

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Northampton

- 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

<i>Signatures</i>	<i>Please Print</i>	
	John A. Brown, County Executive	Date: <u>6/30/14</u>
		Date:
		Date:

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Introduction

The County of Northampton is once again pleased to submit its Human Services Block Grant plan for the fiscal year 2014-2015 Human Services Block Grant Program (HSBG). As a Block Grant county, Northampton County continues to examine its current programs in the interest of using the flexibility afforded by the HSBG to maximize the categorical funding. This flexibility allows the County to provide much needed services to the Department of Human Services consumers in Northampton County.

Northampton County is one of two counties that make up the Lehigh Valley, the third most populous region in Pennsylvania. Northampton County has approximately 299,791 residents who reside in the cities of Bethlehem and Easton, as well as surrounding suburban and rural areas. Northampton County is a third class county with an Executive-Council form of government. Northampton County, although not part of a local collaborative arrangement, regularly works closely with the surrounding counties, most prominently Lehigh County, to facilitate the provision of comprehensive services to consumers.

The Northampton County Department of Human Services is comprised of the traditional categorical grant programs, including the Area Agency on Aging, Children & Youth services, Drug & Alcohol, Early Intervention, Intellectual Disabilities, and Mental Health as well as Veterans Affairs, Information Referral and Emergency Services (IRES), and HealthChoices. The department is headed by a cabinet-level Director of Human Services. There are monthly staff meetings that include the Director of Human Services, Division Administrators, the Financial and Information Systems Director, and the department's Executive Secretary. The Administrator of each categorical division reports directly to the Director of Human Services.

In March of 2014, the County moved the entire Department of Human Services into one central Human Services building which has allowed for greater interdisciplinary collaboration as well as provides one central location for residents of Northampton County to access services.

Overall, the HSBG program has given the county the flexibility to evaluate the programs currently being provided and explore possibilities for new programming that will address the unique needs of the consumers in Northampton County. The HSBG program continues to aid the Department in maintaining an exceptional level of service for Northampton County residents.

County Planning Process

The Fiscal Year 2014-2015 planning team for the HSBG plan consisted of a group of DHS senior administrative staff from each program office with categorical funding included in the block grant (i.e., Children, Youth, and Families; Department of Human Services Administration; Drug & Alcohol; and Mental Health, Early Intervention, and Developmental Programs). To continue to complete a comprehensive plan, other County divisions such as the Area Agency on Aging, HealthChoices, Information Referral and Emergency Services (IRES), Gracedale Nursing Home, and Veterans Affairs were included in the planning process where appropriate.

The Department of Human Services division administrators meet monthly with the Director of Human Services to discuss programming for consumers and to collaborate on areas of need that arise for consumers. This core group has integrated the principles of the HSBG plan into their daily job duties. These team members include the following: Director of Human Services; Area Agency on Aging Administrator; Children, Youth and Families Administrator; Drug & Alcohol Administrator; Financial and Information Systems Director; HealthChoices Administrative Officer; IRES Director; MH/EI/DP Administrator; Veterans Affairs Director; and the Executive Secretary for the Department of Human Services.

In addition to the internal planning team, divisions have sought out feedback from key stakeholders in each division for continued planning of the HSBG plan. At Advisory Board meetings for the key divisions, the block grant was discussed and board members were given the opportunity to discuss what is working as well as areas of need. The Advisory Boards for each division are comprised of members of the community with an active interest in one of the human services divisions (i.e., Drug & Alcohol Advisory Board). These members may be members of local law enforcement agencies, corporations in Northampton County, and even residents of the County who have benefited from services provided to them or to a family member, by the Department.

Another key piece to the 2014-2015 planning process is the public hearings that were held in June 2014. In addition to community members, all contracted providers for the Department of Human Services were given notice of the hearings. At the Northampton County Council meeting, the Block Grant public hearings were also discussed so all of those in attendance were notified and invited to attend. On June 5, 2014, the Director of Human Services also shared the public hearing information with local Legislators who were in attendance. The public hearings were held in two separate parts of Northampton County to prevent any barriers to attending. Both hearings were well attended by the community and the Department of Human Services. Critical stakeholders shared what they saw as barriers to treatment for consumers as well as discussed what they would like to see as far as programming funded by Block Grant funds.

At this time, there are no substantial programmatic changes planned for the Northampton County Department of Human Services. The County does continue to explore the possibilities that are afforded to the County through the flexibility of the HSBG. Northampton County Department of Human Services strives to provide services to its consumers in the least restrictive setting possible. To do this, each client is individually assessed to establish their needs and the appropriate level of care is determined. Services are constantly evaluated to ensure that they are appropriate for the client and their current needs. The ultimate goal is to provide services to each client in the least restrictive setting. The divisions within the Department of Human Services are now more easily able to interact with each other to ensure that a client is receiving a comprehensive level of care.

Advisory Board Agenda/Minutes/Attendance

During Advisory Board meetings held for various divisions, the Director of Human Services provided an update on the HSBG to the stakeholders in attendance. They were also provided with the opportunity to discuss any concerns and areas of need. The following are documents from each meeting:



Tiffany Rossanese
ADMINISTRATOR

COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

Drug & Alcohol Division

2801 Emrick Boulevard • Bethlehem, PA 18020-8015

Phone: (610) 829-4725 Fax: (610) 997-5859

Advisory Board Meeting May 16, 2014

Introductions

Minutes from March meeting – review/approval

SCA Activity:

- Update on grants
- Lehigh Valley D&A Intake Unit
- SADD event and videos
- Contracts
- Human Services Block Grant
- Legislative Breakfast- June 5, 2014

Budget Update

- Quarterly budget update

Board Initiatives

- Updates/ideas

New member outreach

Courtesy of the Floor

Next Meeting: July 18, 2014



Tiffany Rossanese
ADMINISTRATOR

COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

Drug & Alcohol Division

2801 Emrick Boulevard • Bethlehem, PA 18020-8015

Phone: (610) 829-4725 Fax: (610) 997-5859

Northampton County SCA Drug & Alcohol Advisory Board Attendance May 17, 2014

In Attendance:

John Judd, Chairperson
Dr. Jim McIntosh, Lehigh University
Mary Tirrell, Lehigh Valley Hospital
Dave Bartera, Bethlehem Police Department
Chaplain Chris Santos, Northampton County Jail
Tiffany Rossanese, Northampton County SCA

Guests:

Pamela Clark
Allison Frantz, Northampton County Director of Human Services
Pastor Fred Davis, Northampton County Jail Intern
Jonathan Glick, White Deer Run
Beth Miller, Northampton County SCA

**Advisory Board Meeting
Minutes from meeting held May 17, 2014**

In Attendance: John Judd, Dr. Jim McIntosh, Mary Tirrell, Dave Bartera, Chaplain Chris Santos, Tiffany Rossanese.

Guests: Pamela Clark, Allison Frantz, Pastor Fred Davis, Jonathan Glick, Beth Miller

Minutes from March 21, 2014 reviewed and approved.

Tiffany updated the Board on the following SCA activity:

1. **Northampton County Economic and Redevelopment Authority Gaming Grant** – The grant was awarded to the SCA and the total grant amount given to us was \$184,000, which matched our request. This will be used for transitional housing, Positive Changes (the gambling prevention/education program in the jail) and a small amount will be used for treatment costs.
2. **PCCD** – The TCAP grant proposal was submitted by the SCA. If the SCA is awarded this grant, it will fund around 17 new clients in the TCAP program, as well as continue to fund those who fall anywhere along the continuum of care while they have been working through the program. This grant may fund a dedicated TCAP probation officer and the cost of electronic monitoring. The SCA collaborated with the Adult Probation Dept. to analyze their costs associated with TCAP clients and, if the grant is awarded, both departments will benefit.
3. **Lehigh Valley Intake** – They closed their doors in Allentown due to Lehigh County SCA changing their process for D & A Evaluations, and other reasons spelled out in an email from Tim Munsch, Executive Director. The email was shared with the Board and discussion was held to clarify the closing and explain that we continue to work with Intake and, in fact, they are expanding their Bethlehem office hours to accommodate the residents of Northampton County.
4. **Contracts**- They will be mailed in the next week or so and they have all been written within the allocation. Some changes have come with the new administrator being responsible for contracts. She has added objectivity and standardization to the process, as Allison Frantz noted, in that Tiffany reviewed what the providers actually provided, what their RFP indicated, as well as their usage over the past three years to determine an appropriate contract amount for each provider. For the Prevention contracts, the review process was completed similarly and each provider will be expected to demonstrate improved accountability.
5. **The D & A Division** – The staff were all complimented on a job well done. They all stepped up and worked very diligently during difficult budgetary constraints. Although the staff had to cope with negative press, which was skewed and/or untrue, the staff remained professional and diligent during these times.
6. **Human Services Block Grant**- Allison Frantz discussed the Human Services Block Grant. Explained to the board how the block grant allows for flexibility of funds. Informed of the upcoming public hearings in June. Asked the board for feedback regarding the block grants. Topics of need for D&A are: housing services, increased prevention- especially surrounding Heroin, and increased funding for treatment. Housing is an area of need across all divisions.

7. **Legislative Breakfast** - Allison Frantz indicated that the date is set for June 5, 2014 and that the Dept. of Human Services historically hosts this annual event to inform the legislators of the programs we have for our residents. The goal is help them form a real connection between the funding and the people/programs. So far, four legislators have confirmed their attendance.
8. **SADD** – Tiffany showed the SADD videos and discussion was held. The videos were moving. Prevention programming was discussed in that prevention spreads from the schools, to the community, to college campuses, etc. Beth Miller provided a detailed review of the prevention programs the SCA funds through the two prevention providers, Valley Youth House and the Center for Humanistic Change. Lehigh Valley Hospital generously sponsored the speaker, Alex Sheen, at the SADD event. He was well received and may return in the future for events at different schools throughout Lehigh and Northampton County. Finally, the Board was informed that the SADD students celebrated with the culminating event at the Iron Pigs Game.
9. **Budget Update** – The SCA continues to provide all levels of care and treatment to our residents and TCAP clients continue to receive services as well. Prevention efforts continue and programs have not ceased. The SCA Budget is tight, but with increased controls, the SCA has been able to continue to assist people in getting into treatment. We have made great strides with the County Assistance Office and are working collaboratively with them. SCA staff and CAO staff have met and worked through processes and procedures that have benefited everyone. This has created a cost savings to the SCA.
10. **Board Initiatives** – discussion surrounded increase in women smoking, legalizing marijuana, texting communication and lack of person to person communication in the young people’s world, as well as the casual sex and drinking in college that plagues our young people. An initiative discussed was new Board member outreach. Kay, one of the SCA case managers, has asked an acquaintance of hers and she is interested in a position on the Board. Dave Bartera also asked a fellow BAPD Sargent about membership on the Board, and he was interested too. Continued outreach in this area will continue and potential candidates should forward their resume to the SCA.
11. **Announcements** – John Judd reports Karaoke night at the Bethlehem Recovery Center was a success and they are hosting another night this Saturday. They will try to host an event like this on a monthly basis. Tiffany offered the next Board meeting to be held at the new Human Services Building where the SCA would sponsor lunch. Motion to adjourn was made and meeting adjourned.

Next Meeting: **Friday July 18, 2014 at 12:00 pm** at the Department of Human Services Building, 2801 Emrick Boulevard, Bethlehem, PA 18020

GRACEDALE ADVISORY COUNCIL

AGENDA

June 12, 2014

4:30pm

Call Meeting to Order/Welcome

Approve May 8, 2014 Minutes

Courtesy of the Floor

by guests

by Board members

Director of Human Services

Human Services Block Grant Update

Official(s) from the County Council

Gracedale Administrator report

Update on Human Services meetings,

Council meetings

Current Administrative updates

Other Business

- Bylaws – allow for additional members - 2nd reading-Vote
- Legislators/Media gathering to hear from D and Premier
- Other?

Adjourn

Meetings for 2014: July 10, August 14, September 11,
October 9, November 13 and December 11.

Gracedale Advisory Board

June 12, 2014

Minutes

Members Present: Deborah Jean DeNardo, J.D.; Reverend David H. DeRemer; MaryAnn McEvoy; Ann Terres; the Honorable Robert Werner

Members Absent: Paul Brunswick, Margaret D'Alessandro, Susan L. Lawrence

Public Present: Sally Ferraro, MaryAnn Schmoyer

Staff Present: Cathy Allen, Susan Edwards, Allison Frantz, D. Freeman, Peter Koorie and Jennie Repsher

Call to Order/Welcome:

The meeting was called to order by Ann Terres, Chair. She extended a welcome to the visitors.

Approval of May Minutes:

A motion was made by D. DeRemer and seconded by D. DeNardo to accept the minutes from the May meeting. Motion carried.

B. Werner offered his congratulations to Rosemarie Fehr and Dawn Elliot, who were both mentioned in the minutes from May.

Courtesy of the Floor:

By Guests: None.

Committee Members: None.

Director of Human Services Report:

Legislative Breakfast: The Legislative Breakfast was held on June 5th at the new Human Services building. Six representatives attended, along with various County Council members. D. Freeman stated that since the breakfast, he received notification that there is a proposal to cut five percent of the budget for the entire state. This would be a \$4 million cut for Gracedale. A state-wide coalition of nursing home organizations, including PACAH (Pennsylvania Association of County Affiliated Homes), PHCA (Pennsylvania Healthcare Association) and PANPHA (Pennsylvania Association of Non-Profit Homes for the Aging, now known as Leading Age PA), is forming to leave nursing homes out of the five percent cut. CCAP (County Commissioners Association of Pennsylvania) will be approaching the governor and joining forces PACAH, PHCA and PANPHA. It was noted that the Legislative Breakfast was interesting and informative.

Block Grant: Several of the departments in the Division of Human Services are participating in a Block Grant. Gracedale is not part of this. With a Block Grant, the funds allocated to each department are flexible. Instead of mandating that a certain amount of money must be spent in a certain department,

money can be applied where it is need most. Because this is the first year Northampton County has participated in the block grant, we cannot report on expenditures since the fiscal year is not over. It was asked if contractors were notified about the public hearing dates. A. Frantz reported that they were.

A. Frantz reported that Northampton County is in the block grant for July 1, 2013 – June 30, 2014. There are a total of twenty counties in the program, the maximum allowed by legislation. It was asked if the Department of Public Welfare still determines the amount of money received; A. Frantz stated that the DPW can change the allocation. To qualify for the next fiscal year, we need to obtain feedback from the public hearings and provide data. All of the funding comes from the state. It was asked if our program is similar to the block grant in Lehigh County. A. Frantz stated that in Lehigh County's first year, they used some of their block grant money to help the Drug and Alcohol Division. Northampton County did the same.

Meeting participants were asked what they saw as a need/gap in service. Housing for seniors came up as one area of need. Housing has been a consistent theme amongst all divisions. There was also discussion about housing for children of aging parents. A. Frantz will bring this feedback to the Block Grant planning committee.

