

LEHIGH COUNTY HUMAN SERVICES PLAN

FISCAL YEAR 2014 – 2015

Kay L. Achenbach
Human Services Director
July 7, 2014

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LEHIGH

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

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

	Thomas M. ...	Date: 7/1/14
		Date:
		Date:

Appendix B

Lehigh County Human Services Plan

The County Human Services Plan Template is to be used to submit the information as outlined below. It is to be submitted in conjunction with Appendices A and C to the Department, as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. Critical stakeholder groups including individuals who receive services, families of service recipients, consumer groups, providers, and partners from other systems; how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;

Lehigh County utilizes an on-going planning process through the Systems of Care Leadership Team and the Advisory Boards of each Human Services Agency, those being Aging and Adult Services, Children and Youth, Drug and Alcohol, and Mental Health/Intellectual Disabilities/Early Intervention. At each meeting of these Boards opportunity exists to discuss issues and topics concerning needs, services available, and future opportunities and the agency Director and the Director of Human Services are present to hear these comments. In addition, all agency directors attend a monthly planning meeting for the Department of Human Services and have the opportunity to discuss needs and concerns, both internally and as put forth by the individual Advisory Boards.

In addition, monthly communication with HealthChoices and the Managed Care Organization occurs with representation from MH, D&A, ID, and CMHU along with the Director of Human Services. This allows for information on needs and findings to pass along from the perspective of that group. Meetings of the Community Healthcare Alliance (CHA) enable more input from consumers, families, and professionals, and these results and concerns are put forward to the group by the HealthChoices Administrator.

The Systems of Care Leadership group has the required representation of youth, families, professionals, and county staff. Each Advisory Board is set forth as dictated by regulation and/or By-Laws, and all have representation by professionals in the field, concerned citizens, past and/or present service recipients or families, and county staff.

2. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. Funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;

Funding has been shifted to the Drug and Alcohol program for the present year, based on historic need and utilization. Also, funds have been shifted to Adult Services. This has been the case in Lehigh County in the prior two years of the Human Services Block Grant.

Historically, Lehigh County has always maintained a philosophical and programmatic approach toward least restrictive setting for all consumers, regardless of the program or its involvement in the Human Services Block Grant. As part of the reporting to Advisory Boards and the presentations in the Public Hearings, the expenditure budgeting of the full department was rolled out. Expenditures were detailed in three classifications, those being Personnel, Operating, and Purchased Services. Overall budgeting for the year fell into 17.9% Personnel, 1.5% Operating, and 80.6% Purchased Services. Of the portion of expenditures that is Purchased Services, 65.3% is Community Based/In Home Services for those living in their own homes. 33.5% is for supports for residential settings, with the final 1.2% for true Institutional settings. Planning participants were very pleased to learn of Lehigh County's concentration on services expenditures, and focus on Community Based/In Home services for consumers.

3. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Lehigh County has, or is in the process, of initiating several new programs as a direct result of what is identified as a need in our communities coupled with the flexibility of the Block Grant funding.

Transitional Age Housing and Life Supports:

Lehigh County is beginning a program for Transitional Age Youth Housing and Life Supports. This program will be targeted to TAY ages 18-25 with Mental Health involvement and the goal is the prevention of homelessness and chronic homelessness for this group. The program will utilize a Master Leasing concept for youth in order to assist them with building credit. It is presumed that the apartments will be similar to those used in supported apartments; ie, several individual apartments with a program director in a nearby apartment to provide the steady support needed in the early stages. Programs similar to C&Y Independent Living will be offered to assist youth in building living skills such as budgeting, grocery shopping and meal preparation, apartment maintenance, etc. Vocational training will be offered, including work toward gaining GED or post high school credits, as well as job skills. As youth obtain employment the requirement will be for them to set aside 30% of their income toward rental costs. And finally, assistance will be given for identifying and accessing the supportive services necessary to maintain independent living.

For this project Lehigh has planning representation, both program and fiscal, from internal offices of MH, ID, CMH, HC, C&Y, and Integrated Services (IS). We expect that a Request for Information will be released in early fall of 2014. This project has been

discussed with the Leadership Group and all agency Advisory Boards; interest from these planning groups has been overwhelming.

Alternatives to Truancy:

While this program officially started in January 2014, planning for it extended back to the prior year. Since it has only been operational for 6 months, the annualization of costs will result in increased spending in Child Welfare. This outreach program combines efforts with three County school districts, two providers selected through the Request for Proposal process, and county staff. The intent of the program is to address issues related to child truancy. The program is based upon the home visit model and work is conducted with the family in order to address the concerns that have led to truancy. Additional information on the program can be found in the Child Welfare section of this Plan.

CHOICES

CHOICES, a program created by the D&A Office, is a school based, group intervention program, that is targeted at selected school districts and focuses on identified middle and high school students. School administrators have acknowledged a need for a program that will not only identify and support students who are at high risk for substance use but will also focus on grades, attendance, disciplinary referrals, peer conflict and life skills. In addition, the implementation of the program is flexible enough to meet the school's scheduling needs as related to class length. Finally, school administrators believe that a core curriculum is needed with the option to add modules to address specific, identified areas of concern.

After the first year of implementation, the data collected overwhelmingly showed that on average, student's grades increased, disciplinary referrals decreased and school attendance improved. Many schools also experienced a "culture" shift as it related to the Student Assistance Program (SAP) process, educator support and administrative "buy-in". The same results held true in each subsequent implementation year as the program expanded to into different schools.

As a result, the PA Department of Drug & Alcohol Programs recommended CHOICES as a promising practice to SAMHSA to be considered for a Service-to-Science study that will elevate CHOICES to an evidence based program and be able to be marketed nationwide. CHOICES was one of only 26 programs across the Country that was accepted for the study!

C-GAP

C-GAP (Cyber Gambling Awareness Prevention) was created through a collaboration between Lehigh County Drug & Alcohol and The Center for Humanistic Change (one of the County's contracted prevention providers). C-GAP is an interactive, audience

automated response/key pad cyber gaming prevention program which targets high school seniors, college freshman and their parents. C-GAP is the 1st and only cyber gambling prevention program approved by the PA Department of Drug & Alcohol Programs. C-GAP is currently under expansion to include the senior adult population and general population. The C-GAP creation and implementation was funded through the Gambling Fund Initiative Grant.

Raub Middle School Community Partnership

The Raub Community Partnership began 24 months ago and was implemented at the beginning of the 2013/2014 school year. Historically, Raub Middle School is a high volume user of the SAP process. Through the dedication and investment of the staff, SAP team and guidance office, students are frequently identified as requiring additional support (approx. 1/3 of the school population). Based upon the SAP and school data collected, gaps in services, barriers, needs and strengths were identified. This information was compared to the prevention programs currently in place and it was determined that what was in place was not structured to address the areas of need; therefore, a revision to program took place.

A component of this revision included a study and identification of all community resources located within the Raub Middle School boundary. At the conclusion of the study, Raub identified four (4) key community partners and invited them to a series of meetings beginning in September 2013. The meetings addressed needs, services, opportunities and planning. As of June 2014, there are now close to 40 community partners meeting monthly with Raub. In addition to prevention (evidence based and non-evidence based), intervention (CHOICES) services – through the community partnership Raub has groups for student's engaging in self injurious behaviors, students whose parents are incarcerated, crime victimization, job fairs and healthy living expos. Additionally, Raub's SAP team was awarded the distinguished Pennsylvania SAP Team of the Year Award! The end result is an increase to the number of students accessing services at an overall lower cost.

Because of the success of this program, plans are in place to extend it into another County school district for FY 2014-15.

Heroin Opiate Prevention Education (HOPE)

HOPE will create a heroin and opiate prevention and awareness program to be delivered to parents and adult community groups, with a future version to be targeted for adolescents. The project is scheduled to rollout in September or October 2014. This project is combining the knowledge and resources of County SCA, the District Attorney, Coroner, Adult Probation, and Juvenile Probation, as well as providers and representatives from local hospitals and police. The initial program will focus on recognition of signs and symptoms, and resources.

Potential Programs for FY 2014-15

Programs to explore in FY 2014-15 are services and supports for victims of trafficking. Outreach has started with two providers and Lehigh County Courts to determine the need and the possibilities. In addition, Lehigh is exploring partnering with other entities within the County for a Social Innovation Fund Pay for Success project to involve supportive and affordable housing.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant.

Please provide the following:

1. Proof of publication of notice;

Please see Appendix D, attached.

2. Actual date(s) of public hearing(s);

Two Public Hearings were held for the Lehigh County Human Services Block Grant. These were held in the County Government Center on June 12, 2014, at 10:00 am and 6:30 pm. Attendance Sheets can be found in Appendix E, attached.

3. A summary of each public hearing.

The date and times of the two Public Hearings were advertised in the local newspaper and on the County Website. In addition, notification went out via email to all County DHS Advisory Boards and various agency consumer groups and list serves. The first hearing had 18 people in attendance; the second had eight.

Both meetings opened with a review of County revenues and spending. The presentation then moved into what has been accomplished so far, and what is seen as unmet or undermet needs in the community, and suggestions for services and program creation and/or expansion and enhancement. Suggestions at the first meeting were more services and opportunities for ASD, and transitional services for this population. Specialized needs for veterans were discussed, as was increased programs utilizing mentors and peer supports. Suggestions were brought forward on expanding the HSBG Planning group, as well as a need for closer review of Drug and Alcohol services and care offered in local hospitals.

