a way to simplify some of the tasks that are currently required. ODP could also assist by strengthening its partnerships with other state agencies in the Department of Human Services and help bridge some of the communication obstacles and lack of resources to these agencies.

To assist the provider network and increase service capacity, the County will continue to assess provider training needs during regularly scheduled provider meetings. Areas of focused training will include complex medical/physical needs, the aging population, behavioral health needs and communication needs. The Administrative Entity spends an extraordinary amount of time providing technical assistance and consultation to providers. One way that ODP can assist counties in supporting local providers is to make a commitment to do face-to-face meetings in each county once or twice a year. Allowing providers an avenue for open discussion with ODP regarding common challenges and

questions could open the door for creative problem-solving. Topics are likely to include staffing concerns, challenges in supporting complex individuals, and regulatory guidance. Providers in our community value the opportunity for conversation.

In an attempt to be pro-active in tackling the staffing crisis issue, the County continues to work with the Lancaster County IDD Provider Recruitment & Retention Task Force. Leadership of the Provider Recruitment & Retention Task Force lays with the providers and the Lancaster-Lebanon Arc. The County remains a partner in this endeavor since the staffing crisis impacts us all and it is imperative that it be addressed to the best of our ability. The reality is, no matter the amount or type of training and support, without staff available to deliver the services, the training, etc. becomes a moot point.

Lancaster County is committed to ensuring the health and safety of all individuals enrolled in our services. This includes not only remediation of existing issues but also using risk management processes to identify issues both individually and systemically before they adversely impact individuals. There are many ways that the program approaches this area. The Administrative Entity leadership and Support Coordination Organization routinely discuss at-risk individuals and action plans for potential resources and supports. A Risk Management team is also in place to review individual cases as well as analyze data from the Incident Management process.

To involve a wider range of stakeholders in systems improvement, risk management trends will be taken to provider meetings for discussion and problem solving. These meetings are attended by providers as well as the local advocacy agency, The Arc of Lancaster-Lebanon. The HCQU is also routinely utilized to minimize risk to individuals via training and consultation. Finally, it is the Lancaster County IDD program's practice to invite appropriate stakeholder input when developing policies stemming from risk management information, or other quality management efforts. Stakeholders could include providers, individuals receiving services, families, and/or other community partners. The Community of Practice Collaborative is not quite ready to expand into this area of discussion with other stakeholders, but it is on the horizon in the near future. As noted above, a consideration by ODP to provide small amounts of funding to the Collaborative could be hugely beneficial. ODP could also assist in the discussion of risk management activities with stakeholders by providing informational sessions for these stakeholders in a manner and method that is easily understood to those not providing paid services.

ODP can be of assistance in relation to risk management activities by providing quality training opportunities for providers that focuses on risk mitigation and balancing an individual's choice and control. Many providers struggle with identifying the balance between these often-competing principles.

Affordable and safe housing options are a top priority for Lancaster County. When needed, the IDD program staff work closely with the agency's Behavioral Health Housing Specialist who coordinates housing supports across multiple human service agencies. The program also partners with the Housing Assistance Program in the county, as both parties are members of the HSBG committee. HSBG funds are used to contract with providers of Housing Transition and Tenancy Services. These supports have proved successful for many individuals facing a housing crisis. Lancaster County is a pilot county in ODP's Housing Subsidy initiative. This experience has helped improve the confidence and competence of Administrative Entity staff in supporting housing needs. If this initiative becomes permanent, it is likely the County will consider a Housing Coordinator within the IDD program on an ongoing basis.

Lastly, providers of IDD services are engaged in the development of an Emergency Preparedness Plan as a topic of discussion at provider meetings. The meetings are used as a forum to discuss system changes and issues, provide updates, share information, as well as to brainstorm ideas for system improvements.

Participant Directed Services (PDS):

The Lancaster County IDD program currently has 68 individuals using the Participant Directed Services (PDS) model to fund various Base/Block Grant supports. A PDS model continues to allow for individuals and families to choose from an array of community based, non-system services that would otherwise not be available to them except as self-pay. Services covered under PDS includes respite, family aide, camp, social/recreational activities, as well as limited home modifications and vehicle adaptations. The Support Coordination Organizations (SCOs) that operate in Lancaster County are very knowledgeable and adept at assisting individuals/families in making informed decisions about determining the best service choices and if using the PDS option is the best fit for their needs and circumstances. Ongoing support and training in this area happens via SCO meetings and other joint meetings with the SCOs and Administrative Entity (AE). The AE is also available to provide technical assistance to SCOs.

Due to cost-prohibitive administrative fees charged by the existing Agency with Choice (AWC) we do not offer this model of PDS through block grant funding. Lancaster County has instead chosen to keep the funding in actual services for individuals by using the Vender Fiscal (VF/EA) model.