Gracedale Administrator Report:

Culture of Accountability: It was mentioned that County Council may want to know that staff is being held accountable at Gracedale. It was noted that personnel issues go through a special, exclusionary committee with County Council. D. Freeman stated that we have been discussing accountability, but that taking progressive disciplinary steps and firing someone who has been negligent would make a statement. We need to put better systems in place and gain the support of county administration and county council. Our goal is to make employees successful, not fire them. The unions have started embracing this attitude, and have been gracious to agree with terminations in relation to abuse. Grievances have reduced by half.

Ethics committee: D. Freeman stated that Gracedale has a newly-formed Ethics Committee. Included in the committee are an ethicist from Lafayette College; Gracedale's Medical Director, Dr. Catherine Glew; Bob Martin from the Area Agency on Aging; Pastor Floyd and Reverend Dave DeRemer. It has met once for an organizational meeting. The committee's first steps are to look at the feeding and comfort care policies. It is important that we also provide support and education to the staff. The committee's primary task is to serve as advisors in the circumstance of a disagreement.

Generator: We have until September 14th to fix the generator that failed during super storm Sandy. Do we repair or replace? Currently, we have a portable generator on-site with temporary wiring and cables. Life Safety will only allow a temporary setup for 6 - 9 months; we have had this in place for roughly 19 months. We applied for a waiver, and have until September 14th to fix this issue. We had the option of permanently wiring the temporary generator or fixing the old generator. The only thing wrong with the old generator is the oil pump assembly and the exciter. We fixed the oil pump and found two companies that will custom-build an exciter. The part should be here within a month so we can meet the September 14th deadline.

Currently, we are not covered if we have a major disaster. We would not have heat or air conditioning, and only a couple outlets would be available on each floor. We have contracts to bring generators on site within a shift or two in case of an emergency.

D. Freeman stated that a finalist was selected for the new generator. It was noted that the generator is the most important thing to have completed. D. Freeman stated that once the generator issue is fixed, he will send a letter to the Department of Health, making them aware of the solution to the issue.

Bylaws: A. Terres presented a redline version of the Advisory Board by-laws. The change would fall under Article III, Membership, and read as follows: “According to the enabling legislation, there shall be a minimum of nine and a maximum of fifteen members of the Gracedale Advisory Board, one of whom shall be a member of Northampton County Council.” A motion was made by B. Werner and seconded by D. DeRemer to recommend the proposed change to County Council. Motion carried.

Medical Transport: Nazareth Ambulance proposed a price lower than in previous medical transport RFPs and agreed to all requests on our part. The total cost will be around \$200,000 per year and is all-inclusive. Several of the Nursing Attendants Nazareth Ambulance hired as escorts are either part-time Gracedale employees or retirees. Because of this contract, 14 employees who would previously go on trips as escorts will now be able to provide care on nursing units. All scheduling will be online, which will allow the scheduling secretary to work in the clinic. The nurse in the clinic will then be able to provide care to residents. Nazareth Ambulance will also provide CPR training to all staff. This contract should save \$500,000 a year. The savings will not be a net gain because most employees doing transports were earning overtime. The CPR training, however, will be a net gain.

EHR RFP: We received six bids for the electronic health record RFP. Three vendors will be invited to complete on-site demos. From there, we will narrow the companies to two and visit facilities that use those packages.

Department of Human Services Fiscal Administrator:

Peter Koorie is the Department of Human Services Fiscal Administrator. His main tasks will involve validating the numbers we present to County Council and the County Executive, as well as obtain real-time reporting on numbers to put fiscal controls in place. Something as simple as controlling the hours per patient day is a \$4 million line item. He will also monitor part-time employees to help keep them from entering the pension program.

The Department of Public Welfare was contacted. As a result, more of our medical assistance applications are being processed. We are working both internally and externally to get the receivables down.

It was asked how P. Koorie relates to Premier. D. Freeman stated that Dave Pinter is the Fiscal Administrator of Gracedale and D. Pinter and P. Koorie work together. Premier will continue to provide financial advice. P. Koorie will help complete the work that Premier is advising.

1st Quarter Statements: show a 2.5 million loss. B/c of accrual methods, most monies will not come in until this and next quarter, but will get applied back. The Jan/Feb/March numbers will continue to change

as monies come in. If Gracedale was operated as an enterprise, we would not have to use the accrual method of accounting.

The 2013 audit was released and Gracedale had a \$911,000 adjustment. Last year, we had to make an adjustment for accruing too many Medicaid dollars. We collected more than we accrued because we were conservative. The Medicare portion was never questioned. This year, because the money is coming in slowly, they are disallowing \$911,000. Because the Medicare dollars received were less than in previous years, it caused a problem. Auditors apply the rules differently each year. It was asked if Advisory Board members could receive a copy of the auditors' report once it is public. D. Freeman stated he could provide it.

A. Frantz and John Brown asked for 5-year financial projections for Gracedale. They would like to see the county contribution needed if we continue and change nothing, along with a list of money-saving initiatives with a dollar amount assigned to each one. These initiatives would need approvals from county council, administration, and the unions.

It was mentioned that at the Advisory Board meetings, various savings are discussed, but then it is reported that Gracedale is losing money. D. Freeman stressed that the expenses are outpacing revenue.

RAC reviews- Medicare is examining the records of residents that have stayed here, been paid for and are now gone. Medicare is determining if the residents needed therapies, and if it is decided they did, Medicare is taking away money already received by our facility. We then must file an appeal to get the money back. This is a nationwide issue, and Medicare has stopped processing new RAC reviews for now because they are behind in processing older RAC reviews.

Bed Sale: D. Freeman stated that there were two bidders who submitted RFPs for the bed sale. One was selected because they offered to purchase all 37 beds, even though their price per bed was lower than the other bidder. After the selection was made, the second bidder offered to purchase all 37 beds with plans to put them in center city Philadelphia. Originally, this bidder only wanted 22 beds and would have placed them in Easton. We consulted with the solicitor, and were told we could reconsider the offer. Through the Latsha Law Firm, we have given both bidders the opportunity to make a final bid to purchase and move all 37 beds. Both companies must provide us with reasons why they will be successful in receiving approval for the bed sale through the Department of Public Welfare (DPW), since both companies plan to move the beds beyond the 50 mile radius. The DPW would prefer to retire beds because they would not have to fund them. The number of beds on our license will not be reduced until the day of the transfer. The transfer would occur on the day the purchaser is ready to open their facility.

30-day Discharge Notice: We have received DPW phone hearing notices for appeals of the 30-Day Discharge Letters we mail. We have four collections letters that we mail before we get to the 30-Day Discharge Letter. If, at any point during the process a medical assistance application or appeal is filed, we stop sending the letters. If the application or appeal is denied, we send the discharge letter. The Area Agency on Aging (AAA) is to put a stay of execution on the discharge and assign a caseworker to potentially appoint a guardian of the estate. Our solicitor, Victor Scomillio, will be available for the DPW phone hearing. It was asked if a response has been prepared in case a reporter calls about this issue.

Something simple, that explains that Medicaid has determined the resident has assets and that the family is obligated to pay. A. Frantz commented that a statement can be coordinated.

It was asked how assets are being protected while we Gracedale are waiting for the medical assistance appeals. D. Freeman stated that most assets are already spent. If the family took the money and can get AAA and Medicaid to say the resident was fiscally abused, we can get Medicaid approval going forward to stop the fiscal bleeding. We are putting liens on homes and claims on estates. The Kennedy Group filed with the courts to freeze accounts until decisions Medicaid decisions are made. We have \$3.4 million in Medicaid pending. It was asked how cases with no family cooperation are handled. D. Freeman stated that staff files the medical assistance applications with no information. This protects that resident's medical assistance date, and if approved, will be retro to that date, up to 180 days.

Next month-Kronos will be up and running and talking to on shift and we'll have control of our labor.

Next Meeting: A. Terres reminded Advisory Board members that the next meeting will be held on July 10, 2014, at 4:30 PM.

Meeting adjourned at 6:22 p.m.

Respectfully submitted,

Jennie R. Repsher

**NORTHAMPTON COUNTY MH/EI/DP
ADVISORY BOARD MEETING
June 11, 2014
AGENDA**

1. 12:00 P.M. – Call to Order by Cheryl Dougan, Chair
2. 12:05 P.M. – Introduction of Guests
3. 12:10 P.M. – Staff Reports
 - A) 12:10 P.M. – 12:20 P.M. – Fiscal Report – **Wally Barnett**
 - B) 12:20 P.M. – 12:45 P.M.:

MH/EI/DP – Oral Report:	Kathleen Kelly, Administrator
MH Report – Oral Report:	Kathleen Kelly for Deputy MH Administrator
EI Report – Oral Report:	Jessica Weitknecht, EI Program Specialist
DP Report – Oral Report:	Ann Kline, Deputy DP Administrator
Block Grant Report:	Allison Frantz, Director, Human Services
4. 12:45 P.M. – 1:00 P.M. – Committee Reports Standing:

Legislative/Public Action – Kathleen Kelly

Board Membership – Cheryl Dougan
Review and Approval of April Minutes – Cheryl Dougan
5. HealthChoices Advisory Board
Next meeting: August 21, 2014 @ 2:00 P.M. @ Magellan
1 West Broad Street, Suite 210, Bethlehem
6. 1:00 P.M. – Self Advocates
7. 1:05 P.M. – Comments
8. **NEXT MEETING DATE: August 5, 2014 @ 12:00 P.M.**
9. 2014 Meeting Dates:

February 4, 2014 @ 12:00 P.M.
April 1, 2014 @ 12:00 P.M.
June 11, 2014 @ 12:00 P.M.
August 5, 2014 @ 12:00 P.M.
October 7, 2014 @ 12:00 P.M.
December 2, 2014 @ 12:00 P.M.
10. Adjournment

NORTHAMPTON COUNTY
MH/EI/DP ADVISORY BOARD MINUTES – UNAPPROVED
MENTAL HEALTH (MH), EARLY INTERVENTION (EI), DEVELOPMENTAL PROGRAMS (DP)
June 11, 2014

Members/Staff Present: Cheryl Dougan, Chair; Donna Thorman, Vice Chair; John Pearce, Bonnie Pearce, Michael Kaufmann, Kathleen Kelly, MH/EI/DP Administrator; Ann Kline, DP Deputy Administrator; Jessica Weitknecht, EI Program Specialist; Mirka Picone, DP Program Specialist; Wally Barnett, Fiscal Officer; and Allison Frantz, Director of Human Services.

Members/Staff Not Present: Kerri Miller; Seth Vaughn, County Council; Colin McShane; and Stephanie Ruggiero.

Advisory Board Meeting

Meeting called to order by Chair, Cheryl Dougan and introductions were made.

Staff Reports

Fiscal Report -- Wally Barnett reported on the following:

- Wally discussed the Comparison of Revenues and Expenditures handouts (attached).
- There are no anticipated problems in any of the three funds for the remainder of the fiscal year.

Administrator's Report -- Kathleen Kelly reported on the following:

- Dire State revenue projections noted at a Regional meeting Kathleen attended. A \$1.7 billion State deficit was reported. Little information as to how the deficit will be made up.
- All DPW budgets are being looked at and there was mention of a 5% across the board reduction.
- EI is not an issue at this time as they are a federally mandated program. It is expected however that MH and DP will receive additional allocation reductions. Services were reduced two years ago in MH when we received a 10 % cut and further reductions would threaten the service array.
- EI is doing well and Jessica is doing a terrific job as is Ann in DP.
- John Pearce asked a question re Bridge Housing. Kathleen discussed the HC housing proposal awaiting approval by the State.
- Kathleen's retirement news was discussed.

MH Report -- Kathleen Kelly reported on the following:

- Good news!! It was announced at the last meeting that RHD was awarded a contract for a new CHIPP.
- Discussion on Holcomb transferring deed for \$1 to RHD for a home in Walnutport for the CHIPP.
- There are two consumers to be discharged out of Wernersville State Hospital, but it may not happen before June 30th. Renovations are still in progress.

- PCCD grant was awarded. It is to be used to develop a regional CIT initiative.
- Interviews are being held this afternoon for the MH Deputy Administrator position.

EI Report -- Jessica Weitknecht reported on the following:

- EI received a 97% on the verification conducted by the State. EI is very pleased and proud of having a good team.
- Referrals are at about 70 per month with the unit being fully staffed.
- Two projects are being worked on now. One is “Hole” with Christine Sayegh in a daycare facility and will focus on inclusion of children with disabilities or delays and how to better accommodate them. Lisa Perez will be taking pictures and making a booklet to show the family a child’s progress. Staff conducted free screenings for kids, birth to 5 years at local daycares. At a daycare in Easton, 16 children were screened and 5 referred for further evaluation.
- Parent to Parent program was also discussed.
- EI participated in a Fire safety training/endorsement – NCC program with Lehigh County.

DP Report -- Ann Kline reported on the following:

- DP is struggling on how to fund services for the upcoming graduates.
- Fiscal year flips are being done and must be completed by June 30th.
- HCSIS maintenance will run the entire weekend of June 20, which poses a problem for working on the fiscal year flips that weekend.
- Mirka Picone is in a training all day today on Intensive Systems Therapy. It’s very structured and concrete in its approach to people displaying behaviors. Providers are involved in this training.
- Mirka reported on the IM4Q Survey Results for FY 2012/2013 (attached).
- Discussion on the IM4Q Survey Results.
- Kathleen mentioned working with Magellan to develop an Act Team for Dual Population.

Block Grant Report -- Allison Frantz reported on the following:

- Discussion on Block Grant.
- Mention of Stakeholder Public Hearing. Asking for feedback from everyone on service gaps. Anyone may attend the Public Hearing. Question is: how can we best fill service gaps?
- Discussion of housing gaps across divisions.
- Fiscal snapshot handed out and explained.
- 33% of the money is used for creativeness and spending.
- Cheryl Dougan would like Allison to address staffing problems of service providers and the problems with quality care and retention of staff when being hired at minimum wage. Also, a better system for training Direct Support Staff. There is no uniformity and turnover is so high.
- Kathleen commented on encouraging providers to share training.

Committee Reports

Legislative/Public Action -- Kathleen Kelly reported on the following:

- Kathleen stated that information will be distributed if the State budget deficit identifies deep cuts to DPW and asked the Board to advocate against those cuts.
- Allison spoke about historic cuts and three year initiative to restore what was cut.

RE MH/EI/DP Administrator

- Allison discussed the process for the selection of a new Administrator and the necessary involvement of the Board.

Membership

- We currently have 9 members, and may have 11 members.

HealthChoices Advisory Board

- Next meeting: August 21, 2014 @ 2:00 P.M. @ Magellan, 1 W. Broad Street, Bethlehem.
- Deb Nunes, HC Administrator, will be invited to the next MH/EI/DP Advisory Board Meeting.

Self-Advocates

- Cheryl Dougan commented on how difficult it is to work in HCSIS. There was mention of the SC being able to assist with a provider list. Parents are at a disadvantage if they are unhappy with a provider. Should this be addressed at the State level or at HCSIS? Parents have zero information on choosing a provider.
- Donna Thorman had concerns about her son and seeking assistance. Allison informed that this feedback will be provided as part of the Block Grant Plan.
- Cheryl also discussed the National Alliance Association of Direct Support Professionals. DSPs work often long hours, with no career ladder, raises, or good benefits. They are working on bringing more public awareness to this situation. A conference calls re DSPs is being set up for November 12, 13 & 14. November 11th may be added as well.
- Cheryl also mentioned the conference on reinventing quality that will be held in Baltimore. Kathleen mentioned that Mirka will attend.
- Reminder from last meeting: Cheryl Dougan spoke about ODP Person Centered Thinking Training to be held July 9-10th at the Best Western Hotel. It is a two day workshop, register at <http://registration.odpconsulting.net/profile>. You must attend both days to get credit.
- Reminder from last meeting: Kerri Miller announced the annual "Harvest of Hope" to be held on October 8, 2014 at Arts Quest at Steel Stacks. It is a free event, open to consumers and professionals. Lunch will be served.