The second meeting had discussion on job coaches and increased services and waivers in the Intellectual Disabilities program. An increased summer program opportunity for children with special needs was also mentioned. Both sessions were very positive on County plans for Supported Housing and Life Skills for transitional age youth, and a potential program for victims of trafficking, as well as the elementary truancy, CHOICES, and other programs which were mentioned under PART I of this document.

Attendees at both meetings were told that planning goes on continually in Lehigh County Human Services, and were encouraged to send in their thoughts and concerns at any time for consideration.

PART III: WAIVER REQUEST
(applicable only to Block Grant Counties)

If you are requesting a waiver from the minimum expenditure level for any categorical area, provide the justification for the request.

Lehigh County is not requesting a waiver from the minimum expenditure level.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussions 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, etc.

a) Program Highlights:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

The Lehigh County Mental Health Program strives to move the existing mental health system to one in which wellness and recovery is the goal for all who enter the system of care in the county. The Mental Health office focuses on enhancing existing services as well as developing additional services in a manner that promotes and facilitates the individual's recovery process and transforms the existing system of care. Through ongoing inclusive and collaborative partnerships with Wernersville State Hospital, the County's provider network, consumer groups, County DHS, HealthChoices, and the County Criminal Justice system, the Lehigh County Mental Health Program strives to have services and supports that are of the highest quality, are fiscally responsible, and sustainable.

Lehigh County Adult Mental Health provides an extensive range of community based services to adults 18 and older. These services cover individuals with no insurance, Medical Assistance, Medicare, and private commercial health insurance without behavioral health coverage, or private insurance with behavioral health coverage when individual is unable to afford co-payments.

Lehigh County strongly believes that supportive housing works well for those who face the most complex challenges—individuals with a mental illness who are confronted with homelessness and who also have very low incomes and/or serious, persistent issues that include drug abuse and addiction.

While significant resources are allocated to providing housing related services and assistance, our greatest need is for additional safe, appropriate and affordable housing. There is a lack of affordable low income housing in the area. Also, the limited availability of Section 8 vouchers leaves individuals without additional sustainable source of rental assistance. Finally, a shortage of landlords that will accept tenants with poor credit histories, poor references, or criminal records is a further barrier that MH faces.

Some of the highlights of achievements and other programmatic improvements that have enhanced the behavioral health service system in Lehigh County over the past year are:

Specialized Intensive Case Management *for individuals who are homeless or at risk of becoming homeless and who, as a result, are at risk of destabilization.*

The Drop-in Center *celebrated its first anniversary. The Drop in Center is peer run and has made an effort to engage individuals from all age groups and backgrounds.*

Peer Mentor Training *was provided for eight individuals who had a desire to support their peers in their recovery but not sure or not ready to participate on a Certified Peer Specialist training.*

CRR Conversion *resulted from a housing committee that included individuals in recovery (including people who were involved with the closure of Allentown State Hospital), providers, representatives from social service agencies, representatives from local government, representatives from the business community, and members of faith based communities. As a result of the work of this group, a plan was developed to convert the Step by Step moderate care CRR into a Fairweather Lodge to provide affordable housing for eight people who will share in running the home.*

Mental Health Committee *Lehigh County recognizes that in order to facilitate community integration and social relationships, the community must be engaged in the process. As a result, the committee has moved its meetings from the Government Center, where parking and security were an issue, to the Clubhouse of Lehigh County. This move has resulted in greater participation in the process by stakeholders.*

The Community Family Satisfaction Team, as a result of the surveys they conducted, has effected change in the services that individuals have received. The team has successfully made recommendations in programs to make them more wellness and recovery focused.

Mental Health First Aid Four Adult and two youth Mental Health First Aid classes were held. The classes were attended by local law enforcement officers, first responders, teachers, nurses, agency staff, community members, and people in recovery.

In addition to the highlights and achievements listed above, Lehigh County plans to address unmet needs and service gaps through building upon or using the resources and strengths that are present in the current system. These include but are not limited to:

- The continued collaboration with the contracted Behavioral Health Managed Care Organization, Magellan Behavioral Health, to provide continuity in services and share data to identify needs and service gaps. School based Outpatient Psychiatric Clinic Services will also be explored.
- The continued collaboration with the Lehigh County Conference of Churches in operating a Clearinghouse to address the housing needs of the target population. The Lehigh County Conference of Churches (LCCC) identifies and selects quality rental housing units and interested landlords in the Lehigh County Housing Market to engage in a master leasing relationship for the purpose of subleasing units to eligible individuals.
- Continued participation with the Allentown Committee to End Chronic Homelessness by 2017. This is a group that is comprised of individuals, housing advocates, housing authorities, government entities and other stakeholders with an interest in the housing needs of the target population.
- The continued collaboration with the provider agencies to gather information provided by the agencies to measure performance in promoting Evidenced Based Practices and Recovery Oriented or Promising Practices.
- Planning and implementing suicide prevention strategies among youth, built around the amelioration of bullying.
- Planning and implementing a public education Program on suicide prevention focused on middle aged males

b) Strengths and Unmet Needs:

Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:

- **Older Adults (ages 60 and above)**

Strengths: The Medically Fragile Persons" (MFP) program is designed to specifically address the needs of individuals who are 60 years of age or older who have been,

diagnosed with a mental illness and are medically compromised. Lehigh County also has two Enhanced Personal Care Boarding Homes (The Acorn and the NHS PCH) The NHS EPCBH, in particular, has developed a niche in working with the medical needs of individuals. Our BSU has worked diligently with outpatient providers to ensure that individuals with Medicare can receive needed outpatient services immediately without having to be placed on a waiting list.

Needs: County continues to work with providers in developing programs and capacity for the needs of elders.

- **Adults (ages 18 and above)**

Strengths: Lehigh County provides numerous programs to meet the needs of adults living with a significant mental illness in the county. These include:

Peer Support Services Lehigh County will be sponsoring a Certified Peer Specialist training in FY 14-15;

Consumer Family Satisfaction Team (CFST) is an organization authorized by Lehigh County to provide consumer satisfaction services. CFST was created out of the need for a reliable method of monitoring and reporting satisfaction within the mental health system;

Assertive Community Treatment Teams (ACT) Lehigh County works with three ACT Teams to provide services to Lehigh County residents 18 who are diagnosed with serious and persistent mental illness. Services are targeted for those individuals who have experienced a poor outcome with more traditional outpatient services, have not been effectively served by traditional mental health services, have had frequent use of crisis services, are at risk for long term placement at a State Hospital, and those who would continue to experience hospitalization, incarceration, psychiatric emergencies, and/or homelessness without team services;

Psychiatric Rehabilitation Programs Individuals requiring more intensive treatment are referred to one of two Psychiatric Rehabilitation Programs operated in Lehigh County. These programs teach skill development and provide structured activities that assist individuals in their recovery process in areas of life skills, education, vocational training, and socialization;

Outpatient Mental Health Services Lehigh Valley Hospital Mental Health Clinic, Hispanic American Organization Counseling Services, Haven Behavioral Health, and Cedar Point Family Services all contract with Lehigh County in providing out-patient mental treatment;

Lehigh Valley Act provides integrated treatment for co-occurring illnesses, DBT-Dialectical Behavioral, Therapy, and Wellness Management and recovery (IMR);

Extended Acute Care (EAC) Sacred Heart Hospital operates a hospital-based EAC to support individuals in need of extended hospitalization who were receiving services in a traditional acute care setting. The EAC promotes interdependence and affords cooperative and collaborative interactions with individuals, families, staff and community groups. Services are provided to assist individuals develop, enhance, and/ or retain emotional and behavioral well-being, physical and mental health wellness, social quality of life, and community re-integration;

All Inclusive Residential Program (AIR) is provided by two agencies each operating residential sites for six individuals with serious mental illness and co-occurring substance abuse disorders who were discharged from a State Hospital. These programs support individuals in their recovery by equipping them for independent living in the community setting of their choice;

Lehigh County contracts with two providers to support a total seventy-two (72) individuals in Community Residential Rehabilitation settings;

Lehigh County also has the following Consumer Driven Services available:

Consumer-Run Drop-in Center provides a stress-free atmosphere for persons 18 and older who have experienced mental health issues;

Lehigh Valley ACT provides Family Psycho-education for individuals in Lehigh County;

NAMI of the Lehigh Valley provides a Family-to-Family Education Program. This is a free 12-week course for families of individuals with a mental illness that is taught by trained family members;

The County Employment Plan reflects an inclusive planning process at the county level that addresses the current status of employment services in the county and the county's strategies to increase competitive employment through orientation of the county mental health system toward employment outcomes, staff training, new data collection protocols, and shifting current dollars.

Needs: Greater provider capacity to enable people to stay in the community in the setting of their choice.

- **Transition-age Youth (ages 18-26)**

Strengths: In an effort to continue serving youth who need CRR services, the county is working with the Transitional Living Center (TLC) CRR program to have one of their full care CRR apartments identified for transition age youth. Additionally, the Conference of Churches Clearinghouse program has identified transition age youth as a target population for housing. We will be supporting these individuals with ACT and mobile psych rehab.