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

ODP could be of assistance in promoting and increasing self-direction by developing on-going training and support for individuals and families/caregivers who wish to use this model. It is often complicated and confusing for individuals and families/caregivers. Enhanced and regular training may mitigate some of this and increase interest. Lancaster County has dedicated a position within the Administrative Entity that focuses on providing some of this support to families. It is apparent that the greatest stress to individuals and families/caregivers using this model is the variance process used by ODP to review, approve, or deny services often requested in this model. Those accessing self-directed services are frequently frustrated by the requirements and level of justification needed, which is not mirrored by the residential habilitation model. Additionally, different ODP reviewers issue varying responses to the same requests, creating further confusion. It would be helpful to have more robust resources for this training available from ODP around the variance process, specifically around documentation that supports the need for the requests. It is also recommended that ODP consider developing a stakeholder workgroup to explore ways to simplify this process and attract more individuals to this option of service delivery. Central Region held a recent training on 6/17/2025 that was only provided to the AE for technical

guidance on variances. This training would be helpful to the SCO and other stakeholders for better explanation of the process, trends, and goals to decrease common themes.

Community for All:

It is a priority in Lancaster County that all individuals have the opportunity to live in the community. To that end, the Administrative Entity (AE) works closely with Support Coordination Organizations (SCOs), individuals, families and other stakeholders to develop plans to best support community living. The AE will attend complex case reviews and multi-system meetings to help coordinate these transitions.

Lancaster has no residents in either of the state centers slated for closing and will continue to monitor and assess the individuals residing at Selinsgrove State Center for potential return to their home communities.

Lancaster has several youths currently residing in medical facilities. Through the Medically Complex Conditions initiative, the AE has supported teams in developing alternative placements. These placements include residential settings, life-sharing and returning home to the family.

The AE also has dedicated staff with additional knowledge and training on dual diagnosis conditions and justice systems. When individuals served by Lancaster County are in prison settings or in Residential Treatment Facilities, the AE often takes the lead in multi-system meetings and planning to transition these individuals back to the community. The AE works closely with the SCOs to secure qualified service providers, acquire funding and establish services to safely support these individuals in the community. Most of the SCOs operating in Lancaster County have Support Coordinators with specialized caseloads for these two populations. A local forensic taskforce is already established to address the issue of those in prison settings. The AE is currently working closely with the Agency mental health component on plans to be support transition out of Residential Treatment Facilities.

Technology:

Lancaster County does not currently use HSBG funds to contract with any providers of remote supports. However, this is not necessarily out of the question for the future. Individuals and families who need assistive technology and are not receiving specific technology supports through waiver receive support from the county in the following ways:

- Information about assistive technology lending libraries
- Sharing of assistive technology newsletters, trainings and other resources
- Connection to providers who can provide guidance on low-tech, everyday technology items such as mobile applications, smart home devices, etc.

As this is an area requiring more development in Lancaster County, the County is committed to developing a work group to develop best practices and recommendations to expand the use of technology assistance to individuals through the HSBG avenue.

Lancaster County's social media presence for 2025 will also focus on alternative technology systems to utilize overly expensive and extensive remote systems through a third-party vendor. Lancaster County

will continue to assess the need to expand tech options through low tech items such as water overflow devices, stove shut offs, hot temperature stickers, etc.

l) Categorical State Funding-FY 25-26 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

If an allocation is expected in the following categoricals for FY 25-26, please describe the services to be rendered with these funds, estimates of number of individuals served, and plans to use any carryover funds, if approved, from FY 24-25:

Respite services:

NA

Consumer Drop-In Centers:

NA

Direct Care Worker Recruitment & Retention:

NA

Philadelphia State Hospital Closure:

NA

Forensic Support Team:

NA

Student Assistance Program:

NA

m) Federal Grant Funding (to be completed by all counties, where appropriate). Please limit response to no more than one page for each question.

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**
Mental Health Services – N/A

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 24-25:**

Mental Health Services – Funds will be allocated to support general training and staff development initiatives that strengthen the capacity and effectiveness of the behavioral health workforce, including evidence-based practices, trauma-informed care, crisis response, and emerging topics in mental health.

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

Mental Health Services – Funds support Mobile Work and Supported Employment Services provided through Goodwill Keystone Area

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 24-25.**

Mental Health Services – N/A

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

This section should describe the entire substance use service system available to all county residents *regardless* of funding sources.

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

The Lancaster D&A Commission provides funding for substance use disorder treatment for low income and uninsured clients that are not eligible for Medicaid, along with community-based prevention, education, and intervention services for all citizens in Lancaster. The D&A Commission also provides management and oversight in the delivery of mental health and substance use disorder (SUD) treatment services for Medicaid recipients, also known as Medical Assistance (MA) covered consumers, in the HealthChoices managed care project. The Executive Director of the D&A Commission is a member of the HealthChoices Board of Directors, managing the Medicaid HealthChoices project in a five-county collaborative called the Cap Five, also known as CABHC.