Adjournment

- Meeting adjourned by motion offered by Chair, Cheryl Dougan.

Administrators Report

Children, Youth and Families Advisory Board

June 10, 2014

1. Introduction - Allison Frantz, Director of Human Services - Block Grant
2. Placement Review
3. Licensing Inspection Report
4. Child Welfare Information System (CWIS)
Child Accounting Profile System (CAPS)
5. Future Meetings

**NORTHAMPTON COUNTY DEPARTMENT OF HUMAN SERVICES
CHILDREN, YOUTH AND FAMILIES SERVICES DIVISION
ADVISORY BOARD MEMBERSHIP LIST
June 2014**

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
1. Mr. Rodney Freyman Term Expires: 12/1/14	233 East Elizabeth Ave Bethlehem, Pa. 18018	610-691-6322
2. Bill Pysher Term Expires: 4/9/15	4185 Greenwood Drive Bethlehem, Pa. 18020	610-974-8359
3. Rev. David Goss Term Expires: 9/1/15	208 East First Street Wind Gap, Pa. 18091	610-863-4246
4. Patricia Hunter Term Expires: 10/31/15	200 North 11 th St. Apt. 2 Easton, Pa. 18042	610-252-6041
5. Dr. Tracy Piazza Term Expires 11/1/14	411 Apple Blossom Road Easton, Pa. 18040	610-559-1810
6. Matthew Krauss Term Expires 12/1/14	226 Blaine Street East Bangor, Pa. 18013	610-751-7559
7. William Rider Term Expires 4/9/15	3015 Windsor Street Easton, Pa. 18045	610-253-8043
8. Alan Musselman Term Expires 6/1/15	740 Jennings Place Bethlehem, Pa. 18017	610-867-1382
9. Elizabeth Briggs Term Expires: 9/15/15	1909 Major Street Bethlehem, Pa. 18017	610-392-2433
10. Penny S. Van Tassel Term Expires: 1/ /16	108 Old Orchard Drive Easton, Pa. 18045	

Northampton County Children, Youth and Families Division
Bethlehem, PA 18020
Advisory Board Minutes
June 10, 2014

Present: Elizabeth Briggs, Dave Goss, Patricia Hunter, Matthew Krauss, Alan Musselman, Bill Pysher

Staff: Kevin Dolan, CYF Administrator; Allison Frantz, DHS Director

This meeting was held at the Hanoverville Roadhouse prior to the annual staff recognition dinner.

Dave Goss called the meeting to order and we proceeded to the order of the day, a presentation by Allison Frantz on the Human Services Block Grant.

Allison provided a historical background on our involvement with the block grant process. A matrix on the 2013-14 Block Grant was provided the allocations to the six programs involved with the block grants. She further explained what areas have more flexibility than others in terms of moving resources around within and between the programs. Of great benefit is the flexibility to work across programs in innovative ways to meet our locally identified needs.

There will be two public hearings on the block grant the last week of the month. June 25 at the Human Services Building, and June 26 at the Slate Belt Senior Center. Advisory Board members are asked to attend one or both of the hearings if they can.

Matt Krauss presented the report of the nominations committee for 2014 – 15. Nominees are:

Chair, Dave Goss

Vice-Chair, Matthew Krauss

Secretary, Penny Van Tassel

Matt Krauss made a motion to elect the slate as presented. Alan Musselman provided the second. Motion approved.

By-Laws will be tabled until our August meeting. Alan Musselman requested that we remove from the by-laws, “hard dates,” on the meeting schedule. This was accepted as a friendly amendment. A final revision of the by-laws will be e-mailed to Advisory Board Members prior to the August meeting.

Our Advisory Board Calendar for 2014-15 was adopted as follows:

July 2, 2014	5:00 p.m.	CYF Public Hearing (Advisory Board presence welcome)
Aug. 12, 2014	5:30 p.m.	Regular Meeting
Sept. 9, 2014	5:30 p.m.	Regular Meeting
Nov. 11, 2014	5:30 p.m.	Regular Meeting
Feb. 10, 2014	5:30 p.m.	Regular Meeting
April 14, 2014	5:30 p.m.	Regular Meeting
June 9, 2014	5:00 p.m.	Meeting and Staff Recognition Dinner

Kevin Dolan presented his Administrators Report

- Our census is still running high: 269 in care as compared with 190 for the same week last year. A significant part of the increase is from children from meth labs that were raided. This obviously brings budget implications for the close of 2013-14 and the beginning of 2014-15.
- Staff is involved in much training for implementing the Child Welfare Information Solution (CWIS) system and have begun use of the CAPS system.
- The Licensing Inspection did not raise any concerns with safety of children's issues. There were some small "red-tape," issues that are easily rectified. We were cited for not being completely compliant with the American Indian Placement Act. The reviewers noted some "cut and paste" on some reunification plans and 2 Family Service Plans were noted as not being completed with the 30 day mandate.

There was no additional business brought to the table.

On a motion by Matt Krauss and seconded by Alan Musselman, the meeting was adjourned.

Respectfully Submitted,

Rev. Dave Goss
Recorder, Pro-Tem

Public Hearing Notice

Public Hearing Northampton County Department of Human Services Human Services Block Grant Plan

Pennsylvania's Act 80 of 2012 requires counties to submit a human services block grant plan. As part of the planning process, counties are required to hold two public hearings. The County of Northampton will hold its public hearings on the dates, times and locations listed below. Interested citizens are encouraged to attend. Consumers of Northampton County-funded services and service providers are especially encouraged to attend. Input from the public meetings will be used to guide current and future efforts.

The plan is to cover the use of the seven state-only funded allocations, which are the: Mental Health Community Base Funding, Behavioral Health Services Initiative (Mental Health and Drug and Alcohol), Intellectual Disabilities Base Funding, Child Welfare Special Grants, Act 152 Funding (Drug and Alcohol), Human Services Development Fund, and Homeless Assistance Program.

Wednesday, June 25, 2014 at 9:00 A.M.
Human Services Building
2801 Emrick Boulevard
Bethlehem, PA 18020

Thursday, June 26, 2014 at 2:00 P.M.
Slate Belt Senior Center
707 American Bangor Road
Bangor, PA 18013

Proof of Publication

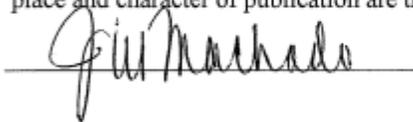
+Proof of Publication Notice in The Express Times
Under Act No. 587, approved May 16, 1929

*State of Pennsylvania
County of Northampton*

Jill Machado being duly sworn, deposes and says that The Express Times is a daily newspaper published at 30 N. 4th St, Northampton County, Easton, Pennsylvania which was established in the year 1855, since which date said daily newspaper has been regularly published and distributed in said County, and that copy of the printed notice of publication is attached hereto exactly as the same was printed and published in the regular editions and issues of said daily newspaper on the following date

June 16, 2014

Affiant further deposes and says that she is an employee of The publisher of said newspaper and has been authorized to Verify the foregoing statement and that she is not interested In the subject matter of the aforesaid notice of publication, and that all allegations in the foregoing statement as to time, place and character of publication are true.

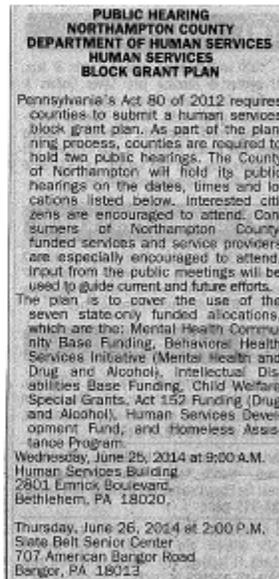
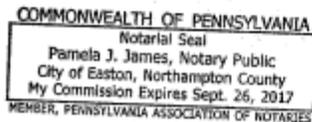


Sworn to and subscribed before me
this 16th. Day of June, 2014



Notary Public

My Commission Expires:



THE MORNING CALL

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Page 1 of 2

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PACKAGE NAME: Legal/Public Notices

Product(s): The Morning Call, Affidavit, PublicNoticePA.com, classified.mcall.com_Legal

AdSize(s): 1 Column,

Run Date(s): Monday, June 16, 2014

Color Spec. B/W

Preview

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THE MORNING CALL
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Page 2 of 2

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* Agency Commission not included

PACKAGE NAME: Legal/Public
Notices

Funding (Drug and Alcohol),
Human Services Development
Fund, and Homeless Assistance
Program.

Wednesday, June 25, 2014 at 9:00
A.M.

Human Services Building
2801 Emrick Boulevard
Bethlehem, PA 18020

Thursday, June 26, 2014 at 2:00
P.M.

State Belt Senior Center
707 American Bangor Road
Bangor, PA 18013
#2456628 — 6/16/2014

Public Comment Summary

County of Northampton
Department of Human Services
Human Services Block Grant Plan
Public Comment Summary

June 25, 2014

- One individual has a family member that is receiving services through multiple human services divisions. He discussed the barriers the family faced in trying to access services when you are not familiar with the system. It would be helpful to have one place where you could get a list of services that are available. He said the COMPASS website was helpful.
- A provider who runs a mental health program discussed problems that occur when someone turns 18 years old and needs to transition into the adult system. It's difficult for parents to understand that the services will change when the child reaches adulthood. She said there needs to be education on what services are available in the adult system. There should be a smoother transition from child to adult services.
- A provider who runs a homeless shelter said they have increased the number of beds at the shelter over the past few years, but the shelter is always full. He would like to see additional funding for more beds.
- Another individual said more money is needed for information/referral and preventive services, so people do not get to the point of homelessness.
- A number of individuals agreed that it would be helpful to provide training to school guidance counselors and special education teachers on what types of services are available and how these services can be accessed.
- Another individual said housing for people with no income is an issue. It creates a problem when trying to search for jobs. Housing is also a problem for people who are on their way to a more stable life. There is no place for the family to go while they wait for Section 8 housing.
- Another person would like to grow peer support services and mobile psychiatric services. Peer support services should be expanded from just mental health to include drug and alcohol and children's services.
- One individual said there needs to be a coordinating body so there is not a duplication of services. She said there could be gaps in one area but many options for services in another area. She gave an example of multiple organizations doing coat drives, but when children go back to school there could be a need for shoes.
- A provider who runs a homeless shelter said case management is the key to everything. Individuals who have continuous case management have success stories because they are getting an education as to what resources are available to them.
- A provider who runs a mental health program suggested doing "A Night of Information" so that people can find out what information and services are available to assist them. She said the community education for police officers is an example of a great program that doesn't cost any money.
- One individual said more personal care homes are needed for people with no income. Elderly people with mental health problem have a difficult time accessing services.

- One individual said we could educate younger people on the types of services that are available by having them fulfill requirements of community service hours by volunteering at the mental health walks or other types of programs.
- Another individual said if information is not readily available when you need it, you will not know what to do. There should be a website that gets updated regularly with the types of services that are available. Someone noted that Pennsylvania 211 is an ongoing data base with lots of resources that are available, but it needs to be advertised more. One provider also said the County's Human Services website is very helpful and she refers a lot of consumers to the website.
- One provider said the auditing/licensing requirements at the State level have become nonsensical. Reporting requirements are very time consuming and it takes away time that can be spent helping consumers.
- One provider suggested having monthly meetings so that we can organize services. Cathy Kromer, County Mental Health Specialist, noted that Recovery Partnership holds monthly meetings for these types of discussions. She also said mental health provider meetings are held monthly at Trexler Manor. Providers gather to discuss services and share information.

June 26, 2014

- One drug and alcohol provider said getting people to be able to access treatment based on the disease of addiction model has been difficult. Some people need more time in treatment and some people need more intense treatment. What works for one person doesn't necessarily work for everyone.
- One mental health and developmental disability provider said mobile psychiatric rehabilitation used to be paid through 100% county base dollars. When it became part of a supplement program with Magellan, those enrolled through Magellan now are limited to the types of services they receive. On the county base side, dollars were reduced and counties ended their support except for those who are not Magellan enrolled. This reduced access to services for anyone enrolled in Magellan.
- One provider said it is sometimes a problem for people having to go to Easton to complete medical assistance applications. It would help if workers at recovery/drop-in centers could complete the application for them in their own area. Another provider said people can apply through the COMPASS website.
- One mental health provider said something that would enhance behavioral health services in the Lehigh Valley is peer support for outpatient services. Consumers could meet with someone who experienced a similar situation before they meet with professionals. This would not have to be limited to mental health, but could include drug and alcohol, children and youth, and forensics.
- One provider said the block grant is a wonderful concept but it could become an issue of vulnerability as to each county's preference; she said there is also vulnerability at the state level. When people ask them what has changed, she is not able to tell them because providers are not aware of what money has been moved or reduced. Allison Frantz, Human Services Director, responded that this is Northampton County's first year in the block grant program, so there is not much to report at this time. She said providers should not see a change because the County has not moved money around except to assist a drug and alcohol program.
- The mental health provider said they recently met with office staff of a state legislator. The staff was excited to talk with them because of the types of calls that come into the office. Staff sometimes felt inadequate as to where to refer people or what services might be available to them. The provider said we may want to identify those types of

training opportunities---places you normally wouldn't think that people call if they need services. Trainings for police and first responders are being done now, but we may want to expand this.

- The drug and alcohol provider said there are problems with people relapsing because they don't have proper medication. People who don't have or cannot afford the proper medication will go back to using street drugs.

- One provider said there is also a gap in services for individuals who are incarcerated. There should be a program to provide proper services as soon as they enter the prison, during the time they are incarcerated, and when they are released from prison.

- A developmental disabilities provider said they encounter many barriers when opening a new location. It takes at least five months from the time a crisis is identified to get approval for a location. Respite services are only covered for 30 days.

Waiver

Northampton County will not be seeking a waiver in the Fiscal Year 2014-2015 Human Services Block Grant plan.

Human Services Narrative

Mental Health Services

The present Mental Health (NCMH) system in Northampton County includes a breadth of community-based services including treatment, crisis intervention, housing, employment, forensic, rehabilitation, rights protection, wellness/prevention, self-help, and basic support and enrichment services. The services include a range of evidence-based and recovery-oriented practices.