The county actively participates with the MY LIFE program, which is made up of youth between the ages of 13 and 23 who have experience with Mental health, Substance abuse, Juvenile justice, Foster care. The Drop-in staff have met with the MY LIFE group and have invited them to hold meetings at the Clubhouse.

Needs: Developing systems that teach rather than doing for the young adult, such as rep payee, who typically handles money rather than teaching skills. The Clubhouse and Drop in need to be more transitional age focus.

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.

Strengths: Lehigh County was chosen as one of six initial counties in Pennsylvania to develop a System of Care. System of care is a national strategy developed to improve the systems and supports for children with serious emotional disturbances. Lehigh County focuses on the needs of children and youth up to age 21 who have significant emotional challenges or a behavioral health diagnosis and involvement in Child Welfare and/or Juvenile Justice. The system of care framework consists of a set of core values and principles that guides efforts to improve access, quality, and coordination of community service systems.

In order to implement the System of Care initiative in 2012, Lehigh County restructured existing offices to form a new division called Integrated Services, and created a System of Care Leadership Team. The Integrated Services Unit was created to support our System of Care initiative and to increase collaboration on multi-system involved cases. The Integrated Services Unit includes Information & Referral, Children's Mental Health, CASSP, and Crisis Intervention. The Integrated Services Unit supports all DHS offices and probation with mental health case consultation, coordination, and support for individuals involved in multiple systems. The Leadership Team guides System of Care planning, implementation, and insures youth and family voice in the process.

The System of Care Leadership Team consists of Youth and Family Partners and leaders from all human service offices, juvenile justice, representatives from school districts, and mental health service providers. In 2013, youth partners from our Leadership Team created a Youth Leadership Team, recruited additional members, and began having their own meetings and setting their own agendas. The focus of the Youth Leadership Team has been on mutual support and peer mentoring, development of advocacy and leadership skills, and connecting with other youth groups.

In 2014, we began a new partnership between our System of Care initiative and Intermediate Unit 21 (IU 21) for implementation of the Safe Schools / Health Students project. We are working with IU 21, other systems, and youth and family partners to create and implement a comprehensive plan that will: create safe and violence-free schools; promote mental, emotional, and behavioral health of children and youth; promote early childhood social emotional learning programs; connect families, schools,

and communities; and, prevent and reduce use of alcohol, tobacco, and other drug use. This partnership will bridge county child serving systems, community resources, and the educational system.

Integrated Services includes an administrative work group called Youth Cross System Team. This team is made up of management level representatives from all DHS offices and Juvenile Probation. The team meets on a weekly basis to review complex multi-system cases to facilitate coordination between offices, reduce duplication of effort, enhance continuity of care, and maximize fiscal and staff resources. The process is supported by a caseworker who ensures coordination, makes referrals, conducts outreach, and provides advocacy on behalf of individuals. The Youth Cross System team review process has assisted in utilization of community and natural supports, worked to prevent out of home placements, prevent homelessness, divert youth from adjudication, and develop youth and family driven service plans. The Youth Cross System makes referrals to High Fidelity Wrap, CASSP, Family Group Conferencing, Family Finding, and other community based interventions.

One of the key components of our System of Care is provision of High Fidelity Wraparound (HFW) services to children & youth with mental health issues between the ages of 8 – 21 years old. The age range for this service was expanded in 2013 to include younger children. Lehigh County has funded HFW through Health Choices reinvestment since 2009. We continue to promote this program in the community and recommend it for children who are also involved in Children & Youth and/or Juvenile Probation.

Another function of the Integrated Services Unit is CASSP Coordination services. In addition to providing traditional CASSP or Systems Coordination meetings, we offer families ongoing treatment team reviews to ensure the team is communicating and goals and tasks are being accomplished. This service is provided after the formal CASSP process and includes meetings 2x a month until the team determines that they are no longer needed. The CASSP Coordinator also researches the availability of community resources and advocates for individuals. Over the past year, we've had an increase in CASSP referrals, in the complexity of cases referred, and in time spent per family.

Lehigh County coordinates and supports an Autism Task Force. This group includes Integrated Services staff, community professionals, and family members. The group works to share community resource information, advocate and identify service gaps, and provide community outreach and educational events.

Respite:

Lehigh County offers two options of in-home respite services for children ages 3 through 18 (18 through 21 if still in school). One option is provided through a contracted agency that coordinates the service and provides respite care staff and the other option is family driven. In the family driven option, the family chooses the caretakers and manages the schedule. In-home respite provides specialized childcare for children who have been identified with a DSM diagnosis, including the Autism Spectrum Disorder, and/or

pending or receiving behavioral health services. In-home respite works in conjunction with the child's behavioral health therapy. The objective is to provide respite in the family's home in order to maintain stability for the family, identified child or children, and to prevent the need for a temporary out-of-home placement. Both respite services are funded through Lehigh County base funds in conjunction with some state dollars.

Needs: County continues to develop increased community awareness of mental health issues and the resources available to assist families.

Identify the strengths and unmet needs for the following special/underserved populations. If the county does not serve a particular population, please indicate.

- **Individuals transitioning out of state hospitals**

Strengths: Lehigh County's state hospital liaison focuses on individuals who have been in Wernersville State Hospital (WeSH) longer than two consecutive years and coordinates with county housing and community staff to ensure these individuals experience a successful transition into the community. Lehigh County has an effective CSP process to ensure individuals receive the most appropriate supports when they return to the community.

The county remains committed to supporting people in returning to the community. To this end, a team is being assembled to develop a plan to have individuals leave the state hospital through the CHIPP process. Lehigh County also worked collaboratively with Lancaster County to have an individual who transferred to WeSH from ASH move into the community in Lancaster County.

As part of the diversion process, the CHIPP Coordinator works with community resources, in particular the EAC and ACT services, to divert people from going to WeSH. Not only has this been successful in keeping people out of a state hospital and Lehigh County under their bed cap at WeSH, it has also resulted in individuals having stays in community hospitals of thrifty days or less.

Needs: Needs are for additional resources for 24 hour supportive housing and Enhanced Supportive Living settings.

- **Co-occurring Mental Health/Substance Abuse**

Strengths: There are many community programs Lehigh County utilizes for individuals who have both a serious mental illness and substance abuse disorder. The county's mental health and drug and alcohol offices work closely together to ensure the needs of individuals are met.

Residentially, with the Step by Step Lehigh/Northampton transition age CRR needing to be restructured, a decision has been made to have this site become an eight bed CRR

that specializes in working with people who have co-occurring mental health and substance abuse issues.

Needs: Lehigh County experiences about 80% of referrals for county-funded outpatient treatment have a co-occurring disorder. More clinics that specialize in dual treatment are needed.

- **Justice-involved individuals**

Strengths: The Adult Special Program for Offenders in Rehabilitation and Education (SPORE) was established in January 1986. Juvenile SPORE was established in May 1996. The programs are collaboration between Lehigh County Juvenile and Adult Probation Departments and Lehigh County Mental Health/ Intellectual Disabilities (MH/ID) Departments.

SPORE's Mission is to identify adolescents and adults with serious mental illness and/or intellectual disabilities in the Lehigh County criminal justice system and provide forensic services and supervision. As a result, the individuals served in SPORE will gain greater responsibility, self reliance and productivity as they successfully exit the criminal justice system.

The principles guiding the SPORE forensic services include safety to both the individual and their family as well as to the community; accountability from the individual to fulfill their responsibilities to themselves and the court; empowerment for the people served in SPORE to live their lives to their full potential in recovery; and advocacy for the forensic services provided to help them meet their needs and exit the criminal justice system successfully.

SPORE was successful in carrying out its mission effectively and efficiently in 2012. Through psychiatric and psychological evaluations as well as forensic services and supervision provided by SPORE, persons with mental health problems in the criminal justice system were identified and given access to treatment.

Adult SPORE Supervision/Case management Teams:

In the last five years SPORE has served 1,259 adult MH/ID consumers diagnosed with a serious mental illness or/and IQ under 70 and on probation supervision. The consumers served have an average recidivism rate of 10.7%.

The Adult SPORE Forensic Case Manager serves at all points on the sequential intercept model. She also has a special case load of consumers who don't qualify for Team services but are in need of forensic case management.

Juvenile SPORE Supervision/Case management Teams:

In the last five years Juvenile SPORE has served 361 MH/ID juvenile consumers diagnosed with a serious mental illness or/and IQ under 70 and on probation supervision. The consumers served have an average recidivism rate of 15.2%.

SPORE Diagnostic Resource:

SPORE contracts with a psychiatrist and psychologist to help in the process of identifying the mentally ill and intellectually disabled in our criminal justice system. In the last 5 years the SPORE psychiatrist completed 556 psychiatric evaluations and the SPORE psychologist completed 45 psychological evaluations.

Lehigh County has Team MISA (Mental Illness/Substance Abuse) which is comprised of a variety of disciplines within the County, including the District Attorney's Office, Lehigh Valley Pre-Trial Services, MH/ID/D&A, Lehigh County Prison (treatment, administration, and case managers), Probation/ Parole and the Public Defender's Office. The meeting is chaired by the first Assistant DA. The success of the group results from the collaboration and ensuring that there are department heads, as well as front line staff, at the table. The team meets weekly to discuss new referrals and any updates on "old" referrals. Each team member collects all pertinent information from their respective office, has information releases signed when necessary, and collectively, the team discusses the most appropriate and expeditious approach to manage the case. Recommendations for any type of release do not require unanimous agreement; however, if any member believes that the defendant presents a threat to self or others, the release is tabled.