The HealthChoices project enrolls more than 94,000 Lancaster County Medicaid covered citizens, and a total of 245,000 Medicaid consumers in the five-county Cap Five collaborative. These enrollments have decreased over the past 24 months, due to going back to pre-COVID requirements of yearly reenrollments of Medicaid covered citizens. This shift has placed more clients requesting treatment admissions using the Lancaster SCA, and the SCA does not have the additional funding to meet these requests. The provider network for the HealthChoices project is the same provider network for the Lancaster SCA, which allows for coordination of client services between SCA and HealthChoices funded treatment and treatment related services. In Lancaster, the SCA purchases approximately two million dollars of substance use disorder treatment each year, and the HealthChoices project provides more than \$27 million of substance use disorder treatment. The Lancaster SCA treatment funding usually supports the client in treatment while the Medicaid application is being processed, which allows the low-income client immediate access into treatment while Medicaid is being determined.

The treatment provider network in Lancaster County contracts with insurance companies, so that private pay and insurance covered clients can be admitted into treatment. With most treatment facilities, the financial survival depends on having a mix of private and publicly funded admissions.

If a person believes they are withdrawing from alcohol or another drug, a quick screening over the phone by one of the withdrawal program call centers will allow access into the detox unit. If withdrawal management is not the issue, then a call to any of the outpatient clinics, to schedule a SUD assessment, is the access point into treatment.

Please provide the following information for FY 24-25:

- 1. Waiting List Information:** If Waiting List data is not reported, please provide a brief narrative explanation.

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	0
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	0	0
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	0	0
Other (specify)	0	0

*Average weekly number of individuals

**Average weekly wait time per person

Individuals with a substance use disorder often struggle with waiting for days or weeks for a placement into withdrawal management or residential rehab. There are plenty of Lancaster SCA contracted facilities with open beds in this region, so the clients do not wait for admission. The only issue is whether there is Lancaster SCA funding or Medicaid coverage to provide the treatment.

The SCA has two 24/7 withdrawal management services (formerly known as “detox”) call centers for the public to utilize, and beds can easily be found in this region. Detox beds in the region might now be considered “over bedded” with detox and residential rehab placements. A very large detox and rehab facility closed last year due to financial collapse, called the Retreat. This agency did not serve the SCA or Medicaid population, so there was no negative effect on the publicly funded SUD system. The client or advocate calls the withdrawal management service provider directly, and if a placement cannot be secured within that facility, a search for a placement bed at another withdrawal management facility ensues. But this rarely occurs. Beds are usually available at the call center facility.

The DDAP statewide 24/7 Help Line also places callers directly into Lancaster D&A treatment. Anyone in Lancaster County can enter withdrawal management/detox services directly on their own. There are no preapproval or precertification requirements.

The Lancaster D&A Commission contracts with a withdrawal management service provider and rehab facility in York, and withdrawal management beds in Dauphin County. There is also a withdrawal management and rehab facility in Berks County that is under Lancaster SCA contract, called Adult/Teen Challenge, which provides quick and easy access into withdrawal management and residential rehab. This facility is a second 24/7 detox call center for Lancaster County, along with the existing call center at White Deer Run.

The current Lancaster- based detox unit operated by White Deer Run has a waiver from DDAP, which allows flexibility between the number of rehab beds and the number of detox beds. This allows the detox beds at WDR to increase, depending on the demand for services. All contracted treatment providers are required to inform the Lancaster SCA when the facility reaches 90% or more capacity, so that the SCA can make sure other programs can meet future demand. Only one facility reached the 90% threshold in fiscal year 2024-25, and this alert was cancelled within seven days. In other words, there are no waiting lists for treatment slots in Lancaster County, if some type of funding covers the admission.

2. **Overdose Survivors' Data:** Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 24-25.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
191	140	Face-to-face, phone	51

The Lancaster SCA Warm Hand Off (WHO) services are provided by five Recovery Support Specialists (RSS) at the non-profit agency RASE, funded by the Lancaster SCA. The staff travel to the three hospitals in Lancaster County, 24/7, to conduct an intervention with the overdose patient. The RSS will also travel to the hospital for non-overdose cases that are substance use disorder related, to assist these individuals into treatment. This project is monitored monthly by DDAP and the SCA through data reports. All the overdose survivors are offered treatment, but some of them refuse. Follow-up phone calls occur the next day, if the client was willing to provide their phone number to the hospital.

The largest hospital in the county, LGH Penn Medicine, has hired specialized counselors in the Emergency Department, to directly provide the warm hand off services for any client in need of substance use disorder or mental health services. LGH Penn Medicine no longer contacts RASE for WHO services. The hospital also owns and operates a large mental health/behavioral health hospital that serves co-occurring clients, and therefore has access to this service. In Lancaster, everyone has direct access into SUD treatment, including detox and residential treatment, so direct access into the SUD provider network is available. The only issue might be the availability of funding the admission.

Recently LGH Penn Medicine opened a Crisis Walk-In Center adjacent to the Emergency Department, so clients can access mental health and SUD services through this new program. Walk-in clients with an SUD need are quickly referred and can be transferred to a local DDAP licensed treatment facility.

Another intervention service created in Lancaster is the Police Diversion, Second Chance Program. Recovery Specialists from the partial treatment facility Blueprints are called out into the field by police throughout the county and conduct an intervention/warm handoff for impaired clients. The police give the client a choice; either be charged with a crime or enter treatment. This is funded by the Lancaster SCA, with three Recovery Support Specialists and a Case Manager.

