

## **V. SPECIFIC SPECIAL NEEDS OBJECTIVES (91.215)**

- 1. Priorities and specific objectives jurisdiction hopes to achieve over a specified time period.*
- 2. Federal, State, and local public and private resources that are reasonably expected to be available that will be used to address identified needs for the period covered by the strategic plan.*

### **Non-Homeless Special Needs Analysis 91.205 (d) and 91.210 (d)**

- 1. Number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol and other drug addiction, and any other categories the jurisdiction may specify. Non-Homeless Special Needs Table 1B.*
- 2. Priority housing and supportive services needs of persons who are not homeless but require supportive housing, i.e elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.*
- 3. Basis for assigning the priority given to each category of priority needs.*
- 4. Obstacles to meeting underserved needs.*
- 5. Facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate housing.*
- 6. Plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations.*

## **Population**

### Elderly

Pennsylvania now ranks third in the U.S. in the percent of persons age 60 and older compared to its total population. Based on the interpretation and projections of the 2000 Census data for Lancaster County made by the County Office of Aging, the total number of Lancastrians age 65 and older will increase by approximately 6.5% during the next five years (2005-2010). More significantly, the County's age 60 and over population is expected to grow by about 11% over this same five-year period. These older age individuals will require higher levels of supportive services in order to maintain independent living status.

According to the PA Department of Health Bureau of Health Statistics and Research, there were 33 nursing homes in Lancaster County in 2002, with a total number of 4,229 beds. Of those totals, 32 homes with 3,222 beds were certified for Medicare, while 29 homes with 3,947 beds were certified for Medicaid. The total licensed/approved beds per 1,000 population age 65 and older for the County was 62.6. The average occupancy rate of these homes was 91.3%, with the average length of stay (in number of days) being 365. The median semi-private daily room rate was \$164.

With reference to the homeless or near-homeless elderly, there has not been an appreciable increase in the Office of Aging services directed to such individuals in the County in recent years (since 2000). According to 2000 Census data, there are 60,127 households in Lancaster County (outside of the City) in which individuals 64 years or older reside, and of those total households, 13,920 are one-person households with that person being 65 years or older. The number of one-person households in the County (outside of the City) in which the one person is 75 years or older is 8,609.

As for the frail elderly in Lancaster County, this population of those ages 85 and older is projected by the Lancaster County Planning Commission to increase from 2005 to 2010 by nearly 11%. These older age individuals will continue to require higher levels of supportive services in order to maintain independent living status.

The State has mandated long-term care reforms for the elderly, which continue to not only emphasize home and community-based care alternatives to nursing home placement, but also provide considerable new and increasing funding from the Department of Public Welfare targeting income and nursing home eligible persons who can remain at home.

Also, since 2000, the Lancaster County Office of Aging instituted a standardized, statewide cost sharing policy requiring older individuals with certain amounts of income and assets to share in the cost of care which was previously provided at no cost (or via a voluntary contribution). This is one of the reforms that enable the Office of Aging to better meet the growing demands for care with limited public resources and to prepare for the onslaught of the aging "baby boomers" on the horizon.

### Persons with Disabilities

The 2000 Census indicates a total of 64,066 persons with disabilities; 34% were listed as age 65 and above. The charts below show which Lancaster County municipalities (outside of the City) have the highest number of disabled residents and also that have the highest percentage of disabled individuals residing there.

**Chart 47. Lancaster County Municipalities with Highest Number of Disabled Residents**

<b>Lancaster Municipality</b>	<b>Total Population</b>	<b>Disabled Population</b>
Manheim Township	33,697	4,082
East Hempfield Township	21,399	2,583
Lancaster Township	13,944	2,040
Columbia Borough	10,311	2,035
Manor Township	16,498	1,984

**Chart 48. Lancaster County Municipalities with Highest Percentage of Disabled Residents**

<b>Lancaster Municipality</b>	<b>Total Population</b>	<b>% of Population Disabled</b>
Columbia Borough	10,311	20%
Providence Township	6,651	18%
Ephrata Township	8,026	16%
Paradise Township	4,698	16%
Mountville Borough	2,444	16%

Additional information on persons with disabilities is also included in the Section 2. Housing Needs.

Persons with a Mental Illness or Mental Retardation

Unlike the effects of mental retardation, which are generally predictable; serious mental disability is an illness that can have periods of normal functioning and also have episodes of severe mental health symptoms. Consequently, persons with mental illness need flexible support services which can be adjusted as their illness fluctuates.

In Lancaster County, the number of people with mental illness and mental retardation are increasingly in need of services, and continue to strain service delivery networks. The majority of funding for the Office of Mental Health/Mental Retardation (MH/MR) comes from the Commonwealth of Pennsylvania. Currently, Lancaster County ranks 10<sup>th</sup> out of 46 counties in regards to funds received from the Commonwealth. In 2002-2003, the per capita amount for Lancaster County consumers was \$2,200 per consumer.