Plans of action are developed and committed to confidential minutes. Any change of plan must be presented to the Team for reconsideration. The plans will include significant clinical information that will help the court make decisions that expedite the case through the judicial process.

A comprehensive, 40-hour Crisis Intervention Team training (CIT) is being planned for twenty police officers the week of September 15, 2014.

Needs: Housing is needed for the forensic population who has a history of arson, assault or sexual abuse.

- **Veterans:**

Strengths: The mental health office, represented by the MH/ID Administrator, participates in the county's Veteran's Mentoring program. (VMP) One of the goals of the program is early identification of veterans who are experiencing mental health issues and have been charged with misdemeanors or non-violent felonies. These individuals are paired with a veteran mentor who helps the individual navigate the criminal justice, treatment and VA systems.

The county also works with individuals in accessing services through the VA or, when appropriate, will refer and pay for individuals to receive mental health treatment through a county funded agency.

Needs: Better access to inpatient veterans' resources.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**

Strengths: Active approach with CFST effecting change by allowing individuals to express their wants and direct their treatment. The mental health office continues to host the Keystone Pride Initiative "Creating Welcoming and Affirming Services for Persons who are LGBTQI." Staff has also collaborated with the American Foundation for Suicide Prevention (AFSP) and local Gay Straight Alliances in providing education to the community on suicide and LGBT populations.

Needs: Continued cultural competency training

- **Racial/Ethnic/Linguistic minorities**

Strengths: Outpatient providers, such as the Hispanic American Organization, will continue to be utilized to support individuals whose primary language is Spanish. The Hispanic American Organization also operates a Housing Services program that places hundreds of families into affordable, decent housing every year. Last year HAO served 2,425 individuals with Housing Case Management Services. Extensive counseling on budgeting accompanies the service so that people can maintain their homes once they are moved in. Limited funds are available to offer rent assistance to families. Lehigh County DHS has a Limited English Proficiency Policy that includes translation of vital documents, a pool of bi-lingual staff to assist with interpretation, contracted telephone interpreting, and in-person and video remote interpreting for individuals who are deaf and hard of hearing.

Needs: Speakers of languages and ability to serve people other than English and Spanish, including services for those who are deaf. The agency also needs increased provider capacity to serve multiple languages, including American Sign Language.

- **Other, if any (please specify)**

Strengths: The County, in recognition of the importance of Trauma Informed Care, is establishing a work group to implement trauma-informed approaches in programs, services, and systems.

Needs: To have Trauma Informed care utilized throughout the county's service delivery system.

c) Recovery-Oriented Systems Transformation:

Describe the recovery-oriented systems transformation efforts the county plans to initiate in the current year to address concerns and unmet needs.

For each Transformation Priority provide:

- A brief narrative description of the priority
- A time line to accomplish the transformation priorities
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

1. *Expansion of supported housing initiatives (including transitional age youth)*

Narrative: Our greatest need is for safe, appropriate and affordable housing that is permanent. Lehigh County will be working with the Conference of Churches Clearinghouse program to expand the housing supports they provide. Additionally, staff from the mental health office will continue to be active participants on the Allentown/Lehigh County Commission to End Chronic Homelessness.

Timeline: Ongoing

Resources: Lehigh County uses Base funding (HSBG Block Grant) to work with and support this effort. In addition, services funded through the HealthChoices Housing reinvestment plan are utilized also.

Tracking: The Lehigh County Mental Health County housing case managers will oversee the referral process and will work with housing authority staff to help ensure a positive tenancy is arranged and maintained.

2. *Peer Support/Self-Help*

Narrative: There has been an increase in the number of individuals in the prison system that has a mental health diagnosis. Lehigh County will be offering a Certified Peer Specialist training during the upcoming fiscal year and will identify some of the individuals who will be trained as forensic peers. In addition to being trained as forensic peers, these individuals will also be cultural competent to work with the citizens of Lehigh County as needed.

Timeline: Ongoing

Resources: Lehigh County is able to implement/accomplish this priority utilizing Lehigh County base funding. The county will work with Advocacy Alliance to coordinate this training.

Tracking: *The Lehigh County Mental Health office will monitor the behavioral health service utilization of members using forensic peers and the county MH office will work with the prison to monitor recidivism rates.*

3. Expand Forensic Services/Collaboration with Criminal Justice

Narrative: *Lehigh County will implement the first intercept of the Sequential Intercept Model by training twenty police officers to respond to calls where mental illness may be a factor.*

Timeline: *The training will take place in September 2014.*

Resources: *Lehigh County received a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to cover the cost of the training.*

Tracking: *Lehigh County will monitor and evaluate services through regular stakeholder meetings for continuous tracking of interventions by trained police officers.*

INTELLECTUAL DISABILITY SERVICES

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditure should be included for both base/block grant and waiver administrative funds.

Using a consumer focused planning process, an individual/family can be provided with a wide array of services to best meet needs. These services include habilitation, respite, physical adaptations, transportation, therapy services, adaptive appliances and equipment, homemaker/chore services, personal support and permanency planning, family living homes, community homes, and employment services. ID utilizes both Block Grant and Home and Community Based Waiver funding for these services.

The Family Support Services program provides funding to individuals/families through the Family Driven model. This approach offers individuals/families direct control over the types, quality, and quantity of supports available to them. Individual allocations are based on a score derived from the Lehigh County Point Scale. Individuals/families are allocated \$600, \$900 or \$1,900 per year.

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	Estimated / Actual Individuals served in FY 13- 14	Projected Individuals to be served in FY 14-15 14
Supported Employment	23	27
Sheltered Workshop	17	17
Adult Training Facility	0	0
Base Funded Supports Coordination	330	350
Residential (6400)	5	5
Lifesharing (6500)	12	14
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	305	330

Supported Employment: Describe the services provided, changes proposed for the current year, and identify a proposal for supporting growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant.

Intellectual Disabilities is involved in many activities that promote and develop community employment opportunities for individuals with intellectual disabilities. All of the funding available through the employment pilot has been allocated for the current fiscal year, resulting in employment for nine young adults. ID actively participates in the employment coalition along with school districts, IU staff, SCOs, providers, advocates, and ODP. The coalition develops strategic plans in order to meet program objectives, which include enhancing opportunities for the individuals in the pilot and developing opportunities for students who will be graduating. The employment group will be offering a series of educational seminars for individuals and families around employment and related topics.

County ID sits on the Advisory Board to Project Search, which is a program funded by school districts that matches student interns with employers. The goal of Project Search is to give these young adults employment experience. Typically these interns are scheduled to graduate at the end of the school year. This year there are 15 interns who will all graduate in 2014. ID will work with Project Search and the interns in an effort to continue their employment beyond the end of the school year.

In addition to this, ID networks with the Intermediate Unit and the school district special education coordinators in an effort to identify and develop opportunities for graduating students and plan for those graduating in subsequent years. ID ensures that community employment is discussed with all individuals as they are planning next steps.

There are 28 individuals who will graduate from high school in June 2014 that are in need of supports in order to participate in day activities.

Base Funded Supports Coordination: Describe the services provided, changes proposed for the current year, and how transition services from the ICF/ID and other facility based programs will be supported.

Base funded Supports Coordination is provided by Service Access and Management Inc. This is the same service offered to individuals who are enrolled in one of two ID waiver programs. Supports Coordinators locate, coordinate, and monitor services. Lehigh County fully supports individuals transitioning from private or state run Intermediary Care Facilities to the community. Lehigh County shows this support by adequately funding support coordination in order to identify the most appropriate community placement. There are currently 145 individuals receiving base funded supports coordination.

Life sharing Options: Describe the services provided and identify how you propose to support growth of this option.

Intellectual Disabilities has developed and sustained a successful life sharing program. There are approximately 96 individuals receiving life sharing services. This number has remained stable & has not been affected by attrition, as additional individuals choose life sharing at about the same rate as those leaving life sharing. ID works collaboratively with SCOs, providers, and advocacy groups to educate individuals and families about life sharing and to encourage exploration of this service. In collaboration with Northampton County, SCOs, and the Arc, ID offers life sharing forums bi-annually as part of these outreach and education efforts. County ID ensures that life sharing is discussed as a choice for individuals in group homes and with individuals and families exploring residential options.

Cross Systems Communications and Training: Describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions.

Intellectual Disabilities is a member and the County's Youth Cross System Team. This team meets weekly to discuss individuals who are involved with more than one county human service office. Through these meetings, individual offices become very familiar with structure and workings of other county office. ID regularly interacts with the mental health office in order to efficiently serve dually diagnosed individuals.

Emergency Supports: Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)

Waiver Capacity (and funding) is utilized if at all possible to address an emergency. In the event that waiver funds are not available, base funds are utilized to address the emergency situations and maintain the health and safety of the individuals involved in the emergency. To date there

has been sufficient base funds available to address emergencies that have occurred at a time when waiver capacity is not present.