3. **Levels of Care (LOC):** Please provide the following information for the county's contracted providers.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs

4 WM	2	0	2
4	2	0	2
3.7 WM	26	2	4
3.7	13	2	4
3.5	31	3	19
3.1	8	4	1
2.5	4	2	1
2.1	9	7	2
1	15	12	3

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

4. Treatment Services Needed in County: Please provide a brief overview of the services needed in the county for FY 25-26 in sections a, b, and c below.

a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services: The greatest barrier and what is needed in Lancaster County continues to be the SCA funding for clients that have no health insurance and are ineligible for Medicaid coverage. Due to Medicaid expansion, the Lancaster SCA did not run out of treatment funding since fiscal year 2015-16. This good fortune ended in FY 2024-25, since the SCA ran out of treatment dollars before the year ended and some clients could not access residential treatment. Prevention, intervention, and education services are not covered by Medicaid or private insurance, and therefore these services have large funding gaps. Medicaid now requires clients to re-enroll each year, which was suspended during the three years of COVID. This change in Medicaid enrollment began in April 2023, and Lancaster Medicaid numbers dropped by over 20% in the past 24 months. Lancaster Medicaid clients will now need to be covered by SCA treatment dollars and therefore the SCA ran out of funding. In order to meet the greater demand for Lancaster SCA funded treatment, the Block Grant allocation would need to increase by \$1.3 million. And with the federal government recently changing Medicaid protocol, the demand for SCA funding will likely grow.

Another major treatment need is the limited number of male and female withdrawal management beds in the county. The current provider can only accommodate seven male detox beds, and therefore many clients must receive withdrawal management in an out of county facility. Ideally, Lancaster County would have a withdrawal management unit for both men and women, where clients could drop in for an assessment, and if clinically appropriate, be admitted. The Lancaster SCA secured a \$2 million grant to move and expand the White Deer Run rehab and detox unit. This project was stalled due to zoning issues, which recently were resolved, and the detox/rehab facility is scheduled to open in November 2025. The number of beds at White Deer Run of Lancaster will increase from 27 to 50 beds. Both men and women will be served in this detox and rehab facility.

There is a shortage of trained and experienced counselors in the substance use disorder field. Lancaster reimburses the outpatient clinics for the time that their counselors are in

training programs, up to 25 hours per counselor per year. But it takes years to develop a seasoned and skilled counselor, and the substance use disorder field has an ongoing shortage of professionals. Due to the demands of the position, many counselors leave the field each year.

When the Lancaster Retreat facility unexpectedly closed in 2024, more than 300 SUD staff became unemployed. Some of these professionals have filled some of the vacancies in the region.

Data from the Pa Department of Health, Office of Drug Surveillance and the Lancaster County Coroner's Office, identifies the annual overdose deaths in Lancaster County from 2021 (144 deaths) to 2023 (78 deaths), a 46% decrease. In 2024, the number of overdose deaths in Lancaster was 57, continuing the downward trend. Drug induced death rates per 100,000 people in 2022 was 22 in Lancaster County, 41 in Pennsylvania, and an average of 34 in the United States. This data supports the fact that Lancaster has a very effective and supportive recovery network.

- b. **Provide an overview of any expansion or enhancement plans for existing providers:** The Lancaster based SCA treatment system is well developed, with four halfway houses, 12 outpatient clinics, one small detox unit, a Latino rehab for men, a woman with children rehab, a male adolescent rehab, one male rehab, a Latino halfway house, and two local partial programs. The prevention system has eight agencies providing services. These established programs and agencies could expand, if additional SCA and block grant dollars were available. Lancaster has a population of over 556,000 residents, and 94,000 people are on Medicaid. It is the sixth largest county in the state, yet the total SCA allocation is just five million dollars each year. Increases in the SCA allocation rarely occur. The largest and most significant expansion plan is with the WDR detox and rehab program. There are currently only seven detox beds available for men in Lancaster, for clients on SCA or Medicaid funding, and 20 residential rehab beds for men on public funding. No publicly funded detox or rehab services are available within Lancaster County for women. They are served in other facilities in this region.

For the past 25 years, the expansion of the provider network was funded by Medicaid HealthChoices reinvestment dollars, and these resources are not available in 2024 and 2025. SCA's rarely receive increases in their budgets, except for an occasional special grant.

- c. **Provide an overview of any use of HealthChoices reinvestment funds to develop new services:** The HealthChoices Medicaid system provides more than \$27 million for substance use disorder treatment in Lancaster each year, and this continues to grow. But if a person is not eligible for Medicaid coverage, or if Medicaid applications are delayed in processing, the SCA funding must cover the treatment. High-deductible private health insurance plans are also preventing some people from accessing treatment.

The Lancaster Medicaid reinvestment dollars are not available in 2024 and 2025. The project experienced large deficits in these two years, and therefore reinvestment dollars are not available. This occurred throughout the state and is not unique to Lancaster and the Cap Five Medicaid HealthChoices program. As mentioned earlier, \$2.0 million of

reinvestment support has been committed to expanding the detox and rehab program provided by White Deer Run of Lancaster. This grant was acquired in 2023, when reinvestment dollars were available.