Because FY 13/14 was the first year that Northampton County participated in the Block Grant Program, this report will highlight achievements that were funded through various streams, including grants awarded in addition to the Block Grant. While funding sources were initially sought outside of the Block Grant, it is the expectation of the county that the flexibility of the Block Grant will allow us to sustain these efforts ongoing. Some of our achievements from the last year are as follows:

- This year, Northampton County Mental Health facilitated CIT training for over 100 first responders, including Police Officers, College Security Personnel, as well as dispatchers for both Northampton County and the Bethlehem Police Department.
- During this year, working in conjunction with Recovery Partnership, Reflections Respite was opened, providing respite care to consumers in the Mental Health System.
- We created an Employment Transformation Committee, which was tasked with helping educate Social Security recipients about their ability to work while collecting Social Security as well as to generate opportunities for the community at large to be aware of work incentive programs. They also helped to coordinate local trainings to help educate the mental health community on employment incentives and opportunities
- Working with the Jail, we created a strategic plan for "re-entry into the community" for justice involved individuals being released from incarceration. This initiative not only

helps those coming out of incarceration, but it also helps prevent people from becoming incarcerated.

In December 2010, Allentown State Hospital closed and consequently the need for mental health services in the community increased dramatically. As a result of the closure of Allentown State Hospital, extensive new treatment, residential and social programs were developed or expanded. A full list and description of mental health services are listed in the appropriate sections of this plan. It is worth noting that the MH system was the most impacted of the categorical grants by the inception of the Human Services Block Grant Program, since all of its State funding is included.

NCMH operates with the following objectives:

- To provide persons with mental illness the opportunity to lead full and productive lives in their communities;
- To insure that persons with mental illness are accepted and valued within their communities;
- To insure that all components necessary for a comprehensive system of care are developed and expanded;
- To insure that the viewpoints and values of all interested parties are respected.
- To provide persons with mental illness with choices about and immediate access to needed services and supports;
- To insure that the rights and culture of persons with mental illness are respected in the delivery of services; and
- To insure the quality and appropriateness of all services.

Access to services is through our Information Referral and Emergency Services (IRES) unit. When a person calls into this unit, he/she will speak with an information and referral specialist who will review the caller's concerns and service needs and make a referral to the program that can best meet their particular needs. Depending upon the information provided, the caller may be scheduled to meet with an intake specialist; NCMH has 4 full-time intake specialists, or may be referred directly to non-county treatment resources. The latter may occur if the caller qualifies for services provided elsewhere and/or if their insurance coverage requires them to use a specific provider network. The IRES division also provides emergency services for NCMH as well as for all of the other divisions within the Department. Its emergency services include a 24-hour crisis hotline, walk-in crisis management, and a mobile crisis service that provides counseling to the mental health community. Overall, the IRES division and its six caseworkers respond to about 500 emergency services and 1000 information and referral calls per month. In recent years IRES has experienced a spike in mental health consumers who need County mental health services due to a loss in their medical assistance.

While the above procedure outlines the process for obtaining the majority of county funded mental health services, there are some services to which consumers have direct access without having to go through the formal intake process. These include clubhouse services, drop-in center services, peer line services and crisis intervention services.

Northampton County Mental Health (NCMH) strongly values input from local stakeholders in order to continuously improve the existing behavioral health system and promote system change as needed. In order to create the Mental Health portion of the Human Services Block grant, the County's planning team used the data from the recently completed Mental Health five year plan. Since the 2013-2017 Mental Health Plan is only two years into its implementation the County felt that it was appropriate to use the data and goals within the MH plan to create the HSBG plan. The County is well positioned to use the Human Services Block Grant in conjunction with the Mental Health five year plan in order to, if possible, fill the gaps in MH services caused by a lack of funding as outlined in the later portions of this plan.

Information gathered from the Mental Health Plan Public hearing, monthly community support planning meetings, recovery committee meetings, Recovery-Oriented System Indicator (ROSI) committee meetings and provider meetings was used in the development of the Mental Health five year plan. The plan also included a series of focus groups that were conducted at various locations in the community. Surveys were also used to capture consumer feedback. Information from individual Community Support Plans, the annual housing survey and the quarterly Continuous Quality Improvement (CQI) meetings were also instrumental in the development for the Mental Health Plan. The complete 2013-2017 Mental Health five year plan can be found at www.northamptoncounty.org.

Monthly provider meetings also provided the qualitative data used in the construction of the HSBG plan. At these meetings providers are encouraged to share new program information, discuss issues, and as a group decide on the type of education/presentations needed for the groups to better serve Northampton County residents. The County's CHIPP Coordinator meets quarterly with crisis residential programs, Assertive Community Treatment (ACT) teams, residential programs, drop-in centers, clubhouses and the Consumer/Family Satisfaction Team for quality improvement suggestions.

County-level measures

Northampton County uses yearly meetings with providers to discuss program performance and unmet needs as a community data indicator to ensure the comprehensive mental health needs of consumers' are addressed. NCMH also analyzes its yearly allocation and its ability to serve consumers by closely monitoring waiting lists for services. Currently there are waiting lists for inpatient and outpatient residential and treatment programs due to capacity and budgetary constraints. The waiting lists have grown substantially over the past year; consumers are waiting longer for services. Continuous Quality Improvement meetings are also conducted quarterly with CHIPP providers that look at process/outcomes for NCMH programs and consumers. The county's planning team is exploring options to further use both qualitative and quantitative data as county level measures for the 2014-2015 fiscal year.

Funding mechanisms

Listed below are the funding strategies that the County's planning team has for the 2014-2015 fiscal year:

- Continue to utilize the Northampton County Redevelopment Authority Gaming Grant to fund a comprehensive Mental Health training program for the County;
- Promote Café the Lodge whenever possible in an effort to ensure that this program becomes self-sustaining. Although Café the Lodge is not completely self-sustaining, it is worth noting that the Lodge, which opened in 2012, is now profitable, and;
- Apply for additional grant funding, as appropriate.

The County's planning team will continue to use this fiscal year to explore funding mechanisms that would help maximize the use of the HSBG program.

Tracking Outcomes

NCMH is a part of the operations committee with HealthChoices. This committee reviews recidivism rates for inpatient residential programs and service trends. Continuous Quality Improvement reports are also used to track the census of programs. NCMH uses CQI reports to identify levels of use as well as users who return to the various county MH programs. As a means of collecting qualitative community data, the Consumer Family Satisfaction team uses surveys and interviews that allow those who are involved with targeted case management the opportunity to provide feedback.

NCMH also uses the Home and Community Services Information System (HCSIS) as a means of measuring outcomes and monitoring its clients. HCSIS allows service providers and the department to file clinical information and reports on incidents, medication occurrences, restraints, and investigations. In addition to HCSIS the county also uses Care Tracker which allows case workers to input case specific notes into a secure system. Care Tracker assists MH administrators, as well as all of the other divisions included in the HSBG program, in organizing data for planning and evaluation purposes. It is the planning teams hope that the County's Care Tracker system will help ease the transition into a more collaborative service delivery system among the human services divisions.

Older Adults (ages 60 and above)

Northampton County's Area Agency on Aging provides local services, acts as advocates, and generally assists older citizens to remain active in their communities. Although the Area Agency on Aging operates under program guidance from the Pennsylvania Department of Aging and is not included in the HSBG program, NCMH will use input from the Area Agency on Aging to ensure that the needs of adults experiencing a serious mental disorder are met.

Within NCMH, there is an Older Adult and Crisis Residential Outreach Worker. This worker provides outreach to senior centers and support to individuals who are age 55 or older and have mental health issues. The outreach provided to senior centers helps older adult's access services through the behavioral health system in Northampton County that could potentially prevent or lessen the severity of a mental health crisis. The older adult outreach worker is funded through OMHSAS and County Match funding. This MH service provides support to people that may not meet the criteria for Intensive Case Management (ICM) services as described below, but are

clearly in need of increased support. Older adults are not excluded from any services offered to adults in Northampton County. The Older Adult Outreach worker and his partnership with the Area Office on Aging of Northampton County is a strength. With this partnership we plan to continue to work together to develop joint programs with Aging. The HSBG will allow us to collaborate and develop programs for this special and growing population.

Surveys administered for the Mental Health 2013-2017 plan helped to identify the needs of older adults in the Northampton County community. NCMH has found that older adults in the community need access to meaningful activities during their retirement. Currently there are three senior centers that are regularly used by older adults in the community. Participants reported that the senior centers should have a support group for older adults with a mental illness. These support groups would be similar to the drop-in centers described for adults but would be more accessible for older adults. NCMH and NC AA will work on this jointly in the coming fiscal year.

Needs of this special and growing population include affordable and supportive housing, increased supportive programing which would pull together Aging funding and MH funding. There has been an increase of referrals of the elderly who are mentally ill and have dementia. Most often they are aggressive and not accepted in Skilled Nursing Facilities. This is becoming a greater need in the population. We are hopeful that with collaborative efforts in this area, we can develop safe and supportive services and housing to meet the complex needs of this population.

Adults (ages 18 and above)

Northampton County consumers that qualify, currently have access to two full-sized Assertive Community Treatment Teams (ACT). ACT teams provide targeted case management to state prioritized consumers with the highest level of needs. ACT teams use a collaborative approach that includes a psychiatrist, psychiatric nurse, therapists, case managers, and peers to fully meet the needs of the consumers in this group. This service is funded by the Behavioral Health Managed Care Organization (BHMCO) and County base dollars. No liability is charged to individuals in need of this level of care, regardless of income level. The County believes that this would be a barrier to treatment if a liability were to be imposed on these particular individuals. It is worth noting that although these services are described within the adults (aged 18 and above) section, older adults and transition-age youth are allowed access to this service. In the last year, referrals for ACT services have risen and NCMH is now forced to put people needing ACT on a wait list or provide a level of care lower than that which they need. Those who are base-funded are the consumers who are most affected by this as there is not enough money in the budget to cover those on Medicare. This is a significant area of need.

Northampton County base-funded individuals have access to four Intensive/Blended Case Management (ICM/BCM) providers. The Community Hospital Integration Project Program (CHIPP) case manager has been assigned to monitor these cases at monthly review meetings with each provider. Adult Administrative Case Management services are utilized to intake individuals into the NCMH system, authorize recommended treatment, perform liabilities and service reviews. In the last year, referrals for ICM/BCM services have risen. Base-funded

consumers are most affected by this as there is not enough money in the budget to cover those on Medicare. ICM and BCM providers have been over budget for the entire fiscal year due to an overall increase in the need of ICM/BCM services; this is another significant area of need.

Certified Peer Specialist (CPS) Services are available through Recovery Partnership, Salisbury Behavioral Health, Northwestern Human Services and PA Mentor. This service is exclusively funded by the BHMCO, and is a joint venture between Northampton County HealthChoices and the NCMH. Certified Peer Specialists are trained to provide a personal level of engagement with individuals in the community who need peer support. NCMH offers Peer Mentor services through recovery partnership for individuals without MBH.

The Mental Health five year plan was used in order to assess needs specific to adults in the community. The surveys identified one of the main needs of adults involved with the behavioral health system is adequate and affordable transportation. Though the office of Mental Health and County drop-in centers are located along major bus routes, there are a significant amount of County residents who do not own their own means of transportation or live near public transportation routes thus limiting their ability to access behavioral health services. In order to mitigate this problem, the Northampton County Drop-In Centers and the club house are offering van runs to rural parts of the County.

Within the County there is also an increased need for affordable housing for MH clients. The administrators of NCMH will be submitting a housing specific plan to the Office of Mental Health and Substance Abuse Services (OMHSAS) and HealthChoices for the use of HealthChoices reinvestment funds. These funds will be used to increase the availability of appropriate and affordable housing for adults suffering with a mental disorder. NCMH has also found that adults involved with the County's behavioral health system need education on job opportunities available to them. Adequate housing and employment will allow those who are suffering with a mental disorder to feel a true sense of belonging to the community thus aiding in the County's recovery oriented goal behavioral health system goals. NCMH's employment task force is exploring ways to increase employment opportunities for MH clients.

In summary, Northampton County has a wide range of community Mental Health services to support the MH community in Northampton County. The strengths are that NC mental health community; including NCMH, providers, family, consumers, and advocacy groups are all very active in the community and involved in community service planning. Programs such as Drop in Centers, psych rehab services, housing, CPS programs, NAMI, treatment programs and the like are all very heavily used and well supported.

In order to support Adult services at capacity, additional CHIPP monies are needed, largely to help Medicare recipients who are base funded. Another vulnerability is the shortage of qualified psychiatrists and home visiting primary care doctors in the area. The mental health community is also in need of more affordable and supportive housing. Certified Peer Specialists are needed and valued in our county. The community would benefit from additional certification training and adding new CPS workers, as well as increasing the numbers of peer mentors. Overall, in order to keep the valuable services which were created and improved upon in 2010 with the ASH

Closure CHIPP funding, the County would benefit by having monies which were cut in fiscal year 2012-2013 restored.

Transition-age Youth (ages 18-26)

Though many adult services are available to people who are 18 and older, the County recognizes that transition age youth, people between the ages of 18 and 26, have unique needs that should be addressed outside of the typical adult services realm. In Northampton County, transition age youth are usually in need of help with managing new onset of disease and NCMH has found that these individuals are not usually interested in residential care. The Weil Street Young Adult Community Residential Rehabilitation (CRR) was specifically designed to help transition-age youth with their mental health needs. This CRR was removed from our programming due to lack of overall funding and consumer participation in the program. NCMH funds mobile psychiatric rehabilitation services, CRR beds, supportive employment opportunities and affirmative employment to assist transition age youth.

This transitional age range is typically a very important time in a person's development. It is the period in people's lives where the brain finishes developing, and is also the window in which many serious mental health issues surface for the first time. Being able to work with young adults during this pivotal time can help define how the individual self identifies, and how they respond to newly developing symptoms and treatment options. Grouping them with older, chronically impacted adults can be problematic in that the young adult will not identify with the needs of the older adult. They typically won't recognize their symptoms to be even remotely similar to the presentation of the older adults, and it can make them more resistant to getting the help they need.

This transitional-age youth population in Northampton County is limited in the support services provided and available to them. While it is a strength that this age group is allowed access to the above mentioned services and are using the services listed; services are limited and not specialized to this population. Needs in this area include specific programing to increase independence, life skills, and increased young adult programing and support services. Housing programs such as Mental Health Host homes are one direction to look into as this special population does not typically respond positively to traditional CRRs. This area does not have MH host homes; but this presents an opportunity for future growth and development with funding through the HSBG.

Children (under 18)

It should be noted that approximately 95-99 percent of children who receive mental health services are served by the BHMCO. Funds have been allocated to allow for both in-home and off-site respite opportunities using two Northampton County providers. A base-funded Children's Administrative Case Manager oversees the children's respite program. This program allows families to maintain their children in their natural homes. The case worker also provides case management to base-funded children, acts as the liaison to the HealthChoices Coordinator in the Children, Youth and Families Division and to the Children's and Adolescents Support Services Program (CASSP) Coordinator ensuring coordination and collaboration across the system.

Residential services for children/adolescents consists of therapeutic family care and residential treatment facilities. Therapeutic family care is provided in “foster” type homes and includes treatment for the child/adolescent living there temporarily and his/her family. These placements are short term, usually 4 months, and family involvement is essential. Residential treatment facilities are placements for those severely emotionally disturbed children and adolescents who are not able to be successfully treated in a family or community setting. These placements are also intended to be short-term in nature and with an emphasis on family therapy.