An Emergency crisis line is available 24 hours per day. Lehigh County contracts with an Answering Service that answers our main (ID/EI) number(s) after normal business hours, weekends and holidays. If an urgent matter is made known to the Answering Service they notify the On Call ID/EI staff. The on call staff responds to the urgent matter. Depending on the nature of the matter, the On Call worker may contact the Deputy Administrator immediately or wait until the next day to discuss the matter and any action that is taken after hours. In addition, a Crisis Intervention line is available 24 hours per day. If an issue arises out of one of these calls that should be handled by ID/EI Crisis Intervention staff contact the On Call worker.

Lehigh County does not set aside a budget for emergencies. At the beginning of the fiscal year, we budget for all known costs for the year. In the event of an emergency that cannot be handled through a waiver, our fiscal officer does a quick budget analysis and we then discuss whether we can handle the emergency through the allocated funds. If the conventional allocated funds cannot cover the cost of the emergency, we now have the ability to discuss the emergency with the Director of Human Services and request the use of Block Grant funds.

Administrative Funding: Describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement.

Intellectual Disabilities is responsible for the overall planning, development and monitoring of services to individuals and their families deemed eligible, including duties contained in the Administrative Entity Operating Agreement. This includes, but is not limited to waiver capacity, service authorization, provider monitoring and qualification, incident management, risk management, and quality management activities.

Currently, ID has 780 individuals enrolled in one of two waiver programs. There are 373 individuals enrolled that receive base funds. Most of these base funded individuals receive under \$2,000 of funding.

Presently there are 89 individuals on Emergency status of PUNS. There are an additional 177 individuals on Critical status of PUNS. ID will serve these as waiver capacity becomes available.

One individual has been identified to be discharged from a state center in current fiscal year. ID will participate in the discharge planning process for this placement and will then be responsible for locating a community based provider for service. Once a provider has been identified, increased waiver capacity will be given to the county in order to fund the program as required under the Benjamin Settlement agreement.

There are two individuals that are aging out of EPSDT services this fiscal year and will require intensive in home supports as both are medically involved. One of these individuals has already

been identified for a consolidated waiver under our current capacity. The other individual, aging out in November of 2014, has not yet had appropriate services and levels of care identified.

As of this writing there is one individual identified as leaving Children and Youth Services this year. Throughout the year a number of individuals enter and are discharged from residential treatment facilities, and regular meetings between county DHS agencies through the Systems of Care process serve to keep all agencies apprised of needs. ID works in collaboration with other involved county offices and community providers in order to support individuals in the community as the need arises.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

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	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	0	0
Case Management	810	830
Rental Assistance	720	740
Emergency Shelter	0	0
Other Housing Supports	0	0

Bridge Housing: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

The Bridge Housing Program was discontinued in 2007. At that time, funding constraints coupled with outcomes realized resulted in closing out this option in favor of increased Case Management and Rental Assistance opportunities.

Case Management: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Community organizations provide case management and rental assistance to approximately 800 individuals during the 2013/2014 fiscal year. The primary goal required for use of HAP funding is to assist homeless families and individuals become self-sufficient with the final goal being permanent living arrangements.

Rental Assistance: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

HAP provides funding to three local providers, including one with close ties to the Hispanic community, to provide services to individuals and families who are at risk of becoming homeless or are homeless with the intent that with this intervention they will be able to meet their basic needs in the near future.

Emergency Shelter: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Homeless Assistance Funds are not utilized for Emergency Shelter. However, seven of these exist, though they do not realize funding through HAP. They are as follows:

Lehigh County Shelters:

Allentown Rescue Mission – males 18+

Fowler Hospitality House Salvation Army – women and children

Catholic Social Agency (Madonna House Program) – pregnant women and pregnant teenagers

Sixth Street Shelter – families

Turning Point – victims of domestic violence

Valley Housing Development Corporation – homeless with serious and persistent mental illness

Valley Youth House – adolescents age 12 -17

Other Housing Supports: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Lehigh County does not utilize HAP funding in these supports. Human Services has numerous programs in housing, including those through Child Welfare, Mental Health, and HealthChoices reinvestment programs. County staff, including those involved with the HAP program, are part of the Local Housing Options Team, or LHOT.

CHILDREN and YOUTH SERVICES

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

The Lehigh County Office of Children and Youth (OCYS) continues the focus on enhancing organizational capacity toward assuring family engagement and providing a trauma informed approach, making diligent efforts to maintain and enhance family work based on best practice standards. In an effort to provide the best possible outcomes for children and families, OCYS works consistently with the other partners within DHS to maintain and strengthen the relationships and enhance collaborative approaches so as to assure the success of families in Lehigh County. Many of the initiatives that we are currently involved in through DPW and at the County level are all geared toward engaging all child serving systems in a collaborative effort toward better outcomes for children and youth. County system enhancement efforts involve various agency and community leaders, providers of services, and consumers of services. Lehigh is fortunate to have leadership across Human Services and various other child serving systems working toward system improvement that will assure child safety, well-being, and permanence. To date Lehigh County has developed formal partnerships through the Children's Roundtable, the Youth Crime and Violence Task Force, the Mental Health and Substance Abuse Committee, the Youth Cross Systems Team and the Systems of Care Team. All of these groups help to support and sustain the various initiatives that are in place so as to enhance practice and assist in recommending the direction of block grant funding to address identified need and therefore strengthen the community overall.

Through the work of the educational sub-committee of the CRT and the utilization of block grant funding Lehigh has implemented and expanded a truancy and absenteeism effort. Currently truancy prevention and intervention work is being coordinated in three school districts within the County. This effort has served to address truancy and absenteeism at the elementary school

level. Family Group Decision Making will be utilized in an effort to assist the families in developing a plan to address the truancy concerns. All providers of truancy services have attended training in regard to the implementation and value of FGDM and we look forward to continued utilization and expansion of this process for these families. Following a referral from the truancy programming and after a conference is conducted, the family team will have the benefit of additional program supports to assist in supporting the family and the plan through the offering of FFT or an in home supportive service implemented through a local in home provider of truancy intervention services.

OCYS continues to maintain a small unit dedicated to Family Finding and FGDM. This unit begins the process that takes many families to FGDM. It has engaged in intense training with Kevin Campbell and OCYS is developing plans to implement FF coaches in all units that conduct long term work with families. Over the past year Lehigh has implemented FF at the point of out of home placement. As a result OCYS has seen an increase in the utilization of kinship care for children who must be removed from the home. In addition, there has been a significant increase in the number of connections for children in out of home care, and many children and youth have contact with family who never realized the child existed or knew where they were located. OCYS continues to encounter challenges as a system, and engages in ongoing work to educate staff to understand and support the value of keeping children within the family and recognize that families can and must plan and care for their own. OCYS is hopeful that assigned coaches within ongoing units will assist in further shifting the process of family engagement.

OCYS has engaged two providers, in addition to our own unit, to assist with managing the volume of cases that are referred to FGDM. Efforts continue to provide all families with the opportunity for FGDM and FF at specific timelines as families move through the system. The volume of referrals continues to grow as we have expanded the opportunity for FGDM for families who are struggling but do not rise to the level of formal child welfare intervention. Over the course of the past year we have provided FGDM for families who enter the system at any point across the Department of Human Services. The block grant has allowed and enhanced this effort and therefore assisted many in the DHS to recognize the value of engaging family in case planning and decision making.

Lehigh continues to utilize diversionary services intended to assist and support families who do not rise to the level of significant longer term public child welfare need. The implementation of diversion services is part of an effort to assist families in assuring positive child well-being and therefore prevent families from entering the formal child welfare system on a long term basis. FFT is utilized for this purpose and as the coming year unfolds plans are underway to implement a new promising practice called Positive Parenting Program, or Triple P. Triple P is an evidence based parenting education program that OCYS intends to implement utilizing the local providers of parenting education to assure more positive outcomes for parents/caregivers and children. Triple P will further enhance the array of diversionary evidenced based services and provide the community the opportunity to maintain children and families outside of the formal system.

Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the

frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
<i>Permanency: Continuity of family relationships and connections are preserved for children.</i>	<p><i>Number of sustainable connections upon entrance into out of home care – number of connections at 3 / 6 / 12 months after initial placement in out of home care</i></p> <p><i>Number of kin care placements vs. stranger care placements (fiscal year)</i></p> <p><i>Number of kin care adoptions vs. stranger care adoptions (fiscal year)</i></p>	<i>Family Finding; FGDM; FFT</i>
<i>Child and Family Well-Being: Children receive appropriate services to meet their educational needs.</i>	<i>Number or referrals to truancy program; number of absences per student before truancy services; number of absences at 3 / 6 months and time of case closure in program.</i>	<i>Truancy intervention programming; FGDM; Triple P; FFT; MST.</i>
<i>Child and Family Well-Being: Families have enhanced capacity to provide for their children's needs.</i>	<i>Number of referrals to agency; number of re-referrals within the same year; number of re-referrals 3 / 6 months following case closure.</i>	<i>Triple P; FFT; FGDM; MST; Housing .</i>

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	<i>Family Group Decision Making</i>
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Please indicate the status of this program:

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	New	Continuing	Expanding
		X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

FGDM is a family engagement process utilizing a family assigned coordinator to work with identified family members in an effort to gather the family for a family meeting to address an identified concern or issue. Typically, there is one larger family meeting followed by a number of smaller meetings that are needed to review the original family plan or adjust the plan as needed to assure success.