The Lancaster County MH/MR Office funds transitional residential programs for rehabilitation and adjustment to independent living, as well as permanent residential programs. These facilities are operated by private nonprofit entities on a contract basis and are located throughout Lancaster City and County.

The present capacity of community-based facilities with supportive services is inadequate to meet the needs of this population. However, as with the disabled

population, the primary problem identified with this service delivery network is the backlog that occurs because of a resident's inability to locate suitable affordable housing within the community when they are ready to move on from the fully supervised environment of the treatment facility. When they do move on, they often return to the very environment that contributed to their problems in the first place.

According to the Lancaster County Office of Mental Health, approximately 20% of the population is afflicted with some form of mental illness. This translates into approximately 94,900 persons. This number is based on the 2001 estimated Census. The national 2001 estimate of people below poverty level, specifically with an income of \$15,000 or less per year, is 7.8%. If this national average is applied to the estimated number of Lancaster County residents suffering with mental illness, approximately 7,400 individuals fall into this category. Given the fact that affordable housing is scarce and that these individuals will need support services to help them remain independent, there is a serious need for appropriate affordable housing.

The Community Residential Rehabilitation (CRR) Program was created to help transition individuals from the mental health rehabilitation program move to a more independent living situation. There are currently five residential rehabilitation facilities in Lancaster County. Four facilities are located in the City and one is located in Columbia. The facility in Columbia serves a very specific population. The County MH/MR Office contracts with CRR for its consumers. The program has an average occupancy rate of 94% and there is no formal time limit for residing in one of these projects.

### Persons Fleeing Domestic Violence

An overwhelming amount of domestic violence goes unreported. A measure of the number of Protection from Abuse orders may measure only a portion of the exact number of abusive home environments, but trends in this number of reports, charges of violations, and convictions are reflective of the problem and our community's response (Source, Measure Up, Lancaster!)

Domestic Violence Services (DVS) of Lancaster County provides comprehensive services to victims of domestic violence and their dependent children; 99% of its clients are adult females. It is difficult to put a number on this population since many victims of domestic violence do not seek assistance or make reports to the police. Nationally, it is estimated that one out of four adult women experience some form of violence within their relationships. In Lancaster County approximately 7,000 to 10,000 women are battered each year. Additionally, many women who are battered and live outside the City will not seek shelter at the DVS emergency facility as it is located in the City, and there is a perception of danger and the area is unfamiliar to them.

Domestic Violence Services of Lancaster County also provides emergency shelter to approximately 40 women and children at any given time for up to 90 days. Counseling and legal services are provided to residents as needed. Approximately 250 women and children live at the DVS shelter on an annual basis. Of the women who reside in the

emergency shelter annually, approximately 80% are either low or very low income. The greatest obstacle that many of the women must overcome when they are ready to leave the shelter is obtaining affordable housing. Many of these women are living on Aid to Families with Dependent Children (AFDC) funds or hold minimum wage jobs, and the available housing is unaffordable to them.

The Section 8 Housing Choice Voucher Program is available as a subsidy to those with very low income; however, there are not enough vouchers to meet the need. As a result, when a victim of domestic violence is ready to leave the shelter, she has basically two options: 1) go back to the abusive situation, or 2) become homeless. According to State information, approximately 30% of women who leave the shelter become homeless. This translates into approximately 30 out of every 100 women and their children leaving the shelter annually becoming homeless.

### Persons with HIV/AIDS

As of the June 2003 HIV/AIDS Surveillance Biannual Summary by the Pennsylvania Department of Health, the total AIDS cases reported in Lancaster County were 646, which represents an increase of 33% from the County's Consolidated Plan for 2000-2004. This does not reflect the total number of people living with an HIV infection in the County, as this number merely reports the individuals who have progressed in their disease to the point of having received an AIDS medical diagnosis. Lancaster County now ranks 9<sup>th</sup> in statewide AIDS incidence, just one case behind Lehigh County, which is now ranked 8<sup>th</sup> – Lancaster County's previous ranking. Also, Lancaster County currently ranks 16<sup>th</sup> in the State in incidences per capita. This climb in ranking occurred despite vast improvements in the level of care and in the medical resources to care for individuals living with HIV in the County.

The African-American and Hispanic communities continue to be disproportionately impacted by HIV/AIDS across the County and across the State. Again, as of June 2003, African Americans accounted for slightly more than 50% of all reported AIDS cases in Pennsylvania, while Hispanics accounted for roughly 11% of all reported cases. Both of these populations, according to the 2000 Census, account for much smaller percentages of the overall State population. This has also been reflected locally in the number of individuals served by the AIDS Community Alliance (ACA). Over 23% of the active caseload at ACA is African-American and over 35% of the ACA caseload identify themselves as being of Hispanic heritage. According to the PA Department of Health Data for Lancaster County, of the total AIDS cases reported in 2002, 49% were Caucasian, 33% Hispanic and 18% African-American.