- 5. Access to and Use of Narcan in County:** Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

Narcan continues to be available through two grants in Lancaster County. The first is through LGH-Penn Medicine, using a federal SAMHSA grant passing through the Lancaster SCA. The second is through a grant acquired by the Lancaster District Attorney's Office. Police departments, first responders, substance use disorder recovery houses, substance use disorder treatment facilities, etc., have access to these resources for Narcan.

The Lancaster SCA also funds Narcan through the 9 outpatient clinic contracts. If a family member, friend, client, etc. would like to have Narcan on hand, and cannot afford the cost, the SCA will reimburse the outpatient clinic for the Narcan, up to \$100 per kit.

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

The state now provides free Narcan kits to any agency that requests this medication. The availability of Narcan is no longer an issue in the field.

- 6. County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with implementing warm handoff process.

The Lancaster SCA funds the non-profit RASE Project, to hire five full-time Certified Recovery Specialists, to provide the 24/7 warm hand off services in Lancaster. Three of the four hospitals are active in the project. LGH Penn Medicine use their own staff for warm handoffs. LGH Penn Medicine also recently opened a Crisis Walk-In Center next to their Emergency Department, and people are accessing both mental health and substance use disorder treatment through this new program. The RASE staff also respond to any call from a hospital, for any substance use disorder-related client, not just overdose patients. And since the RASE Recovery Specialists are busy with other services at their facility, the Lancaster SCA continues the funding for the five positions.

The greatest challenge with the warm hand off services is reminding the hospitals and emergency department staff about the warm hand off services, getting them to make the call, and follow the procedures of the warm hand off. With hospital staff turnover, and hectic events in the hospitals, the RASE staff continue to remind and educate the hospital staff.

Lancaster also has a police diversion into substance use disorder treatment program, provided by Blueprints for Addiction Recovery. Recovery Support Specialists and Case Managers are called by police officers to conduct an intervention and placement into treatment, in certain cases approved by the County District Attorney's office. All police departments in Lancaster are

Participating.

a. **Warm Handoff Data:**

# of Individuals Contacted	623
# of Individuals who Entered Treatment	387
# of individuals who have Completed Treatment	233

The Lancaster SUD system is working and effective, but more resources are needed to expand the successful programs. The dramatic decrease in Lancaster overdose deaths demonstrate that the Lancaster SUD system is strong and successful.

The Lancaster SCA utilizes the Block Grant funding to fill in the gaps and be the safety net for the more restrictive DDAP allocations. This especially occurs with the treatment expenses and allows the Lancaster SCA to utilize the DDAP allocation. As Medicaid is being determined for clients in treatment, the SCA dollars and block grant dollars are used to immediately place and serve the clients.

HOMELESS ASSISTANCE PROGRAM SERVICES

DHS encourages Homeless Assistance Program (HAP) partners to participate in their Continuum of Care (CoC). Continuums of Care are regional or local planning bodies that coordinate housing and services funding for families and individuals experiencing homelessness. Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 25-26.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

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During fiscal year 2024, Lancaster County Homelessness Continuum of Care known as the Lancaster County Homelessness Coalition ("Coalition") did not allocate Homeless Assistance Program funding for Bridge Housing Services. Emergency Shelter, Case Management, and Rental Assistance emerged as the most pressing needs for FY24, based on the data and direct service providers. Due to resource limitations, the coalition will focus HAP funding on Emergency Shelter in FY25 and does not anticipate supporting Bridge Housing services.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 25-26.
- If case management services are not offered, please provide an explanation of why services are not offered.

In the past year, ten agencies delivered case management services supporting Coordinated Entry, homeless Street Outreach, and Homeless Prevention programs while engaging directly with households experiencing homelessness in the city and county. These services include engagement, assessment, and intervention that directly assist individuals achieve their goals from moving from unsheltered homelessness to housing. As expected, not every individual experiencing unsheltered homelessness wishes to transition into traditional housing or group living environments. Some may prefer to maintain their autonomy or choose alternative living arrangements. Given these personal preferences, along with

limited housing resources, it is essential to have skilled, professional case management to support individuals in navigating their options and making informed decisions.

In addition to supportive services, these programs consistently provide tangible services to assist individuals, including clothing, financial assistance to obtain IDs and necessary documentation, transportation to medical appointments and supportive services, employment and housing applications, and funding for security deposit and first month's rent.

Over the past year, Coordinated Entry and Street Outreach programs were funded using HAP funds for 12 months, and Prevention for 6 months. In all, 1,780 clients from 1,591 households were enrolled in programs receiving case management funding in FY 24-25. 568 households were assessed and prioritized for service by the county's Coordinated Entry System which is a mandatory process for inflow into the homelessness response system. Further, 10,191 ¼-hour units, or 2,548 hours of direct case management services were delivered during this period.