	13-14	14-15
Target Population	<i>Families in Lehigh County</i>	<i>Families in Lehigh County</i>
# of Referrals	363	415
# Successfully completing program	234	400
Cost per year	\$688,720	\$778,762
Per Diem Cost/Program funded amount	<i>Hourly \$60.50 and \$64.20</i>	<i>Hourly \$60.50 and \$64.20</i>
Name of provider	<i>Justice Works, KidsPeace, Lehigh County</i>	<i>Justice Works, KidsPeace, Lehigh County</i>

Program Name:	<i>Functional Family Therapy</i>
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Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing
			Expanding
		X	

FFT is an evidence based in home family treatment program working with children and families who are at risk for juvenile delinquency, substance abuse or other behavioral issues.

	13-14	14-15
Target Population	<i>Children/adolescents, ages 11-18, at risk for delinquency, violence, substance use, or other behavioral problems</i>	<i>Children/adolescents, ages 11-18, at risk for delinquency, violence, substance use, or other behavioral problems</i>
# of Referrals	97	150
# Successfully completing program	70 (27 remain in the program)	143
Cost per year	\$ 132,630	\$210,755
Per Diem Cost/Program funded amount	Hourly \$145.68	Hourly \$145.68
Name of provider	Valley Youth House	Valley Youth House

Program Name:	<i>Early Head Start / SafeStart</i>
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Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	Y		
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing
			Expanding

The Early Head Start / SafeStart program has been utilized to address the needs of the most vulnerable infants and toddlers and their families through a multi-faceted promising practice initiative entitled the SafeStart for Fragile Families Program. SafeStart is a therapeutic child development center providing state of the art, individualized education and care to drug impacted and abused infants and toddlers. The program also provides family development services to the parents of the children who attend the program. Eligible children must reside in Lehigh County and be referred by OCYS, and must be impacted by prenatal exposure to drugs / alcohol, be cared for by a drug involved parent, and be at high risk for future maltreatment. The program provides a center based model and follows the Head Start National Performance Standards maintaining accreditation with the National Early Childhood Accreditation and Middle States Commission.

	13-14	14-15
Target Population	<i>Children, ages 0-3 in families with substance abuse issues</i>	
# of Referrals	60	
# Successfully completing program	27 (33 remain in the program)	
Cost per year	\$401,030	
Per Diem Cost/Program funded amount	\$51.93	<i>Funding for this program has transitioned into the NBB and was approved by DPW.</i>
Name of provider	<i>Community Services for Children</i>	

Program Name:	<i>Multi-Systemic Therapy</i>
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Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing
		X	Expanding

Multi-systemic therapy is an in home prescribed evidence based program. It is an intensive, family driven treatment model utilized with teens that addresses ways to decrease the occurrence of verbal / physical aggression, disrespect, poor choices, use of

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drugs and alcohol, run away behavior, truancy or behavioral issues at school. The program addresses issues related to youth behavioral concerns and works with parents to reframe and empower caregiver thinking and interventions for the youth within the home.

	13-14	14-15
Target Population	<i>Children/adolescents, ages 12-17, who are at high risk for out-of-home placement</i>	<i>Children/adolescents, ages 12-17, who are at high risk for out-of-home placement</i>
# of Referrals	26	33
# Successfully completing program	14	28
Cost per year	\$88,295	\$119,972
Per Diem Cost/Program funded amount	<i>Hourly rate \$180.00</i>	<i>Hourly rate \$180.00</i>
Name of provider	<i>Community Solutions Inc,</i>	<i>Community Solutions Inc,</i>

OCYS would like to expand our utilization of MST. As a result, we are in the process of evaluating a new and/or additional MST provider.

Program Name:	<i>Housing Assistance</i>
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Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	New	Continuing	Expanding
		X	

There are a number of programs within Lehigh County that are used for housing and housing assistance. Together these programs provide a range of housing services including emergency short term programs to a six month stay for families involved with OCYS. Each program includes a provision of case management services, parenting education, money management, assistance with finding permanent housing, and finding appropriate employment so as to maintain adequate housing.

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	13-14	14-15
Target Population	<i>Families in Lehigh County</i>	<i>Families in Lehigh County</i>
# of Referrals	107	115
# Successfully completing program	69	110
Cost per year	\$368,077	\$430,000
Per Diem Cost/Program funded amount	\$55.14	\$55.14
	\$70.55	\$70.55
	\$58.22	\$58.22
	\$43.12	\$43.12
	<i>Supportive service hourly</i>	<i>Supportive service hourly</i>
	\$50.00	\$50.00
Name of provider	<i>New Bethany, Salvation Army, 6th Street Shelter</i>	<i>New Bethany, Salvation Army, 6th Street Shelter</i>

Program Name:	<i>Alternatives to Truancy</i>
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Please indicate the status of this program:

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing
			Expanding
		X	

There are a number of programs in this category of service and each of these programs work with a local school district, OCYS, and the families referred in order to address issues related to truancy. All programs are based on a home visit model and work is conducted with the family in order to address the concerns that have led to truancy. Referrals can be made to each program by OCYS, the school district home school visitor or the guidance counselor.

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	13-14	14-15
Target Population	<i>Children in the Allentown School District, Northern Lehigh School District and the Whitehall-Coplay School District who are identified as at risk for truancy or are truant. Service interventions range from kindergarten through twelfth grade.</i>	<i>Children in the Allentown School District, Northern Lehigh School District and the Whitehall-Coplay School District who are identified as at risk for truancy or are truant. Service interventions range from kindergarten through twelfth grade.</i>
# of Referrals	232	455
# Successfully completing program	32 (200 currently open with service)	415
Cost per year	\$298,163	\$429,000
Per Diem Cost/Program funded amount	<i>Hourly at \$36.02 (truancy coordinator); \$80.00 service provider</i>	<i>Hourly at \$36.02 (truancy coordinator); \$80.00 service provider</i>
Name of provider	<i>Valley Youth House; Pinebrook Family Services</i>	<i>Valley Youth House; Pinebrook Family Services</i>

This program is underspent because the County developed an RFP for the services. Once the process was completed the identified providers were able to start the program in early 2014. Costs are basically reflective of one half of the fiscal year.

Program Name:	Positive Parenting Program – Triple P
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Status	Enter Y or N		
	New	Continuing	Expanding
Continuation from 2013-2014	N		
New implementation for 2014-2015	Y		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	X		

The Triple P – Positive Parenting Program is a parenting and family support system designed to prevent behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. Triple P is delivered to parents of children up to 12 years.

Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. It is almost universally successful in improving behavioral problems and more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct.

The website registry can be found at <http://www.triplep.net/>

	13-14	14-15
Target Population		<i>Families in Lehigh County that are referred for services but do not require formal public child welfare extended services.</i>
# of Referrals		75
# Successfully completing program		70
Cost per year		\$412,500
Per Diem Cost/Program funded amount		\$50.00 – \$60.00 hourly
Name of provider		TBD

DRUG and ALCOHOL SERVICES

This section should describe the entire substance abuse system available to county residents incorporating all supports and services provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This section should describe the entire substance abuse system available to county residents incorporating all supports and services provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should include:

1. Information regarding access to services;

Lehigh County Drug & Alcohol Abuse Services is responsible for ensuring access and implementation of quality alcohol, tobacco and other drug abuse and gambling Prevention, Intervention, Treatment, Case Management, HIV/AIDS/TB, and Housing Services for Lehigh County residents. By utilizing Federal, State, and County resources,

these services seek to increase knowledge and awareness aimed toward decreasing addiction and its affects throughout the County.

During the FY 2013-2014, the SCA contracted with:

- *2 prevention providers who performed over 6,300 direct service hours in schools, communities, churches, civic groups, correction centers and hospitals.*
- *3 intervention providers for services targeted at adolescents, criminal justice offenders and middle and high school students identified as being at high risk for use.*
- *49 facilities for treatment services, 11 in County and 38 out-of-county. Services provided for the general community with specific attention to targeted populations such as pregnant women, women with children, adolescents, minorities, criminal justice offenders, co-occurring, and those at risk for HIV/AIDS and/or TB.*

Access to services is gained through participating in an assessment process which is offered by 6 outpatient providers. Services are provided during day and evening hours and emergency assessments are offered also. The treatment level of care is determined by the outcome of the assessment as recommended by the Pennsylvania Client Placement Criteria (PCPC). Last fiscal year, over 2,000 level of care assessments were completed and 1,300 treatment admissions occurred.

2. Waiting list issues;

Waiting list issues relate to one outpatient provider who was at or near capacity based on client choice. In order to continue to engage these clients who were waiting a short period of time for outpatient treatment, the SCA utilized funds for an intervention "Waiting List" group. The capacity issue has since been addressed and the "Waiting List" group is no longer occurring.

3. Coordination with the county human services system;

The SCA is extensively involved in coordination efforts within the county human services system, including the Department of Corrections, on numerous specialized projects. The SCA's partnership with the Criminal Justice setting and the Community Correction Center focuses on inmates in the work release setting or on probation and linking them with treatment services through intervention groups and assessments. Last year, over 600 referrals for assessments were received from the criminal justice setting with the majority of clients linked to intervention, nonresidential and residential treatment services.

SCA staff also participates in Team MISA (Mental Illness/Substance Abuse) weekly meetings which include participation by Corrections, District Attorney, Mental Health, Crisis, and Probation. The goal of Team MISA is to link inmates with appropriate services

which will facilitate early release from jail. There is both an adult and adolescent version of Team MISA. In addition, SCA staff participates in the Veteran's Mentoring Program which matches veterans with mentors with the goal of avoiding penetration into the criminal justice system.