The number of women living with HIV continues to increase, although the actual number and percentage remains unclear due to the lack of data tracking individuals living with an HIV infection and not an AIDS diagnosis. A number of medical providers have noted an increase in the number of cases reporting heterosexual sexual contact as the most likely mode of HIV transmission; thus, leading to the conclusion that a growing number of women are becoming and/or are infected with HIV. The AIDS Community Alliance

has currently identified over 42% of its caseload as female. The number of children infected with AIDS has declined in recent years, and continues to decline thanks to medical advances. Women infected with HIV can now often give birth to healthy babies who are not infected with HIV. The key to this remains connecting the expectant mother to care and the treatment adherence of the expectant mother during her pregnancy.

Lancaster General Hospital operates a Comprehensive Care Clinic for persons with HIV/AIDS. In 2004, the Clinic reported 386 patients; 100 were new to the program. The clinic also reported the death of 15 individuals in 2004 due to AIDS. One third of all patients at the clinic had incomes equal to or less than the federal poverty level. Slightly over half the patients served were HIV+; the remainder had an AIDS diagnosis.

Additional information on the needs of Persons with HIV/AIDS is included in Section 2. Housing Needs.

### Persons with Alcohol or Other Drug Addiction

Adult substance abusers and their families use more health and social service resources than non-abusers. They are more likely to be unemployed or under-employed, more likely to be of low income, and more likely to be involved in crime. (Source, Measure Up, Lancaster!)

According to the Lancaster County Drug and Alcohol Commission's 2001-2002 Annual Report, 2,956 Lancaster residents received treatment for substance abuse. In the Commission's most recent Report, it cited that for 2002-2003, 2,073 uninsured Lancaster County residents were treated for substance abuse, with 396 receiving inpatient treatment and 1,677 receiving outpatient treatment. Of this total, 76.8% treated were male. As far as the age breakdown for the above individuals receiving treatment:

- 2% were 18 and under;
- 23% were ages 19 to 24;
- 52.3% were 25 to 39;
- 23.1% were 40 to 64; and
- .03% was 65 and older.

These figures are most likely based on available funds as opposed to the actual total number of people seeking treatment.

The PA Department of Health Bureau of Health Statistics and Research reported that for the same approximate time period (7/02 - 6/03), 2,237 Lancaster County individuals were admitted to State-supported drug and alcohol treatment facilities. Of these clients admitted, 1,366 had a primary diagnosis of drug abuse; 856 of alcohol abuse; and 15 of "other" (which includes family members receiving counseling). Total number of admissions in the County to State-supported facilities during this period was 3,747. Of

the actual number of individuals admitted cited above, 66.2% were admitted only once during this period. In all, there are 20 licensed drug and alcohol treatment facilities in Lancaster County, including: eight (8) inpatient non-hospital, one (1) inpatient hospital, two (2) partial hospitalization and thirteen (13) outpatient.

On a national level, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported in its 2003 National Household Survey that 21.6 people, age 12 or over - or 9.4% of the total U.S. population - were involved in substance abuse or dependence. Specifically for heavy alcohol abuse (defined as having five or more drinks on the same occasion on at least five different days in the past 30 days), SAMHSA's 2003 statistics showed that 15.1% of the total U.S. population ages 18 to 25 were engaged in heavy alcohol use. For ages 45 to 49, 6.8% of the population was heavy drinkers, and 2.5% of the population age 65 and older was heavy alcohol abusers. For all these age brackets, males are twice as likely to have this problem as females.

In Lancaster County, the number one concern and need of individuals with substance abuse problems or in recovery from such problems is housing, according to the Council on Drug and Alcohol Abuse. Other needs of this population, ranked in order of importance are mental health services, employment training and parenting skills/custody issues. Intensive case management services are available to this population in Lancaster County through the Drug and Alcohol Commission.

For those in recovery from substance abuse, there are two halfway houses in Lancaster County: GateHouse for Women and GateHouse for Men. These provide a transition from rehab to life on the outside. They are very structured environments with 12-step meetings and/or addiction education classes on site. Residents of these facilities usually seek employment. There are currently no sober houses, sometimes called recovery houses, in the County. These facilities offer a less structured setting that continues to provide a drug-and-alcohol-free environment where residents are expected to work, pay rent and attend 12-step meetings in the community.

There are also two Christian-based, long-term residential programs for adult men in recovery in the County. These are The Yokefellow Center in Rothsville and Potter's House in Leola. Both of these facilities include mandatory church attendance and other requirements.

Other housing options for individuals in substance abuse recovery in Lancaster include the following, some of which are also available to the general public: Milagro House, Jubilee House, Clare House, Transitional Living Center, Crispus Attucks Emergency Shelter, Bridge of Hope, the YWCA, Homes of Hope, Mt. Joy Transitional Housing and Kendu Aftercare.

According to the Council on Drug and Alcohol Abuse, there is a definite lack of housing for individuals in substance abuse recovery in Lancaster County.