Under the Student Assistance Program (SAP), mental health services are provided to students on site at area elementary, middle, and high schools. The County contracts with Valley Youth House to provide on-site, short-term counseling to students. These services are provided by mental health professionals and may include individual and group approaches. The intent of this service, which is designed to be preventative in nature, is to identify children with mental health or emotional issues and provide short-term counseling in an effort to ameliorate the condition. In the course of providing this service, these counselors may identify problems that would better be addressed through more intensive and/or long-term treatment approaches. In such instances, counselors will then make referrals to community-based services as appropriate. This program is highly valued by the county school districts and families.

Strengths for this population include a complete and comprehensive system including a graduated system of services from Residential to Provider 50 services and school based services which are readily available. Funding is strong in this age group as children with MH needs qualify for Medical Assistance and therefore funding is secure either through DPW or through Children, Youth and Families. A need that was identified by the Community Services Planning committee was that more and earlier education needs to be provided to younger children (K-6 grade) regarding mental health awareness and suicide prevention. This was identified as a large gap and area of need in our schools for this population.

Special/Underserved Populations

Individuals Transitioning out of State Hospitals

NCMH has successfully demonstrated its commitment to the Olmstead Plan by admitting only a few individuals to Wernersville State Hospital (WeSH) since the closure of Allentown State Hospital (ASH) in 2010. Currently, Northampton County has 8 individuals at Wernersville State Hospital. One bed was added f/y 2013-2014, and one will be added f/y 2014-2015. There have been individuals with high acuity waiting for months at a time to enter into State Hospital level of care. OMHSAS agreed to allow NC 2 more beds. Active discharge planning remains in place for all individuals placed in the state hospital. It is the NCMH commitment that no one from Northampton County will be “left behind” at WeSH. However, it must be mentioned that the fiscal year 2012-2013 ten percent budget reduction received from OMHSAS has seriously threatened the stability of the community infrastructure in Northampton County. The fiscal year 2012-2013 budget cuts necessitated the closure of vital MH services and reduced funding for others. Since funding for fiscal year 2013-2014 has remained flat, services have not been restored. With the pending budget cut in 2014-2015, creative budget planning will be necessary

in order to prevent additional services to be cut as there are simply not enough monies to support our programming.

NCMH is now a member of the WeSH Service Area and has become an active participant on the Steering Committee. Together with our WeSH Service Area partners the plan outlined below was developed in an effort to comply with the Olmstead Plan.

Following the release of the Department of Public Welfare's Office of Mental Health and Substance Abuse Services Olmstead Plan for Pennsylvania's State Mental Health System in January 2011, the Wernersville Service Area Plan Steering Committee began to formulate a cooperative strategy to move forward with implementing an incremental process of addressing the needs outlined in developing a Service Area Integration Plan.

Utilizing the Community Support Plans (CSPs) for all individuals residing in and receiving treatment at Wernersville State Hospital, the Steering Committee began to develop a database inclusive of all individual components of CSPs. This database will serve as the primary resource for all the collective and individual needs for persons receiving this level of support. Every individual's CSP data are to be entered into the database upon completion and/or update of their plans. This database can encompass information selected for each county, or the entire Service Area. From the database, each county mental health program can pull information that will identify what services, supports, and infrastructure will be needed for those individuals. NCMH has extended the CSP process to individuals served in the Extended Acute Care (EAC) and Long-Term Structured Residence (LTSR) programs.

This information can then be cross-referenced with the existing services and supports currently available in each County as outlined in those counties' environmental scan. By cross-referencing both sets of information, each county will know exactly what areas of support are sufficient in meeting the needs of these individuals, and what areas of support need to be further enhanced, newly developed or altered. The outcome of maximizing resources can be addressed through this process by ensuring that if the demand is not sufficient to develop a service in a particular county, a plan can be set forth to develop a regional or service area support or service. This cooperative planning approach could be best suited in meeting the specialized needs of individuals who have a dual diagnosis, including mental illness and an intellectual disability, mental illness and substance abuse, mental illness and physical disability, and mental illness and acquired brain injury; as well as consumers returning from incarceration, individuals that are deaf, homeless, elderly, or medically fragile, or non-English speaking, and any other special needs identified.

The database is intended to be a living document, subject to change based upon the dynamic needs of the persons we serve. Each county will have a fully encompassing, current representation of the community based support needs of each individual receiving treatment and support at Wernersville State Hospital.

In summary, strengths in this area include continue support, tracking and involvement with this population through NC CHIPP unit in MH. Through oversight, continued tracking and a

continuum of services, NCMH has been able to move many individuals who are in the CHIPP program through various levels of care successfully. Individuals are achieving and better quality of life and are more fulfilled and happy. Most of our programs support volunteerism in which consumers are giving back to their community. Some are living more independently and are gaining employment.

Most identified needs are financial and programmatic. Budget cuts from fiscal year 2012-2013 continue to create challenges to NCMH and the services we support. Our recent ten percent budget reduction has impacted the stability of the community infrastructure in Northampton County as difficult decisions had to be made around programming. As more individuals present to NCMH with serious and persistent mental illness, often in need of higher and more intense levels of care, the services available are more limited. Behavioral Health units at local Hospitals have seen increasing lengths of stay on AIP units because appropriate discharge resources are often unavailable for immediate access. Continued availability of intensive housing and mental health treatment programs for individuals with SMI are needed. Because of the intensity of these types of programs, they are often rather costly. Proper budgeting and appropriate funding are essential to keep the programs active.

Veterans

Northampton County has one case worker who has a specialized focus on Veterans services. He is in contact with local VA services and providers who specialize in VA affairs. Our veterans who experience mental health problems are often supported in the community with Targeted Case Management Services which the US Veterans Affairs does not fund. Additionally, Veterans' Affairs does not financially support other intensive and less intensive services such as ICM, ACT services, EAC level care as well as other treatment services. NCMH continues to reach out to and identify our veterans to make sure that they have the services and care they need. Northampton County also continues to investigate different assessments that can help accurately ascertain the needs to include the Veterans Affairs Benefits determination. The County continues to work with our providers to ensure that they are culturally competent to the needs of our Veterans.

Justice-Involved Individuals

Northampton County presently has two Forensic Adult Transition Workers. One worker was added over the past year due to the increase in forensic needs. They have made many inroads into the criminal justice system; but despite this, the referrals outpace their ability to serve all of the individuals in need of this service. The workers provide case management and support to individuals with serious and persistent mental illness coming out of the County and State prison system and returning to the community. One individual is also charged with diverting mental health consumers from the prison system.

NCMH currently contracts with Recovery Partnership and now has one part-time Forensic CPS worker assigned to collaborate with county forensic case work staff. The Forensic CPS works closely with the Adult Forensic Transition Workers to provide support to both individuals coming out of the prison system and to individuals at risk of incarceration. In addition to these

responsibilities, the CPS participates on the Community Support Planning (CSP) Committee, Recovery Committee, Employment Transformation Committee, Crisis Intervention Team Advisory Board, Ethics Review Committee and other mental health planning committees and meetings as necessary.

The County Mental Health, Early Intervention and Developmental Programs Administrator and MH Adult Supervisor are members of the Criminal Justice Advisory Board (CJAB), which meets quarterly to discuss issues and new initiatives involving the criminal justice population and affords an opportunity to specifically discuss the needs of consumers with mental illness. NCMH garnered the support of the CJAB to develop a Team Mental Illness Substance Abuse (MISA), known in this county as The Forensic Advocacy Collaboration Team, FACT. This group identifies gaps in the service delivery system for mental health consumers either in or soon to be released from the criminal justice system. The goal is either to prevent incarceration or to hasten release through solid treatment and support planning. NCMH is also represented on the local County Re-Entry Coalition. A need for this population, as is a need across most divisions, is housing for those who are re-entering the community following incarceration.

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

Northampton County is committed to ensuring that all members have equal and appropriate access to its mental health services. In insuring that consumer needs are specifically addressed, the County has sent some of its MH staff to sensitivity training that specifically addressed some needs of LGBTQI consumers. Magellan partners with the OMHSAS to host one day trainings specifically geared towards helping providers understand and hopefully become more astute at addressing the diverse needs of the LGBTQI community. The MH divisions as well as its providers embrace the culturally competent model set forth in the bulletin from the Office of Mental Health and Substance Abuse Services.

Racial/Ethnic/Linguistic minorities

Though Northampton County is committed to making sure that everyone has access to mental health services, there is a great need for bi-lingual, specifically Spanish-speaking, caseworkers. NCMH currently has bilingual staff, but the need is growing faster than our ability to recruit additional bilingual employees. NCMH also encourages its contract providers to ensure that there are Spanish-speaking individuals in their organizations that can assist consumers in need of services.

Recovery-Oriented Systems Transformation

While NCMH believes that all individuals are capable of recovery, what that recovery looks like will be different for each individual. As such, there is a strong emphasis that all services offered should be Recovery focused and offer the individual the best opportunity to flourish. Services and providers are constantly being reviewed for their Recovery focus and through several meetings and committees, they have the opportunity to highlight how they are using Recovery Principles to inform the care they provide. The County views our stakeholders as partners and

we coordinate to review their services no less than on a monthly basis. Support is offered to help ensure that the work is consumer centered, and that the consumer is driving the treatment.

Treatment Services

Treatment Services are available through a variety of outpatient, inpatient, partial hospitalization and crisis providers. It is important to note that several years ago, at the urging of OMHSAS, the local long-term partial hospitalization programs converted to a psychiatric rehabilitation model. There are no longer any long-term partial hospitalization programs operating in the Lehigh Valley. There are, however, two acute partial hospitalization programs. One, called Alternatives, is located at the Muhlenberg Campus of Lehigh Valley Health Network. The other, Innovations, is part of the Fountain Hill campus of Saint Luke's University Health Network. In those rare cases when a non-Medicaid resident is in need of partial hospitalization, Northampton County will pay for that resident to enter one of these two programs. This is an ongoing service that is monitored weekly for funding as well as appropriateness.

Crisis Intervention

NCMH offers Telephone, Walk-In and Mobile Crisis Services along with Crisis Residential Services. There is also a 24 hour, seven day a week crisis component to all ACT Teams and ICM/BCM programs. As mentioned earlier, the IRES division is an integral part of the County's crisis intervention services. The IRES division is typically the County's first contact with individuals in need of mental health services. Mobile Medical is no longer available through Lehigh Valley ACT. This program was not heavily utilized and therefore was discontinued as we move into FY 2014-2015. These remaining services are ongoing throughout the year with frequent monitoring and collaboration with providers.

NC Crisis Intervention Team (CIT) Advisory Board continues to meet in the County. This group is chaired by the Deputy Mental Health Administrator and consists of law enforcement, emergency medical services (EMS) staff, family members, individuals in recovery, provider staff and other relevant community partners. This group meets monthly and is charged with planning monthly CIT trainings as well as more comprehensive five-day CIT trainings. These CIT classes are free to all police, EMS, security, 911 and other first responder staff. NCMH is able to offer these classes without charge through funding from the Northampton County Redevelopment Authority Gaming Grant award. NC will hold 3 one-day CIT Trainings and one 5-day CIT training in FY 2014-2015 with the Second Round Redevelopment Authority Gaming Grant award. We plan to facilitate 6-hour classes on a monthly basis and 5-day classes will be held twice per year in conjunction with Carbon, Monroe and Pike Counties. These classes were initially funded through a regional grant and the County reports to the grant issuer, Pennsylvania Commission on Crime and Delinquency (PCCD), every 3 months.

Rehabilitation

NCMH offers one clubhouse, Unity House, in Bethlehem. Prior to fiscal year 2012-2013, NCMH offered two clubhouses, Unity House in Bethlehem and Twin Rivers in Easton. However, the fiscal year 2012-2013 budget reduction forced NCMH to close the club house

services at Twin Rivers and to continue it as a Drop in Center, albeit with expanded hours. Since the budget for 2013-2014 retained cuts that were made in fiscal year 2012-2013 the Twin Rivers clubhouse remains closed. There continues to be two drop in centers, one in Easton and one in Bethlehem, available to consumers in the continuum of care. The clubhouse offers consumers interested in fulfilling work a guaranteed place to come, to belong, and to enjoy meaningful relations as they seek the confidence and skills necessary to lead vocationally productive and socially satisfying lives. In order to maximize services and offer a greater amount of rehabilitative services, NCMH partnered with Magellan Behavioral Health to provide program-based psychiatric rehabilitation within the clubhouse and Easton drop-in center (where Twin Rivers Clubhouse was previously provided). In doing this; we closed our site-based psychiatric rehabilitation located in Hellertown moving into this fiscal year. Twelve people are no longer receiving this site-based psych rehab service, but do have the opportunity to attend Unity House, Northampton County Drop-In Center or Easton Drop In Center.

The Northampton County Drop-In Center located in Bethlehem is operated by Recovery Partnership and is completely consumer driven and consumer run. The hours of this center were expanded to include earlier start times two days a week. The Easton Community Drop-In Center is operated through Salisbury Behavioral Health; however, the center itself has an all consumer staff. This Center offers Friday evening and Saturday hours. The Drop-In Centers are open to all mental health consumers in Northampton County who are interested in meeting people and making new friends. They provide a friendly social atmosphere with scheduled daily activities including games, arts & crafts, discussion and education groups, vocational activities, and much more. Light refreshments are also served daily. Van transportation is also available on scheduled days. This helps ensure continued access to the centers and its resources. These services are offered year-round and are monitored frequently throughout the year. Monthly reports are provided to NCMH, and the program is reviewed as frequently. Every three months, COI meetings are held to discuss quality improvement measures as well as to review incidents, trends, needs, etc. Every fiscal year, these services are re-evaluated and a needs assessment is conducted.

Prevention Services

All services offered by NCMH have a wellness/prevention component. Additional wellness/prevention services are offered to our consumers by our faith-based partners. The clubhouse and drop in center have partnered with St. Luke's School of nursing. Student nurses regularly visit these locations to provide wellness education activities for members. The grant received from the Northampton County Gaming Revenue and Economic Redevelopment Authority helps fund these programs. As with any grant, monies used are reviewed on a regular basis with an eye towards reporting back to the funding source.

NCMH provides prevention services through its vocational and employment programs. Associated Production Services (APS) is an affirmative industry program that provides an integrated supported work environment in which trainees can experience employment in a manufacturing/packaging business or in a mobile workforce. Workers at APS earn a training wage and this job can be a vehicle for developing the skills needed to attain higher-paying jobs throughout the community. The Private Industry Council (PIC) and VIA of the Lehigh Valley

(VIA) are supported employment programs that combine vocational assessment, placement of a consumer in a competitive job, on-the-job training, and long-term support. The worker will earn competitive wages while working in a flexible, individualized, consumer-centered program, guided by a team that includes staff members from PIC or VIA, the Office of Vocational Rehabilitation, and NC Mental Health. The services offered are offered year round and monitored closely throughout the year. These cases are monitored through our billing process and re-evaluated prior to each fiscal year.

Medical Assistance for Workers with Disabilities (MAWD) is a program that has been around for years, but many people are unaware of it. The Northampton County Mental Health Employment Transformation Committee has launched a MAWD poster and education campaign to promote this beneficial program. This program may change as the state moves into the Healthy PA program and there is the potentiality that MAWD may no longer exist. MAWD allows Pennsylvanians with disabilities to take a fulfilling job, earn more money and still maintain full medical coverage. As Healthy PA evolves, the MAWD program is being monitored to see what changes might be on the horizon.