SCA staff participates in the post placement meeting for all OCYS discharges from placement in order to link parents with Substance Abuse Services. There were over 600 youth discussed during the last fiscal year. SCA staff also participates in the county child death review team. The SCA is active in a number of cross system efforts including the Children's Round Table, the Criminal Justice Advisory Board, and Systems of Care. All of these efforts have representation from across the Department of Human Services, Probation, and Corrections.

During the current fiscal year the SCA implemented the facilitation of assessment referrals for the Lehigh County Jail, Community Corrections, Adult Probation, Juvenile Probation and Children and Youth, regardless of the assessment / treatment funding source. The SCA has contracts with local providers who accept County, HealthChoices and private insurances. This more fully recognizes the collaboration of services with the Human Services System where the SCA becomes the key facilitator to ensure proper assessment and treatment services are provided to all residents, allowing the SCA staff to 'do what they do best' and other departments to 'do what they do best'.

4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

Lehigh County citizens are not exempt from common trends in substance abuse ranging from high rates of alcohol consumption at assisted living facilities to use of a range of designer drugs including synthetic marijuana, and inhalants, abuse and off label use of prescription drugs. As a note, the drug of choice for Lehigh County citizens assessed last year was heroin, preferred by more than 580 individual; second was alcohol which was preferred by more than 500 individuals.

Target Populations

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

- **Older Adults (ages 60 and above)**

While this population is not a typical one to seek drug and alcohol services, it should not be overlooked as a population in need. The SCA currently provides assessments and all levels of treatment to residents requesting to access services and deemed to meet criteria based on the PCPC. While many residents in this population have other sources of funding, primarily Medicare, the block grant allows clients to access services not covered due to other funding stream limitations.

Older adults tend to have limited support services needed to assist them through what could be a significant transition in their life. The block grant will assist in the expansion of prevention services to provide awareness to situations such as prescription abuse and excess alcohol consumption. Older adults have access to the assessment serviced described above as well as the treatment services described for the 18-55 age group.

- **Adults (ages 18 and above)**

A majority of Lehigh County residents accessing drug and alcohol services fall within this population. The SCA currently provides assessments and all levels of treatment should a resident request access to services and is deemed to meet criteria based on the PCPC. This population tends to be our "working poor", veterans, or criminal-justice clients. These individuals are typically not eligible to access Medical Assistance or Veteran's benefits for drug and alcohol services based on current guidelines of those programs. This block grant allows funding to residents who are not able to access services through other means.

The criminal-justice clients are eligible for residential services under Act 152 guidelines. The block grant would continue to provide residential services to this population who are truly in need of drug and alcohol services in collaboration with their legal stipulations.

The services available to this population include assessment, case management, outpatient, intensive outpatient, detoxification, inpatient, and dual diagnosis services.

- **Transition Age Youth (ages 18 to 26)**

Lehigh County residents accessing drug and alcohol treatment within this age population tend to have other funding. The SCA currently provides assessments and all levels of treatment should a resident request access to services and is deemed to meet criteria based on the PCPC. This block grant would continue to allow us to fund all levels of drug and alcohol services should a transitional-age youth not have other funding.

Funding via the block grant combined with other funding sources would allow expansion of prevention services. One example is the cannabis education. As the legalization of cannabis in surrounding states expands, we are in the process of the development of the negative effects of a cannabis prevention program.

- **Adolescents (under 18)**

Lehigh County residents accessing drug and alcohol treatment within this age population tend to be able to access other funding. The SCA currently provides assessments and all levels of treatment should a resident request access to services and is deemed to meet criteria based on the ASAM criteria. This block grant would continue to allow us to fund all levels of drug and alcohol services should a transitional-age youth not have funding to access services. In 2012/2013, 748 assessments occurred within Lehigh County middle and high schools and another 150 in the community.

In addition to the treatment services described above the department arranges for an extensive array of school based services for teenagers, including staffing all of the High School and Middle School Student Assistance Programs, and having a contractor certified to train SAP team members. The SCA continues to set aside over 1,000 hours consulting with school SAP teams. Class room based prevention services assist 10,000 of teens stay drug free and more intensive programs aimed at teens and families are sponsored by the department. These include Project Success, and the Strengthening Families Program.

Funding via the block grant combined with other funding sources would allow expansion of prevention services. Currently prevention services are not targeted towards the juvenile criminal justice system. This may be one area of this block grant that would allow for the program research, and implementation. This also could potentially allow expansion of Outpatient services within a structured school setting. This possible idea would take continued collaboration with various other systems but funding from this block grant would provide funding resources. Currently services for the elementary age student are limited. The block grant could potentially allow expansion of prevention and behavioral health assessments to this population.

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

Numerous Lehigh County residents accessing drug and alcohol services fall within this population. The SCA currently provides assessments and all levels of treatment should a resident request access to services and is deemed to meet criteria based on the PCPC. This block grant would continue to allow us to fund all levels of drug and alcohol services.

Funding via the block grant combined with other funding sources would allow expansion of prevention services. One example is the importance of medication management in maintaining sobriety and a healthy lifestyle. The SCA continues to collaborate with a large local hospital to provide prevention and relapse prevention services to both adults and adolescents with co-occurring diagnosis but being stabilized in an inpatient psychiatric unit.

- **Criminal Justice Involved Individuals**

The criminal justice population / clients and related services have been addressed throughout the above sections.

- **Veterans**

The veteran population / clients and related services have been addressed throughout the above sections.

- **Racial/Ethnic/Linguistic minorities**

The SCA continues to contract with Latinos for Health Communities to provide outreach services to minorities with the goal of engaging this population into treatment services. In addition, the SCA contracts with residential and non-residential providers who are able to provide by-lingual services.

Recovery –Oriented Services

Describe the current recovery support services available in the county and any proposed recovery support services being developed to enhance the existing system. Address any challenges in moving toward a recovery-oriented system of care in the county.

Established services that are solely focused on addiction(s) are limited. Currently, our Managed Care Organization has taken the lead on the development of an organized co-occurring youth support group.

\$20,000 has been budgeted in Recovery Services to cover the costs associated with a single provider of transitional 30-day housing. Clients are required to maintain treatment, which falls outside the traditional definition of recovery housing, but Lehigh County has typically considered this needed service to fall into this cost category. Lehigh County will amend the cost assignment as needed.

This block grant could assist with the development and funding for both adult and youth drug and alcohol support groups or peer mentors to aid residents in their sobriety.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:

	Estimated / Actual Individuals served in FY 13- 14	Projected Individuals to be served in FY 14-15
Adult Services	850	900
Aging Services	0	0
Generic Services	1072	1100
Specialized Services	30	50

Adult Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Human Services Development Funds (HSDF), managed through the Lehigh County Office of Aging and Adult Services (AAS), will be utilized for adult services for FY 2014-15. HSDF funding will reach approximately 900 adults in Lehigh County through home delivered meals, homemaker services, life skills education, representative payee services, protective services, and employment education. Coordination and oversight of many of these services is accomplished through intensive case management. Funds allocated to these programs will provide needed services to low income and disabled adults who would otherwise fall between the cracks. No significant changes are proposed. The breakdown of Adult Services is as follows:

DPW Bulletin 2014-1
County Human Services Plan Guidelines

<i>Service:</i>	<i>Number Served:</i>	<i>Budget:</i>
<i>Home Delivered Meals</i>	<i>20</i>	<i>\$ 7,362</i>
<i>Homemaker Services</i>	<i>70</i>	<i>\$ 81,242</i>
<i>Life Skills Education</i>	<i>240</i>	<i>\$ 3,477</i>
<i>Protective Services</i>	<i>85</i>	<i>\$ 24,324</i>
<i>Case Management</i>	<i>485</i>	<i>\$ 76,940</i>
<i>Totals:</i>	<i>900</i>	<i>\$193,345</i>

Generic Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Information and Referral Services are provided to individuals 18-59. No changes are proposed.

Specialized Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Guardianship Support Services are provided to consumers 18 and older. More funding will be allocated to this specialized service which will also enhance collaboration with MH/ID office.

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

Directions: Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).
HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures must equal the HSBG Allocation.

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

County Match – Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. (Completion of this column is optional.)