The Coalition oversees the monitoring of all the programs including service time and engagement, data accuracy, program engagement with providers, formal and informal referrals, and program exits to positive destinations. Over the 12 months, nearly 700 referrals were sent by Street Outreach programs with the majority drug & alcohol treatment programs and emergency shelters. Due to the acuity of the needs of unsheltered community members, additional referrals were made to medical and mental health providers. (Anecdotally, the Penn Medicine Street Medicine team regularly engages with individuals at emergency shelters, throughout the community, and at day centers and shelters, among other locations.)

Of the Street Outreach clients served during this period, 64 exited into positive housing destinations with half of these in permanent living situations. The other half were temporary destinations that still represented an improvement over street homelessness. This metric is positive within our community, especially in light of a limited affordable housing stock and less than 3% vacancy rate.

Another example of the benefits of intensive case management is within the Homeless Prevention programs. Of the clients who exited Homelessness Prevention program during this period, 96% retained their permanent housing and did not enter homelessness. Additionally, 17% of exiting adult clients increased their monthly income between program entry and exit with an average monthly gain was 1,563 dollars per household.

As we approach FY25 services, we anticipate that HAP funds will not be as significantly dedicated to case management as during the prior fiscal year. In summary, the dedicated case management funds in the amount of \$210,336 were exceptionally beneficial to our community as the 2024 Point In Time Count numbers (January 2024) illustrated a rise in unsheltered

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 25-26.

- If rental assistance services are not offered, please provide an explanation of why services are not offered.

The use of rental assistance is a critical component of aiding households to gain housing stability. There were 8 agencies across the entire county that utilized the HAP funds to assist families with rental assistance and provided case management. Of the 84 clients served by rental assistance in FY24-25 who exited a homeless service program, 35, or 66%, left to a permanent housing destination. An additional 6 clients, or 11%, exited to temporary or institutional housing destinations. On average, clients were enrolled in programs for 154 days before exiting the program. Many of these clients came from homeless Street Outreach programs, meaning they were moved directly from the street or place not meant for human habitation into rental housing through the services they received. In addition, 7 adult clients gained income between program entry and exit.

The HAP rental assistance funds will continue to be a cornerstone for the homelessness services within our community. With limited resources to help clients move forward, the Coalition will steward a set aside of funds for FY25. In addition to the rental assistance the agencies provide case management or wrap-around services so that the household maintains stability. The length and intensity of the case management is determined by the needs of the household.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 25-26.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

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Lancaster County is fortunate to have multiple emergency shelter providers dedicated to ensuring individuals and families have access to safe, warm, and dry shelter during both overnight and daytime hours. Overnight shelters offer adults a secure place to stay, with the broader goal of supporting them in addressing their housing needs. With the HAP funds in FY24-25, the newly developed Clay Street Emergency Shelter (year-round, 80 bed shelter in Lancaster City) and two rural shelters in the Northwest region of Lancaster County assisted 537 unique clients from 515 households were served by overnight emergency shelter services. Most of these were households containing only adults. Of the clients served, the majority, 52%, reported suffering from at least one disabling condition while 17% reported suffering from three or more. These can include physical disability, mental health condition, and substance use disorder.

Overall, the clients' average length of stay in overnight emergency shelters funded with HAP dollars for the year was 44 nights. Further, 29% of adults who exited shelter during this period increased their monthly income, with an average increase of \$1,349. Of those who exited from the program, 13%

moved to a permanent housing destination and an additional 12% moved to a temporary, non-homeless housing situation such as transitional housing.

With the increase in unsheltered homelessness seen by the providers and community, intentional day shelters were created during FY24. There were 506 unique clients from 3890 households that were served by day shelter services funded by HAP dollars in FY24-25. The majority of these were households containing only adults. There were 116 clients who reported suffering from at least one disabling condition at entry. In addition, 135 clients were served by both overnight and day shelter services during the year.

One of the most important measures of success for emergency shelter is utilization. Lancaster County strives to have as many full beds as possible given the tremendous need for service shown by its annual PIT count. In this fiscal year, overnight adult and family shelters funded with HAP dollars had an average of 85% bed utilization.

The Office for the Lancaster County Homelessness Coalition (Lancaster City and County CoC) sets annual outcomes and indicators for overnight shelters as follows: 1. Homelessness Verification forms will be completed for all shelter guests/clients within 48 hours upon entrance into the shelter and uploaded in Empower Lancaster. 2. Bed night information in Empower Lancaster must reflect accurate utilization within 24 hours. 3. 85% data accuracy measured with Data Quality Report in Empower Lancaster (HMIS). Data is evaluated monthly and discussed with providers to ensure client-focused services are provided with forward movement into housing services.

The overnight shelters funded using HAP dollars in this fiscal year met their data accuracy goal of 85%. This is an impressive achievement considering that the majority of the beds funded were opened during the year, are low barrier in nature, and are staffed by an organization that had never before managed a congregate shelter program.

The proposed changes for FY25 includes increasing overnight shelter capacity bed numbers, shelter hours and bed numbers during extreme weather conditions, and continuing to evaluate the housing availability and/or housing program availability for the shelter guests. Furthermore, the success of an overnight and daytime shelter is improved with dedicated case management by a skilled professional. This individualized and centered approach to understand the strengths and barriers of the household is critical to connect them to mainstream resources, completing employment applications, and assisting with the housing search. There is a need to strengthen these resources in the Lancaster County.