These employment services are important to the County's commitment to prevention because often unemployment is an underlying cause/trigger for the need of NCMH services. As such, the County and our stakeholders regularly monitor those that are using these services to assess their needs.

Enrichment Services

The Community Support Planning Talent Group, WRAP Training, Mental Health Sensitivity Training, the Ethics Review Committee, Leadership Training, Certified Peer Specialist Training, Recovery Committee and the Community Support Planning Committee are enrichment services available to consumers in Northampton County. Please note that Compeer, a long-time addition to the County's enrichment services, was eliminated as a result of the fiscal year 2012-2013 ten percent budget reduction. The County meets with these groups and committees on regular basis to review trends, quality improvement initiatives, and necessity for continuation.

The Ethics Review Committee is comprised of a diverse group of stakeholders including representatives from Emergency Services, NCMH, residential providers, treatment and case management providers, Community Assessment Team, NAMI, Disability Rights Network, CPS workers and the OMHSAS Regional Field Office. While individual cases are reviewed, it is stressed that the discussion is not about the individual case, but rather the ethical struggles faced by everyone involved in the case. The committee offers a safe, confidential and supportive environment. Learning and new ways of thinking are encouraged. Differing viewpoints are encouraged and acknowledged. This monthly meeting enhances the collective services provided within the County, as several providers might be experiencing similar challenges. The group is invited to submit cases, which are reviewed within the County, and discussed at the meetings. Feedback is solicited from the team to ensure that this meeting is not only helpful, but also a good use of people's time.

Self Help

The local Consumer/Family Satisfaction Team (C/FST) in collaboration with NCMH and Emergency Services developed a survey to be administered after mobile crisis visits and telephone crisis contacts. The results of the surveys are used by Emergency Services to improve the quality of services delivered, pinpoint areas for needed training and assess the desire or need for CPS workers to be involved in mobile crisis visits. NAMI Lehigh Valley, CPS/Peer Mentors, the drop-in centers, Depression and Bipolar Alliance, stakeholder groups, Emotions Anonymous and the Community Assessment Team are all currently available to NCMH consumers. Please note that Warmline, a long-time addition to the County's self- help services, was defunded in fiscal year 2012-2013 due to the ten percent budget reduction. Recovery Partnership now provides a peer-run help line. It operates during business hours and has expanded to all hours since the addition of RP peer-run 24-hour support program (Reflections). Recovery Partnership monitors and tracks the number of daily calls, as does Crisis Intervention for the calls that would typically been handled by the Warmline. This is done to re-evaluate the need of the program and any gap in service.

Rights Protection

All levels of case management, all peer services, NAMI Lehigh Valley and Disability Rights Network are available to ensure that equal opportunity is available to consumers in Northampton County.

Mental Health Planning and Division Coordination

The County CHIPP Coordinator continues to meet quarterly with the crisis residential programs, ACT teams, residential programs, drop-in centers, clubhouse and the Consumer/Family Satisfaction Team for quality improvement of these existing services. Trends, best practices and gaps are also discussed at these meetings.

Both of the County Housing Specialists participate on the Local Housing Option Team. The mental housing Survey and Plan are also shared with this group. Feedback is taken from this group and incorporated into the housing plan.

An Employment Transformation Committee has been established and meets monthly to broaden the County's emphasis on employment opportunities for individuals in recovery. This committee is chaired by the Deputy Mental Health Administrator and consists of representatives from all contracted employment providers, individuals in recovery, County staff and the Office of Vocational Rehabilitation (OVR). This group reviewed the draft Employment Plan and provided feedback to the County regarding this plan. The committee has established an "Employment is Everyone's Business" training program. Free monthly trainings promoting employment opportunities and employment supports are offered to stakeholders. The funding for these trainings was made possible through a Northampton County Redevelopment Authority Gaming Grant.

Monthly provider meetings are held at the County office. In this venue, providers are encouraged to share new program information, discuss issues and as a group decide the type of education/presentations. A recent example of this is that the provider group expressed a lack of consumer understanding of the Affordable Care Act. Usually the topic of these meetings surrounds what is relevant at the time of the meeting.

The CHIPP Case Manager attends monthly Accountability Meetings at Recovery Partnership. Unresolved issues revealed during the C/FST survey process are discussed and addressed. Individual C/FST survey results are reviewed by the CHIPP Coordinator and CHIPP Case Manager. Information obtained from these surveys is also used to determine what is working and what is not working in regard to mental health services and supports.

The County also has a Promising Practice Resource Team (PPRT) whose focus is to identify and develop system resources that may be dedicated to address issues pertaining to a person's behavioral support needs. Liaisons have been established by the Drug and Alcohol (including a specific mental health/gambling liaison) and Mental Health offices and meet as needed to streamline the referral process and ensure smooth access to services. This individual participates in all meetings and meets with the Developmental Programs (DP) staff as needed. The Mental Health liaison team meets in order to assess consumers who are referred because they have an intellectual disability and are demonstrating escalating at-risk behavioral challenges and who the support team determines may be at risk for needing enhanced levels of support not readily available to the team.

The County Mental Health Administrator, Developmental Administrator and MH Deputy Administrator are standing members of the HealthChoices Operations Committee which oversees the HealthChoices program. This group meets monthly and offers the opportunity to discuss current provider or network issues. Long- and short-range planning of new initiatives is discussed and can then be included as part of the NCMH's formal planning process.

Local Collaborative Agreements and Partnership

In addition to the Service Area Planning and the individual Community Support Planning process, NCMH actively participates in the Lehigh Valley Community Support Planning (CSP) Committee. This group meets monthly and is comprised of family members, individuals in recovery, County staff, provider staff and other interested stakeholders. The CSP Committee is responsible for the majority of the mental health planning process. Committee members are knowledgeable regarding local services, area service needs, and have an understanding of the NCMH budget. The members will specifically discuss planning as it pertains to Certified Peer Specialists (CPS) and the need to attract and train more bilingual CPS workers. As stated earlier, Northampton County has a large Latino population and more bilingual CPS workers are needed. The group has formulated a plan to attract more bilingual applicants to become CPS workers.

To conclude, all mental health planning in Northampton County is continuous and inclusive of individuals in recovery, family members, providers and relevant cross-system partners. Extensive planning is in place for State Hospital residents via the WeSH Steering Committee, CSP process, CSP committee, and CQI process and other established planning groups and

support meetings. Jail diversion planning takes place through the local CJAB, FACT team, CIT Advisory Board and Re-entry Coalition.

The continuous and inclusive planning efforts have resulted in a comprehensive mental health service array. The leading community data indicator that this system has been effective is that NCMH has only eight individuals in the state hospital system. However, it should be noted that the flow and healthy infrastructure that resulted from this extensive planning has been weakened by the fiscal year 2012-2013 ten percent budget reduction that continued into fiscal year 2013-2014. The county continues to struggle to meet all of the needs of the individuals we serve due to the budget cuts. NCMH is dedicated to serving individuals in mental health recovery despite this financial set back. NCMH plans to continue to supplement Mental Health base dollars with other funding sources, including grants.

It is the vision of NCMH that the recovery journey for all individuals with mental illness and co-occurring disorders will embrace each individual’s hopes and dreams for the future and encourage individual empowerment and independence. Each person will have burden free access to a network of high quality community supports and services that include safe and affordable housing, flexible transportation options, and a broad variety of education, employment, and self-advocacy opportunities. All of these services will be recovery-oriented with a strong emphasis on peer services and employment opportunities.

Intellectual Disability Services

Northampton County’s Developmental (Intellectual Disabilities) Program (NCDP) maintains the standard of providing consumer service(s) in the least restrictive setting that is appropriate to meet their needs. The Program has 1,025 registered participants. Of this number, 287 individuals receive base funded services and the remainder receives services through Medicaid Waiver or Medical Assistance fee-for-service funding.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served FY 14-15
Supported Employment	65	70
Sheltered Workshop	97	85
Adult Training Facility	255	245
Base Funded Supports Coordination	100 (changes from month to month)	100
Residential (6400)	175	165
Life Sharing (6500)	74	77
PDS/AWC	161	165
PDS/VF	3	3
Family Driven Family Support Services	191	195

Supported Employment

In June 2014, 28 consumers graduated from high school. Usually, base funding from the Employment Pilot is used for those individuals who meet the criteria for the Pilot Program. The program is available to any consumer between the ages of 16 and 26 who has a desire to work. In

Fiscal Year 2013-2014, the Office of Developmental Programs had a waiver initiative for graduates and the County was able to serve all graduates with the initiative and existing Waiver capacity.

To assure our ongoing commitment to community employment the Northampton County Administrative Entity has designated an Employment/Transition Specialist. This individual is responsible for participating in the Local Employment Coalition which has started biannual parent seminars to promote employment. She also participates in the Leadership Committee and Transition Council whose job it is to break barriers for students to obtain jobs after graduation. Outreach to elementary and middle schools is planned for the near future.

Base Funded Supports Coordination

Base funds are presently being utilized to provide a variety of services to consumers living at home. These include respite and companion and home/community habilitation services and are used to enhance the caregivers' ability to maintain a consumer in his or her natural home environment. The County uses base funding to ensure that consumers, who do not meet the requirement for waiver funds or who do but for whom there is no available Waiver funding, are cared for with the same standards as consumers in the various waiver programs. Base funded supports are identical to Waiver funded supports in application.

To promote the effort for individuals to transition from ICF/ID to community, the Northampton County Administrative Entity will utilize the Money Follows the Person Initiative. Ongoing meetings are held to identify individuals that are willing and/or not opposed to transition into community based services; these are in conjunction with the Benjamin vs. Department of Public Welfare of the Commonwealth of Pennsylvania and Harriet Dichter lawsuit. Once identified, person center planning is utilized to develop the least restrictive environment to meet the individual's needs.

Life Sharing Options

When a consumer's needs are no longer able to be met in their natural home, Life Sharing is the first option explored. If it is expected that this will be a long-term arrangement, base funding is utilized and referral is made to the Pennsylvania Office of Developmental Programs (ODP) for ongoing consolidated waiver. Currently, 37 individuals are on the Prioritization of Urgency of Need for Services (PUNS) list for Life Sharing. Currently there are 6 consumers that are base funded in Life Sharing. For these individuals, contracts are held between providers and the County. The majority of individuals in the Life Sharing program are authorized via Waiver funds. Those contracts are between the Office of Developmental Programs and the providers. Providers of services for those consumers in a Waiver have a provider agreement with ODP and bill ODP directly for those services.

Northampton County Administrative Entity has and continues to be a leader in promoting Life Sharing, currently 30% of individuals in residential placements are in Life Sharing. This is due to the ongoing training to Support Coordination Organizations to explore Life Sharing as the first option, the biannual forums that are held for the community and the Life Sharing objectives in the Quality Management Plan.

Cross Systems Communications and Training

The Northampton County Administrative Entity will continue to work collaboratively with the Children, Youth & Families (CYF) Division, HealthChoices, Mental Health, and the Information and Referral/Emergency Services Division's Children's Integrated Services Unit (CISU) by attending meetings/conferences regarding individuals in common to assure that best practices are followed. Base funding will be used to fund Intellectual Disability services for those children served by DP and either CYF or CISU, when there is an assessed need and available services.

In an ongoing effort Northampton County Administrative Entity in conjunction with Health Care Quality Unit will provide education/training to the various departments in order to increase their understating of the unique challenges facing the Intellectually Disabled population. Dually diagnosed individuals are best served in the community with the needed ID supports in conjunction with services from other departments as appropriate. Northampton County Administrative Entity strives to exhaust all community options prior to considering placement in a more restrictive environment.

Emergency Supports

During Fiscal Year 2014-2015 it is anticipated that four individuals will be aging out of Early and Periodic Screening, Diagnosis and Treatment (EPSDT). On the date that the consumer actually ages out, if there is no available Waiver funding, base dollars will be used to maintain the continuous care of the EPSDT individual in his/her natural home. Similarly, base dollars will be used to provide residential and other Intellectual Disability services for consumers leaving Residential Treatment Facilities (RTF) placement and returning to the community.

Northampton County's Information Referral and Emergency Services (IRES) department handles all after hour emergencies for Human Services. Furthermore each Support Coordination Organization has after hours on-call support staff. Both emergency response plans (the county's and the SCO's) are explained to individuals registered with Northampton County on an ongoing basis. Northampton County's IRES has several crisis workers that assist with locating emergency services outside of normal work hours, during work hours the responsibility falls on the Support Coordinator with the Administrative Entity (AE) assisting as needed.

It is worth noting that consumers are always encouraged to use natural supports and funding from other agencies. When services through these funding streams are unavailable base funding is used to meet consumer needs.

Administrative Funding

Northampton County Developmental Programs remains the Administrative Entity. As such, the County agrees to remain compliant with the signed Administration Entity Operating Agreement (AEOA), effective July 1, 2013.

Presently, the Administrative Entity (AE) has four full time positions. In addition, percentages of staff functions of four additional staff complete the AE. The staff includes a Fiscal Officer II, DP Accountant, Budget Analyst and Mental Health, Early Intervention and Developmental Programs Administrator. Fiscal support, fiscal reporting and fiscal management are provided by the Fiscal

Officer, Accountant and Budget Analyst. In addition, the Budget Analyst's responsibilities include: Authorization of Services, Contract Management in HCSIS, County Contract Processing, Claims Resolution, Service Data Collection, HCSIS Data Management, DPW Systems Reconciliation, Payroll Data Collection, Individual Service Plan (ISP) Checklist – Financial, Waiver Enrollment and Provider Monitoring.

The Deputy DP Administrator oversees the Administrative Entity's efforts to maintain its compliance with the AEOA. The Administrator also serves as a liaison for the Life Sharing State Subcommittee and acts as the designated point person for the Positive Practices Resource Team. In addition, the Deputy Administrator, along with the Fiscal Officer, oversees the fiscal management of base funded services. The Administrator also acts as the primary contact for families, consumers, providers and contracted Supports Coordination Organizations (SCOs) when there are questions and conflicts regarding funding and services.

Finally, the Deputy Administrator supervises three full time positions: two Program Specialists and one Case Worker III. These positions are responsible for coordinating all aspects of Waiver funding and includes the following: waiver capacity management, level of care redeterminations, review and approval of Waiver Individual Service Plans (ISPs), Waiver enrollment, maintenance of Waiver documents, completion of requests for Supplemental Habilitation and Additional Individualized Staffing, monitoring of the Pennhurst Plaintiff Class Members, and service reviews. All aspects of base funding are coordinated by staff including review and approval of all base ISPs, management of Family Driven/Family Support Services (FD/FSS) funding, participation in the employment pilot and transition planning for students, and offering service preference to all individuals enrolled with the Northampton County Administrative Entity.

Staff monitors and qualifies all service providers that are assigned by ODP. The Administrative Entity staff also participates in the Independent Monitoring for Quality, ensures data collection by the local Health Care Quality Unit, and oversees Incident Management. The Administrative Entity participates in the ODP yearly monitoring for quality and completes a yearly self-assessment.