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

Use the FY 13-14 Primary Allocations for completion of the Budget If your county received a supplemental CHIPP allocation in FY 13-14,

County	Lehigh	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES							
ACT and CTT		29		342,036	0	0	0
Administrator's Office				1,209,885	0	0	0
Administrative Management		333		1,209,885	0	0	0
Adult Developmental Training		0		0	0	0	0
Children's Evidence Based Practices		0		0	0	0	0
Children's Psychosocial Rehab		0		0	0	0	0
Community Employment		49		219,826	0	0	0
Community Residential Services		280		6,252,777	0	205,838	0
Community Services		62		25,000	0	5,000	0
Consumer Driven Services		127		269,985	0	41,388	100,000
Crisis Intervention		530		849,886	0	886	0
Emergency Services		233		695,679	0	52,717	0
Facility Based Vocational Rehab		0		0	0	19,677	0
Family Based Services		2		19,533	0	0	0
Family Support Services		33		1,332	0	13,282	75,000
Housing Support		0		12,224	46,458	2,011	0
Other		0		0	0	0	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: <i>Lehigh</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Outpatient	620		30,559	0	15,335	0
Partial Hospitalization	0		0	0	0	0
Peer Support	0		0	0	0	0
Psychiatric Inpatient Hospitalization	0		13,000	0	13,000	0
Psychiatric Rehabilitation	285		352,662	0	3,453	0
Social Rehab Services	15		227,000	0	0	0
Targeted Case Management	333		59,337	0	20,000	0
Transitional and Community Integration	85		55,330	0	75,310	0
TOTAL MH SERVICES	6,765	12,818,456	12,818,456	46,456	470,749	175,000

INTELLECTUAL DISABILITIES SERVICES

Admin Office			1,557,796	0	49,611	0
Case Management	500		227,581	0	3,115	0
Community Residential Services	85		553,225	0	25,567	0
Community Based Services	600		78,000	0	26,578	0
Other	0		0	0	0	0
TOTAL ID SERVICES	743	3,057,388	3,057,388	0	111,875	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	0		0	0	0	250,000
Case Management	630		55,532	0	0	0
Rental Assistance	200		253,420	0	0	70,000
Emergency Shelter	0		0	0	0	0
Other Housing Supports	0		0	0	0	675,000
TOTAL HAP SERVICES	1,570	418,721	391,652	0	0	995,000

CHILDREN & YOUTH SERVICES

Evidence Based Services	598		1,189,489	0	27,278	650,000
Promising Practice	83		172,500	0	10,100	0
Alternatives to Truancy	63		29,000	0	19,500	0
Housing	43		330,000	0	10,552	0
TOTAL C & Y SERVICES	1,243	2,630,989	2,380,989	0	58,430	650,000

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: <i>Lehigh</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	427		976,330		35,725	0
Inpatient Hospital	1		3,052		112	0
Partial Hospitalization	1		3,296		121	0
Outpatient/IOP	411		299,371		10,954	0
Medication Assisted Therapy	3		5,432		199	0
Recovery Support Services	32		20,000		732	0
Case/Care Management	185		205,678		7,328	0
Other Intervention	6		7,500		243	0
Prevention	0		0		0	0
TOTAL DRUG AND ALCOHOL SERVICES	1,067	1,270,659	1,520,659		55,643	0

HUMAN SERVICES AND SUPPORTS						
Adult Services	900		193,345		0	0
Aging Services	0		0		0	0
Generic Services	1,100		37,655		0	0
Specialized Services	50		8,180		0	0
Children and Youth Services	0		0		0	0
Interagency Coordination			0		0	0
TOTAL HUMAN SERVICES AND SUPPORTS	2,050	265,756	239,180		0	0
COUNTY BLOCK GRANT ADMINISTRATION			53,645		0	

GRAND TOTAL	13,438	20,461,969	20,461,969	46,456	696,697	1,820,000
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APPENDIX D

THE MORNING CALL

PO Box 415429 Boston, MA 02243-5429
 advertising@morningcall.com 617-536-3721

Lehigh City Gov Ctr
 17 S 7th St
 Allentown, PA 18101

INVOICE and SUMMARY

Billed Account #	CU00328214
Client Account #	
Invoice #	001360901
Client Name	
<hr/>	
Billing Period	06/02/2014 - 06/08/2014
Due Date	07/08/2014

To ensure proper credit, please detach and return with remittance.

Detail

		Current Activity	
06/02/2014	MT002300	Classified Listings, Online - Gov't HR	304.48
06/02/2014	06-02-2014	Legal/Public Notices	304.48
		2402373	
06/03/2014	MT002302	PO#Department of Law, Lehigh Coun	161.05
		Classified Listings	161.05
		Legal/Public Notices-Print Only	
		2402308	
		Total Current Advertising	465.53

RECEIVED
 HUMAN RESOURCES
 2014 JUN 13 AM 10:14

AFFIDAVIT ENCLOSED

465.53 0.00 0.00 0.00 0.00 0.00

Billing Period: 06/02/2014 - 06/08/2014 Billed Account #: CU00328214 Billed Account Name: Lehigh City Gov Ctr Client Account #: Client Account Name:

Proof of Publication Notice in The Morning Call

Under Act No. 587, Approved May 16, 1929, and its amendments

STATE OF PENNSYLVANIA
COUNTY OF LEHIGH

} ss:

COPY OF NOTICE OR ADVERTISEMENT

Sharon A. Repsher, Manager of Billing and Collections of THE

MORNING CALL, LLC, of the County and State aforesaid, being duly sworn, deposes and says that THE MORNING CALL is a newspaper of general circulation as defined by the aforesaid Act, whose place of business is 101 North Sixth Street, City of Allentown, County and State aforesaid, and that the said newspaper was established in 1888 since which date THE MORNING CALL has been regularly issued in said County, and that the printed notice or advertisement attached hereto is exactly the same as was printed and published in regular editions and issues of the said THE MORNING CALL on the following dates, viz.:

..... and the 2nd day of June 2014

Affiant further deposes that he is the designated agent duly authorized by THE MORNING CALL, LLC, a corporation, publisher of said THE MORNING CALL, a newspaper of general circulation, to verify the foregoing statement under oath, and the affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

Sharon A. Repsher

Designated Agent, THE MORNING CALL, LLC

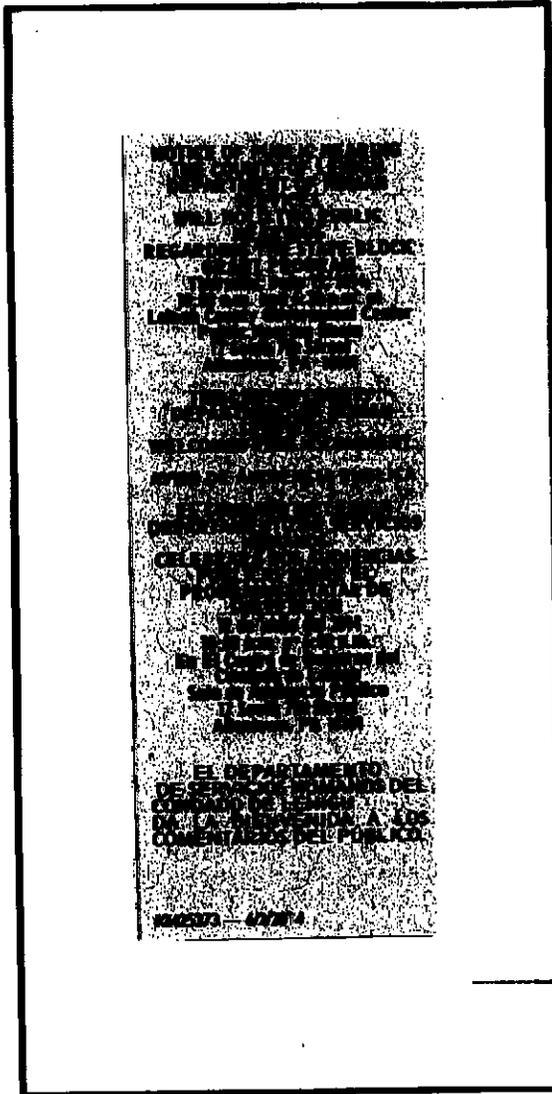
SWORN to and subscribed before me this 2nd day of

June 2014

[Signature]
Notary Public

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Joanne Reiss, Notary Public
City of Allentown, Lehigh County
My Commission Expires Nov. 22, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

THE MORNING CALL, LLC, publisher of THE MORNING CALL, a newspaper of general circulation, hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same have been duly paid.

THE MORNING CALL, LLC a Corporation,
Publishers of THE MORNING CALL
A Newspaper of General Circulation

By _____

Proof of Publication Notice in The Morning Call

Under Act No. 587, Approved May 16, 1929, and its amendments

STATE OF PENNSYLVANIA
COUNTY OF LEHIGH

} ss:

COPY OF NOTICE OR ADVERTISEMENT

Andrea Podliner, Controller of THE

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..... and the 6th day of June 2014.....

Affiant further deposes that he is the designated agent duly authorized by THE MORNING CALL, LLC, a corporation, publisher of said THE MORNING CALL, a newspaper of general circulation, to verify the foregoing statement under oath, and the affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

Designated Agent, THE MORNING CALL, LLC

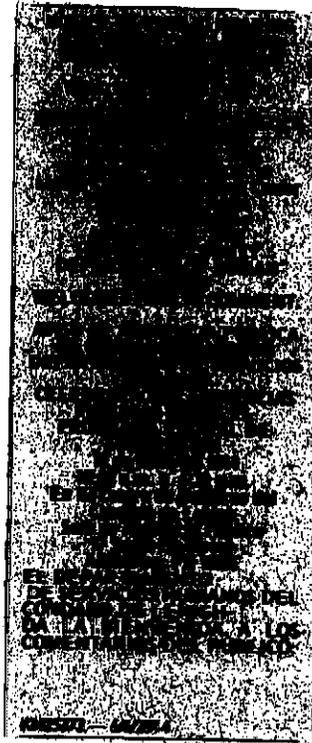
SWORN to and subscribed before me this 6th day of

June 2014.

Notary Public

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Joanne Reiss, Notary Public
City of Allentown, Lehigh County
My Commission Expires Nov. 22, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



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By _____

APPENDIX E