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 25-26.

- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Innovative Supportive Housing Services HAP funding in FY24-25 paid for the operation of three Rapid Rehousing programs that assisted people to move from homelessness into stable, permanent housing. These programs were funded at \$72,067 and served clients in locations across the county, including both rural and urban settings. In all, 98 unique clients were served by these programs during the year. Of these clients, 36 entered the program from one of the emergency shelters in the county. The remaining 62 enrolled while staying in a place not meant for habitation. We consider the data at entry to be extremely positive for the program.

Of the clients served, 68 moved into permanent housing, and 66 exited into permanent housing during the year. These 66 positive exits represent a 92% positive exit rate, an exceptional result. 4 clients exited to temporary, non-homeless destinations and only 2 clients returned to homelessness. Of the adult clients served by these programs, 36% increased their income between entry and exit, with an average monthly increase of 1,107 dollars.

Clients served came from a mix of households with and without children, with 42 and 13 such households respectively. A majority of clients, 57%, reported suffering from at least one disabling condition. 26% reported suffering from two or more. The ability to have dedicated HAP funds for these programs greatly enhanced the agencies' ability to effectively assist households.

The Coalition will continue to expand the various housing programs by seeking additional assistance aside from HAP for supportive services and client financial assistance to stabilize families. We anticipate a continuation of the fundamentals of the program and have stronger outcomes.

Homeless Management Information Systems:

DHS encourages counties and HAP partners to participate in their Continuum of Care (CoC) and for eligible providers to collect and track client-level data and services in their CoC's Homeless Management Information System (HMIS). HMIS tracks and analyzes the characteristics and service needs of people at-risk or experiencing homelessness.

Please describe the county's utilization of HMIS to include how HAP providers enter data and enrollments into HMIS for any or all components of the program.

All programs funded using HAP funds participated in Lancaster County's HMIS during this year as a contract requirement. This means that any client served with HAP dollars appears in HMIS with a corresponding program enrollment. Programs funded using HAP dollars conform to specific data collection requirements based on program type. Required data elements include homeless status at entry, disabling conditions, income, and non-cash benefit status. Exit destination is required for most program types, as well.

Lancaster County Homelessness Coalition staff work full time supporting funded organizations in their use of HMIS, including giving regular feedback designed to improve the quality of data collected. In addition to clients and client enrollments, Lancaster County's HMIS includes specific, dated entries for the services received by clients. Most important of these are emergency shelter bed-nights and client financial

assistance. Thorough data entry facilitates thorough reporting and allows for more intentional monitoring of programs' operation and success over the course of the year.

- If the HAP provider does not utilize HMIS, describe how the provider collects client-level data and data on the provision of housing services. Is this data provided to the CoC that coordinates housing and services funding for families and individuals experiencing homelessness?

HMIS is utilized by all HAP-funded providers in Lancaster County. Data in HMIS facilitates the coordination of housing and services funding for families and individuals experiencing homelessness locally.

- Describe any change the county has identified in the service needs of families or individuals experiencing homelessness over the past program year.

Relying on HMIS data, Lancaster County has identified specific needs among clients who report multiple co-occurring disabling conditions at entry. The county's expansion of low-barrier Emergency Shelter beds, increased Day Shelter capacity, and homeless Street Outreach all came as a response to these emerging needs. HMIS data has also proven useful in identifying needs among homeless unaccompanied and parenting youth in the county. This population group poses unique challenges that Lancaster County acknowledges must be met. The Coalition has expanded services to this vulnerable group (particularly ages 18-26) and will continue to do so in coming years. Specifically, regular monitoring of HMIS data allows for a monthly view of the number of active homeless youth in the system, entering the system, and exiting the system. This facilitates more directive intervention with these clients. Finally, consistent data entry by emergency shelter providers has allowed for a clearer picture of usage patterns and created more opportunities to link clients sheltered overnight with street outreach providers operating by day.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on “Please choose an item.” Under each service category.

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

Adult Services: Please provide the following:

Program Name: Fair Housing Program

Description of Services:

The Fair Housing Program Act of 1968 required counties to abide by what were defined as “Affirmatively Furthering Fair Housing” standards, the intent of which was to combat discriminatory rental practices. In 2010, the Lancaster Housing Opportunities Partnership, now known as Tenfold, assumed administration of Fair Housing responsibilities, with its Housing Rights & Resource Center (HRRC) serving as the community’s clearinghouse for related information and assistance. Through bi-lingual trainings, workshops and publications Tenfold educates Lancaster County. The HRRC conducted multiple fair housing workshops over the course of the year, with an aggregate attendance of 450 tenants, landlords, service providers and government officials.