Other miscellaneous duties include serving as coordinators for the Supports Intensity Scale (SIS), the Vendor Fiscal/Employer Agent and Agency with Choice Financial Management Services, HCSIS Administration, and Leadership Council. AE staff conducts bi-weekly meetings with SCO management staff. Staff also serves as the Qualified Mental Retardation Professional (QMRP) to certify that individuals continue to qualify for Intermediate Care Facility/Mental Retardation (ICF/MR) Level of Care. All staff also collaborate with ODP staff as needed.

The Administrative Entity staff develops and implements an annual Quality Management Plan. The Northampton County Quality Management Plan for 2014-2015 continues to focus on participant-centered services, planning and delivery, participant safeguards, and participant outcomes and satisfaction.

Also, it is worth noting that Northampton County had an SCO until September 30, 2012. Since the County SCO closed in 2012 all consumers are being served by the SCO of their choice. If they later find that they are unhappy with their SCO selection, consumers will be given the

opportunity to switch; thus upholding the County's commitment to positive consumer outcomes and satisfaction with services.

Overall, the NCDP continues in its efforts to see that participants are actively involved in the development of the ISPs and that participants are afforded the opportunity to choose with whom they live and where they live. In addition, the NCDP ensures that participants will be afforded job supports if they choose to work in the community whether the funding is through base dollars, employment pilot monies or Waiver funds. In order for participants to communicate their goals and preferences, the AE will see that they are using their Augmentative and Alternative Communication (AAC)/communication strategies in multiple environments when needed. The AE is also working with the MH and DS Pennsylvania Association of County Administrators (MH DS PACA) to shift to a managed care service delivery system. A managed care delivery system in Pennsylvania is only in the planning stages but this system will hopefully allow for streamlining and uniform delivery of services while taking into account that people with an intellectual disability will need a lifetime of service.

Homeless Assistance Services

The Northampton County Department of Human Services distributes all of the available Homeless Assistance Program (HAP) funds toward serving the needs of the homeless and near-homeless individuals and families within the County. The Department supports five organizations that provide emergency shelter, bridge housing, case management, and rental assistance.

Northampton County's Information Referral and Emergency Services (IRES) works closely with the providers of HAP services to ensure that residents have access to and are aware of the services provided by the County. Since the County contracts with local vendors to provide HAP services, the IRES division is usually the main point of contact for residents attempting to access services through HAP. Over the past several years calls to IRES for assistance through HAP have increased. Information and referral calls also increase in the winter months as Northampton County residents inquire about assistance with heating their homes or assistance with finding shelter. The IRES division also devotes special attention to consumers who may also be involved with the County Department of Human Services for other reasons and are also in need of homeless assistance. These consumers are usually involved with the Mental Health, Developmental Programs, Drug and Alcohol, and Veterans divisions and thus are some of the more fragile members of the community. Therefore it is important to make sure that these clients have the appropriate assistance in accessing the services available to them.

For many years, the Homeless Assistance funding has been insufficient to meet the needs of the community. The funding gap between what the County is allocated and community needs has been exacerbated by the current economic downturn that has increased the need both in number of people seeking assistance and the level of intensity of the needs. The County has two cities, numerous suburban communities, and a substantial rural area. Meeting the needs of such a diverse geographic area is a significant challenge that is worsened by a lack of adequate funding.

	Estimated/Actual Individuals served in FY 13/14	Projected Individuals to be served in FY 14/15
Bridge Housing	43	43
Case Management	2151	2151
Rental Assistance	92	92
Emergency Shelter	67	67
Other Housing Supports	0	0

Bridge Housing

Northampton County contracts with the Easton Area Neighborhood Centers and the Third Street Alliance for Women and Children to provide bridge housing services to Northampton County individuals or families who are homeless or near homeless. A family is defined as a unit consisting of at least (1) adult and (1) child. Individuals and families are eligible for this service if:

- (a) Their last place of residence was in Northampton County;
- (b) They want to remain in Northampton County;
- (c) No reasonable housing alternative is available; and
- (d) Bridge housing is the most appropriate service.

The Easton Area Neighborhood Centers coordinates a Roofover Transitional Shelter Program for low to moderate income homeless or near homeless families of Northampton County. Through comprehensive coordination of care and case management interventions, and with the goal of attaining permanent housing, families are assisted and supported in moving towards self-sufficiency.

The Third Street Alliance for Women and Children uses its bridge housing program to assist women in obtaining and maintaining stable, safe and affordable housing. The primary goal of the transitional housing program is to assist homeless women and children in their transition from instability to increased self-sufficiency. This goal is achieved through the following:

- (a) To assist program participants to achieve their maximum level of independence by providing necessary services such as supportive counseling, pre-and post-employment monitoring, educational and life skill training;
- (b) To assist program participants to re-enter the community into safe, affordable housing; and
- (c) To facilitate connecting program participants with services such as those provided by Northampton County's Department of Human Services and other community agencies creating a comprehensive network of support. Such support enables the client to access resources improving chances for a successful outcome.

Transitional housing program participants are not required to pay program service fees however, participation in a savings plan is mandatory. Each client is required to deposit a percentage of their income into an escrow account for the duration of residency. Upon discharge these funds are utilized to cover costs associated with establishing housing, including moving fees, utility installation, security deposit and rent.

The County will evaluate the efficacy of the services through quarterly reports from vendors and starting a data base for longitudinal tracking of permanent housing and decreased shelter use. There are no proposed changes for next year.

Case Management

The County of Northampton contracts with the Easton Area Neighborhood Centers, ProJeCt of Easton, Safe Harbor and Turning Point of the Lehigh Valley to provide case management to residents in need of homeless assistance.

The purpose of case management is to provide a linkage between clients of the Northampton County Homeless Assistance Program and potential providers of housing. Only homeless and near homeless clients are eligible to receive housing case management services. Case management begins with the intake process and includes setting goals in the areas of basic life skills, financial management, parenting skills, home maintenance, job preparation skills, and /or employment skills. In order to receive bridge housing or rental assistance, consumers must actively participate in case management services. Case Management service activities include the following:

- (a) Intake and assessments for individuals who are in need of supportive services and who need assistance in accessing the service system;
- (b) Assessing and discussing with the client service needs and available and acceptable service options;
- (c) Preparing a service plan, developed in collaboration with the client;
- (d) Referral of clients to appropriate agencies for needed services;
- (e) Coordination of the services of multiple provider agencies;
- (f) Advocacy, when needed, to ensure the satisfactory delivery of requested services;
- (g) Protection of the client's confidentiality;
- (h) Monitoring of the continuity and continued appropriateness of the services; and
- (i) Follow-up to evaluate the effectiveness of the services.

Each organization that provides case management does so in conjunction with their other Homeless Assistance Program initiatives. The County will again evaluate the efficacy of case management using quarterly reports and a data base for longitudinal tracking. There are no proposed changes for this service for next year.

Rental Assistance

Northampton County contracts with ProJeCt of Easton and the Easton Area Neighborhood Centers to provide rental assistance to residents in need. Since both providers are receiving Homeless Assistance funds and are located within the same geographic area of the County, the

providers have agreed, within their respective contracts, to make arrangements with each other to facilitate client access according to the rules of the rental assistance program.

Rental assistance involves voucher or vendor payments for rent, security deposits or utilities made during any 12 consecutive months to individuals or families to prevent homelessness by intervening in cases where eviction is imminent, or to end homelessness by moving people out of shelters into permanent housing. For each client requesting rental assistance;

- (a) The intake will be completed on each applicant with special emphasis on the feasibility of the proposed living arrangement;
- (b) The landlord will be contacted to make certain that s/he is willing to cooperate with any arrangements that are made;
- (c) Services will be coordinated with those provided by the County and other agencies to maximize the effectiveness to the program; and
- (d) Payments will be made in the name of the applicant and the landlord, and will not exceed, in the case of a single adult household, \$1000 or for households with children, \$1500 annually.

The County has no proposed changes for this service for next year. Northampton County will again evaluate the efficacy of this service through quarterly reporting and a data base for longitudinal tracking.

Emergency Shelter

Northampton County contracts with ProJeCt of Easton to provide emergency shelter through the Homeless Assistance Program. Through their ASSIST program, ProJeCt of Easton provides emergency shelter, refuge, and care, as well as case management to persons who are in immediate need of emergency housing. ProJeCt has developed relationships with community non-profit shelter providers as well as for profit business owners enabling them to place homeless individuals 365 days per year. The ASSIST program uses the United States Department of Health and Human Services Poverty Guidelines to determine client eligibility. Persons must be homeless or in immediate danger of becoming homeless to qualify for emergency shelter. Most commonly this service is used by those who have an intellectual disability, those who are suffering from a mental illness, and those who are in recovery from substance abuse. Due to funding limitations shelter is limited to prioritized groups. Selection of the priority groups is based on the following criteria:

- (a) Individuals who are underserved by existing emergency shelter services;
- (b) Individuals who are most vulnerable and at risk if unsheltered;
- (c) Individuals who are most likely to benefit from the provision of emergency shelter; and
- (d) Individuals who are linked with non-emergency organizations providing screening and case management services;

The funding for the emergency shelter is not intended to assist with hotel vouchers to address chronic homelessness. All qualified clients shall be housed in hotels or motels for a maximum period of thirty (30) days per year. ProJeCt of Easton utilizes a centralized voucher system to pay for emergency shelter. No fee is charged to the client for emergency shelter.

Safe Harbor, ProJeCt of Easton, The Easton Area Neighborhood Center, and The Third Street Alliance for Women and Children are all users of the HMIS since they provide services to some clients who are also being assisted through HUD's Emergency Solutions (ESG) grant and Continuum of Care (COC). Due to the prohibitions of the HEARTH Act, Turning Point of the Lehigh Valley is not a registered user of the HMIS. However, they are required to track their homeless assistance services through a comparable database that maintains client confidentiality. The HMIS is monitored through the County's Department of Community and Economic Development (DCED). The DCED oversees the use of the HMIS by HAP providers. The DCED also informs providers about upcoming State run trainings that outline use of the HMIS. Overall, the County is using the HMIS as required by the State and its continued use is outlined in the DCED Five-Year Consolidated Plan required by the United States Department of Housing and Urban Development that Human Services staff also participates in. There are no proposed changes for next year.

Other Housing Supports

Finally, Northampton County has participated in the development of a considerable amount of affordable housing over the years by partnering with non-profit organizations and taking advantage of outside funding sources. The County is continuously looking for ways to increase the availability of affordable housing for its consumers. In addition to its efforts with non-profit partners, Human Services staff works closely with the staff of the DCED to fund as many essential services and fill as many service gaps as possible with the limited funds available. DCED has access to funding streams that are not available to Human Services and uses them to support many of the same organizations and serve much of the same populations. As part of this effort with DCED, Human Services employees participate in the Regional Housing Advisory Board of the Northeast Regional COC.

Children and Youth Services

Northampton County's Children, Youth and Families Division (CYF) and Juvenile Probation Office (JPO) have received Special Grants funding for Functional Family Therapy, Multi-Systemic Therapy, Family Group Decision-Making, and Multi-Dimensional Treatment Foster Care since fiscal year 2009-2010. Staff relies on the services, and the strengths-based approaches that are taken, to positively impact the children and families served by the agencies. Northampton County has increased the use of evidence-based services that promote family engagement since the Special Grants were made available and various providers were trained and credentialed to deliver the services according to the various models. They were able to develop these services through grants, medical assistance, or to non-MA eligible children/parents with CYF funding. Northampton County CYF uses services provided through the Special Grant programs to assure that, to the greatest extent possible, children have permanency and stability in their living situations, they are safely maintained in their own homes whenever possible and appropriate, and that, if placement outside of the parental home is necessary, permanency is achieved in a timely manner.

Outcomes

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Children are protected from abuse and neglect.	<p>Case discussions between caseworkers and supervisors (10 day reviews at intake and child protective service investigations; for ongoing units - daily, weekly and monthly)</p> <p>Tools such as the In-Home and Out-of-Home Safety Assessments/Structured Case notes (to be completed during the initial assessment of a case referral to the agency, case closure, 30 days prior to the Family Service Plan and when any new issues/circumstances arise)</p> <p>Risk Assessments (during</p>	<p>In-Home Services (various contracted providers)</p> <p>Child Protective Services</p> <p>Case Management</p> <p>Placement Services (various contracted providers)</p> <p>Pennsylvania Child Welfare Resource Center</p>

	<p>initial assessment of a case, for cases accepted for services, at 6 month intervals in correlation with the Family Service Plan, when issues or concerns arise to prompt changing a risk level of a case, and at case closure)</p> <p>All agency staff will be required to attend trainings on the regulation/law changes of the Child Protective Services Law (in FY14-15)</p>	
<p>Continuity of family relationships and connections if preserved for children.</p>	<p>Diligent searches for any missing parents at initial referral of case and every 6 months in correlation to Family Service Plan</p> <p>Families are offered Family Group Decision Making, which empowers the family to develop a guided plan on the direction of their case, while the agency and/or vendors assist the family to achieve established goals (ongoing)</p> <p>Fostering Connections letters are sent within 30 days of a child being placed outside the parental home to any persons having been associated with the</p>	<p>Family Group Decision Making (various contracted providers)</p> <p>Case Management</p> <p>State Wide Adoption Network (SWAN)/Legal Services Initiative (LSI)</p>

	<p>biological parents to the 5th degree</p> <p>Expanding the Northampton County Foster Care program to encourage more of a “mentoring” approach to fostering, in correlation to involvement with the biological family (in progress)</p> <p>Family Finding – locating additional family and/or placement resources from the onset of the case in the event a child needs to be placed outside the parental home (ongoing)</p> <p>Seek out kinship resources (whether formal or informal) prior to the placement of a child in a more restrictive setting (ongoing)</p>	
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<p>Families have enhanced capacity to provide for their children's needs.</p>	<p>Families are offered Family Group Decision Making, which empowers the family to develop a guided plan on the direction of their case, while the agency and/or vendors assist the family to achieve established goals (ongoing)</p> <p>Should the family require additional support, in-home services are referred to assist the family with additional needs while remaining in the home environment (ongoing)</p> <p>Referrals to community based programs in the family's own environment (ongoing)</p>	<p>Family Group Decision Making (various contracted providers)</p> <p>In-Home Services (various contracted providers)</p> <p>Community Based Programs (vary by location/county)</p>
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Programs

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

Multi-Systemic Therapy (MST) is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth’s social network that are contributing to his or her antisocial behavior. The target population for this program is 12-17 year old youths, with truancy and/or behavioral issues, and their families. MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, increase youth association with prosocial peers, improve youth school or vocational performance, engage youth in prosocial recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes. Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including cognitive behavioral, behavioral, and the pragmatic family therapies. MST services are delivered in the natural environment (e.g., home, school, community). The treatment plan is designed in collaboration with family members and is family driven rather than therapist driven. The ultimate goal of MST is to empower families to build and environment, through the mobilization of the child, their family and community resources, which promotes health.

	13-14	14-15
Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	<u>35</u>	<u>35</u>
<u># Accepting Services</u>	<u>23</u>	<u>25</u>
# Successfully completing program	<u>10</u>	<u>13</u>
Cost per year	<u>\$65,046</u>	\$54,000

Per Diem Cost/Program funded amount	\$58.60	<u>\$60.94</u>
Name of provider	Community Solutions	Community Solutions

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

Functional Family Therapy (FFT) is a short-term, well documented family therapy model that has been applied successfully to a wide range of youths experiencing difficulties and their families. The approach involves specific phases and techniques designed to engage and motivate youth to deal with intense negative actions that prevent change. The focus is on family communication, interactions, problem solving, and providing families with the skills necessary to access community resources.