Tenfold seeks to spark the power in all people to achieve equitable housing and financial security. HSDF funding will support Tenfold’s Barshinger Empowerment Center’s work to support Lancaster County residents’ Stabilization, Prevention and Growth. This is accomplished by: providing person center case management and financial coaching to place individuals in housing; supporting their stability and preventing crises that will lead toward housing displacement and homelessness, all while supporting their growth to meet their goals. This occurs through a variety of programs and services that seek to meet people where they are including homeless outreach, rapid rehousing, emergency shelter, transitional housing, permanent supportive housing, education, case management, housing counseling, down payment assistance, eviction prevention, and foreclosure prevention.

Tenfold is a HUD Certified Housing Counseling agency. Services include budget counseling, rental housing counseling, eviction prevention counseling, fair housing consultations, pre-purchase home buyer counseling, post-purchase homebuyer counseling, credit counseling, and group education. Tenfold engages clients through 1:1 counseling session as well as group education to create actionable steps towards their goals. Additionally, HUD Counselors support clients in understanding their rights in fair housing and support individuals to file fair housing complaints to HUD and PARC.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Children and Youth Services: Please provide the following:

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

Description of Services:

The Campaign Against the Sexual Exploitation (CASE) of Children is a Task Force chaired by the Lancaster County Commissioners and is charged with promoting public awareness of child abuse and its prevention, while also providing clear methods of intervention and reportage. This is accomplished through the publication and distribution of informational materials and use of the mass media forums.

Service Category: Information & Referral - The provision to an individual of requested information about needed services and referral to appropriate providers.

Generic Services: Please provide the following:

Program Name: Local Lead Agency

Description of Services:

The Local Lead Agency (LLA) Initiative stems from a 2009 agreement between the Department of Human Services (DHS) and the Pennsylvania Housing and Finance Administration (PHFA) which required all counties to appoint an entity that would serve as the local steward ensuring that Low Income Housing Tax Credit (LIHTC) projects comply with a mandate to set aside 5% of residences for the DHS priority group. Other LLA responsibilities included being the central referral source, coordination of supportive services for tenants, and mediation with property managers in case of landlord/tenant disputes.

Tenfold is the County's Local Lead Agency and has Memorandums of Understanding promoting and incentivizing affordable housing with the following entities and agencies: Community Basic Inc., Housing Development Corporation MidAtlantic, Pennsylvania Housing Finance Agency and Landis Community.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

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

Adult Aging CYS SUD MH ID HAP

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

Program Name:

Description of Services: N/A

Interagency Coordination: (Limit of 1 page)

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

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

Lancaster County BHDS partners with Lancaster County Prison and Lancaster County Adult Probation & Parole to co-fund a CIT Coordinator. Under the auspices of Adult Probation & Parole, this position has direct oversight of the daily operations of the County's Crisis Intervention Team (CIT) program, ensuring fidelity to the nationally recognized CIT-Memphis Model, while also coordinating and facilitating three full-week active engagement trainings and refresher courses for the 11 of the County's municipal law enforcement departments, County Sheriffs and County Prison staff. In addition, the CIT Coordinator provided communication skills trainings for a number of County departments whose staff interact with the general public on a daily basis.

Among the new initiatives planned for the 2025-2026 Fiscal Year is the creation of a Specialty Treatment Courts Behavioral Health Case Manager. In 2010, Lancaster County's Court of Common Pleas implemented Mental Health Court, a multi-systemic effort to reduce recidivism among individuals with serious mental health diagnoses who, upon completion of a rigorous curriculum and successful reintegration into the community, can have their criminal charges dismissed. The position will be embedded with, and primarily funded by, the County's Behavioral Health & Developmental Services Agency. HSDF funds are intended to help offset salary costs.

Another initiative contemplated for the coming year is a Behavioral Threat Advisory Group analyst. In 2022, the County created a multi-disciplinary advisory team comprised of representatives from law enforcement and each of the County's child serving agencies to improve awareness and identification of risk factors for violence, with a focus on early intervention and prevention of escalation. This position would serve as a data manager and analyst and function as the primary communicator and coordinator between the Threat Advisory Group and stakeholders, including school districts. The position would be embedded within and primarily funded by the District Attorney's Office.

Finally, the County is looking to hire a Grant Specialist who will dedicate at least a third of their time to researching human service grant opportunities. The position is expected to manage the full grant lifecycle, including research, application, tracking, reporting and close-out, while working collaboratively with stakeholder agencies and ensuring compliance with all federal, state and local regulations. The position will also be responsible for all reporting and documentation compliance and budgetary fidelity. Given the core financial duties, the position will be embedded with the County's Budget Services' department, with HSDF funds covering a portion of the salary and administration costs.

True to the spirit of interagency coordination upon which these positions are wholly reliant, the salary and associated costs are jointly funded by multiple County departments and systems. Human Service Development Funds will help to supplement the salary and administrative costs but will not exceed more than half the overall cost of any position.

With the exception of the Grant Specialist, these positions serve as a liaison between the criminal justice and human service systems, strengthening collaborative efforts to identify and, when possible and appropriate, divert individuals with serious mental illness from incarceration. Specific responsibilities will be overseeing initiatives and accessing grants/funding that successfully address the adult and juvenile criminal justice/mental health populations, with a particular focus on evidence-based practices that reduce recidivism.