	13-14	14-15
Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	<u>176</u>	<u>185</u>
# Accepting Services	155	<u>185</u>
# Successfully completing program	<u>99</u>	<u>105</u>
Cost per year	<u>\$272,078</u>	<u>\$287,598</u>
Per Diem Cost/Program funded amount	\$145.68	\$145.68
Name of provider	Valley Youth House	Valley Youth House

Program Name:	Multidimensional Treatment Foster Care (MTFC)
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Status	Enter Y or N		
Continuation from 2013-2014		Y	
New implementation for 2014-2015			

Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

Multidimensional Treatment Foster Care (MTFC) is provided to children who are in need of both placement and medically necessary mental health treatment. MTFC allows children in need of services to remain in a family setting while receiving the treatment they need in the community with reinforcement in their foster home.

	13-14	14-15
Target Population	CYF/JPO children & youth	CYF/JPO children & youth
# of Referrals	0	0
# Successfully completing program	0	0
Cost per year	<u>\$0.00</u>	<u>\$0.00</u>
Per Diem Cost/Program funded amount	R & B \$41.00/day	R & B \$41.00/day
Name of provider	To Be Determined	To Be Determined

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Children's Home of Reading had previously contracted with Northampton County Children, Youth and Families Division for Multidimensional Treatment Foster Care (MTFC) services; however, their program went on a hold for any new referrals in February 2013. The agency continues to seek out additional providers who would be able to offer this service for the CYF/JPO youth population.

Program Name:	Family Group Decision Making
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Status	Enter Y or N		
Continuation from 2013-2014		Y	
New implementation for 2014-2015			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015			
Requesting funds for 2014-2015		New	Continuing
			Expanding

(new, continuing or expanding)			X	
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Family Group Decision Making (FGDM) is a restorative approach to problem solving that involves children adolescents and adults. It helps families make their own decisions instead of having plans that are prescribed for them. FDGM is a practice that is family centered, family strengths oriented, culturally and community based. It recognizes that families have the most information about themselves and that they are, in most cases, able to make well-informed decisions. Overall FGDM fosters cooperation, communication and a positive partnership between families and professionals. Lehigh Valley Families Together, KidsPeace, Justice Works, Abraxas Lehigh Valley, Youth Advocate and Methodist Services provide FGDM services for Northampton County residents. Special Grant Initiative funds will be expended among all of the providers listed above.

	13-14	14-15
Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	<u>37</u>	<u>42</u>
# Accepting Services	<u>37</u>	<u>42</u>
# Successfully completing program	<u>14</u>	<u>20</u>
Cost per year	<u>\$36,474</u>	<u>\$50,000</u>
Per Diem Cost/Program funded amount	Lehigh Valley Families Together \$54.10/hour Justice Works \$59.35/hour KidsPeace \$64.20/hour Youth Advocate \$56.95 Methodist Services \$56.00/hour Abraxas Lehigh Valley \$55.00/hour	Lehigh Valley Families Together \$54.10/hour Justice Works \$59.35/hour KidsPeace \$64.20/hour Youth Advocate \$56.95 Methodist Services \$56.00/hour Abraxas Lehigh Valley \$55.00/hour
Name of provider	Listed Above	Listed Above

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

Northampton County CYF provides housing assistance to families in need of a security deposit, first month's rent, or rental assistance up to \$1600. Providing this service through the CYF special grant program allows, in many cases, for families to remain together. Housing assistance prevents placements, aids in reunification, or avoids housing the family in a homeless shelter. One time housing assistance to families who are at risk of eviction will assure family stability and educational stability for the children involved with the agency.

Northampton County's CYF division also provides support to youths ages 18-21 who continue to remain under the legal care and custody of the agency and pursue post-secondary education. This housing initiative assists youth with costs associated with pursuing post-secondary education. These costs include housing assistance, books, cable, food, clothing, and monthly household bills. Supporting youth as they begin post-secondary education and training experiences helps assure that they will have the appropriate backing necessary for their successful transition into adulthood.

The Housing Initiative is an area where the Block Grant flexibility may potentially be useful. In Northampton County homelessness is one of the top three reasons that children are placed in care. Thus, the continuation of this program is vital in the effort to keep children in their natural homes.

	13-14	14-15
Target Population	CYF families & 18-21 yr. old youths	CYF families & 18-21 yr. old youth
# of Referrals	<u>58</u>	<u>63</u>
# Accepting Services	<u>56</u>	<u>54</u>
# Successfully completing program	<u>50</u> & <u>1 youth served</u>	<u>48</u> & <u>6 youths served</u>
Cost per year	<u>\$65,821</u>	<u>\$45,900</u>
Per Diem Cost/Program funded amount	<u>\$1600</u> maximum for 2 months' rent or security deposit and one	<u>\$1600</u> maximum for 2 months' rent

	month's rent	
Name of provider	N/A	N/A

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

Northampton County's CYF division also coordinates with Colonial Intermediate Unit 20 to provide a Truancy Intervention Program that serves children and youth who are developing a pattern of high absenteeism, illegal absence, or habitual truancy. The goal of this program is to reduce the number of days students are absent from school. Secondary goals are to reduce the number of truancy-related referrals to county offices and to reduce the amount of time school districts expend on truancy-related issues. Using a blend of prevention and intervention, the truancy program provides assessment and family intervention.

	13-14	14-15
Target Population	School aged children and youth	School aged children and youth
# of Referrals	any truant youth (several hundred) 8 school districts	any truant youth (several hundred) 8 school districts
# Successfully completing program	<u>667 youths served</u>	<u>667 youths served</u>
Cost per year	<u>\$113,895</u>	<u>\$113,895</u>
Per Diem Cost/Program funded amount	<u>\$113,895</u>	<u>\$113,895</u>
Name of provider	Colonial IU 20	Colonial IU 20

Children & Youth Human Services Block Response Questions

- 1) It is projected that more clients will be served via MST, FFT and FGDM without additional money. Please explain how or why more clients will be served with the same amount of funds.

Due to MTFC having no vendor to provide that level of service, funds allocated for MTFC were shifted to MST, FFT and FGDM, allowing for more clients to be served in FY13-14 and continuing in FY14-15.

- 2) Please explain why the ATP cost increased and the number served decreased.

After receiving clarification in regards to which funding sources the agency was required to report, the cost of the Alternatives to Truancy Program is \$113,895. In FY13-14, 667 youths were served through the program and the agency anticipates an increase of youths served for FY14-15; however, any additional costs to the program outside of the Human Services Block Grant will be funded through alternative funding sources.

- 3) Please explain why there is a budgeted amount for MTFC when there are no clients expected to be served. If a provider is found, how will the money be spent?

Children's Home of Reading was the only contracted provider who provided MTFC through Magellan. Children's Home of Reading's MTFC program went on a hold for new referrals in February 2013. Funds were reallocated to MST, FFT and Housing in FY13-14. Northampton County had inquired as to the status of the program, and had contacted Magellan for any other providers who could accommodate this service. They had officially closed their MTFC program on August 21, 2014. Northampton County will continue to work collaboratively with Magellan to locate providers who anticipate participating in this level of care in the near future. Once a provider is identified, Northampton County anticipates usage of MTFC for youth that require this level of placement.

- 4) Please ensure that the costs and number of clients in the narrative and budget match.

The agency will review this issue and rectify any necessary changes.

- 5) The increase for ATP and Housing was approved in your NBB/SG's and should not be reflected in your HSBG.

Thank you for the clarification.

Drug & Alcohol Services

The Northampton County Division of Drug and Alcohol Services is a Single County Authority (SCA) that operates under the Public Executive model, with an Advisory Board that meets at least bi-monthly. The SCA is responsible for providing screening, assessment, referrals, treatment, case management and recovery support services in Northampton County for the uninsured and underinsured. Individuals in need of the full continuum of care can find support as they move from detoxification to inpatient rehabilitation to half-way house to intensive outpatient counseling to outpatient counseling, supplemented by recovery supports. The supports include two recovery centers, 3 transitional housing sites as well as 12-step programs and other natural supports. A recovery model is utilized to engage clients.

The Division has a full-time staff of seven, which includes two managers (a Division Administrator and an Assistant Administrator), three Drug and Alcohol Case Management Specialists, a fiscal officer and a clerical support person. The division interacts with all divisions in the Department of Human Services as well as with the Criminal Justice divisions. The division is now providing drug and alcohol assessments for Children and Youth clients who do not have insurance or are underinsured. At this time, there are no waiting lists for services, however, if the division's entire allocation is spent and there are no additional funds available, the county will notify the state Division of Drug and Alcohol programs that services will temporarily cease until more funding becomes available.

The data for Northampton County clients show some significant trends. Alcohol and heroin tend to be the drug of choice for over 70% of clients seeking treatment at the SCA. Clients age 25 and younger tend to choose marijuana as their drug of choice, while older clients, over 40 years of age, tend to choose alcohol or cocaine. Middle age clients, 26 through 39 years of age, tend to use heroin at a significantly higher rate than any other age. Another trend noted is the increasing amount of clients who self-report using synthetic marijuana. Synthetic marijuana is becoming a popular drug of choice in the United States among adolescents which makes it an important trend to watch among the population served by the Northampton County SCA.

A major impact on the Drug & Alcohol division this past year has been the increase in the number of clients who needed to access inpatient treatment. These referrals come from the community and the criminal justice system. The numbers of referrals from the criminal justice system has increased over the past year. In this past fiscal year, 72% of clients accessing treatment have been referred from the criminal justice system. Inpatient treatment is the most expensive level of care that the drug and alcohol division provides. If a client is not MA eligible, the county is taxed with funding the entire course of treatment. The division is working with the local County Assistance Office and Magellan to help efficiently enroll those who are eligible into Medical Assistance.

Screening for treatment services is primarily provided by the County's contracted providers. The SCA works with a centralized intake contractor to provide screening, assessments and preliminary case management to assist clients in accessing treatment in the timeliest manner. Those seeking access to treatment are referred to Lehigh Valley Drug & Alcohol Intake Unit for assessment. Individuals who have self-identified their needs for treatment and are appropriate for outpatient services may directly contact any of our outpatient providers. The Drug and Alcohol

division contracts with three outpatient programs to provide screening and assessment of all clients, and then schedules outpatient treatment if clinically appropriate. If at the time of the screening it becomes apparent that the client is in need of emergent care or a higher level of treatment, they are directed to the local hospital, Emergency Services, Lehigh Valley Intake Unit, or the SCA in order to access that care, depending on the nature of their needs. Lehigh Valley Intake has been able to respond within the DDAP required timelines, and also offering stand by or walk in appointments if the client is anxious to access treatment. If at any time they are unable to meet demand, the SCA staff can accommodate this need. After hours emergency services unit is also available to provide screening and referral services.

Clients who require a higher level of care are referred to one of our 12 contracted inpatient providers for treatment. At these facilities, the client can receive detoxification services as well as short or long term inpatient drug and alcohol treatment. Clients are then stepped down to lower levels of care as clinically recommended by the Pennsylvania Client Placement Criteria (PCPC). If clients are clinically recommended to half-way house, the SCA funds this level of care. It is the belief of Northampton County Drug and Alcohol, that all clients who are engaged in treatment be funded for their entire continuum of care.

The SCA also funds Methadone maintenance and outpatient treatment through New Directions in Bethlehem. This service is highly utilized. In order to expand Methadone treatment, increased funding is necessary. Clients can receive Methadone services funded by the SCA for up to five years. The demand for Methadone increases every year although there isn't enough funding to meet that demand. While clients receive this service, they are simultaneously expected to participate in and are funded for additional outpatient services (i.e., individual and group and/or family counseling) as part of their treatment.

Throughout the process, the client has the support of a county case manager to assist with community resources, such as referral information regarding 12 step meetings and the Recovery Centers. If a client is engaged in treatment and in need of housing supports, the county will assist with funding for clients to reside at one of our three contracted transitional housing sites. The county also works with local landlords to support clients with their security deposits and/or first month's rent. Transitional Housing is mainly funded through a local grant from the Northampton County Gaming Revenue and Economic Redevelopment Authority as well as with BHSI funds. Recovery Centers are supported by the use of monies collected from local DUI fines and fees

Act 152 & Behavioral Health Services Initiative (BHSI)

The Division plans to utilize the Act 152 funding allocation for financially needy individuals' treatment in residential treatment facilities. The allocation of these funds will include an administrative allowance due to the extensive work involved in assisting in the medical assistance application process; the SCA confirms completion of the application, follows up with providers to assure the submission of the Department of Public Welfare Form 1672, tracks medical assistance eligibility and categorical determination, as well as the required reporting by individuals. The Behavioral Health Services Initiative funds, supplemented with Drug & Alcohol categorical funds and County funding, will be used for the continuum of care services

for clients who are uninsured. Historically, this has been used for inpatient and outpatient treatment, as well as transitional housing and recovery support services.

The difference between BHSI and Act 152 expenditures is that Act 152 funds can only be authorized for those individuals meeting specific criteria. Currently, Act 152 funds are specified for individuals eligible for medical assistance who need inpatient non-hospital rehabilitation treatment. Act 152 funds require individuals to complete the medical assistance application process. However, BHSI funds allow individuals with financial need access to an array of clinically appropriate treatment and support services, including inpatient, outpatient, transitional housing, and half way homes.

The requirements for BHSI and Act 152 funds highlight the importance of the block grant program. With the new flexibility of funding the SCA can better serve the unique needs of Northampton County. BHSI funds allows for greater flexibility while Act 152 funds can only be used for inpatient treatment. The flexibility of the block grant will be useful because it allows for the possibility of adding funds to the Act 152 and BHSI cost centers with funds from other divisions within the HSBG program, if available.

Though the fiscal flexibility afforded through the Block Grant will still require individuals with financial need to apply for medical assistance, their acceptance into the medical assistance program will no longer prescribe their treatment plan. Streamlining the process will make it easier for consumers to use the County SCA's services and allow for expedited admission to treatment as well as eliminate the excessive administrative burden for the utilization of Act 152 funds. The flexibility afforded within the Human Services Block Grant Program will undeniably help those in need of Drug and Alcohol services by eliminating some of the barriers to accessing Act 152 and BHSI funding. It is worth noting that in previous fiscal years, all Act 152 and BHSI funds have been utilized to support the needs of clients in Northampton County.

Older Adults (ages 60 and above)

The SCA has a working relationship with the division of the Area Agency on Aging to help address any needs that arise with their clients. In an effort to make services needed by the most vulnerable residents of Northampton County more comprehensive, the SCA also continues to contract with outside providers to provide onsite gambling awareness at senior centers throughout the Slate Belt region of Northampton County. Northampton County is able to provide the community with education and treatment for gambling addiction through two separate gambling grants from DDAP and the Northampton County Gaming Revenue Authority. The SCA would also like to further the collaboration with the county nursing home, Gracedale, to continue to provide education on drug and alcohol addiction as it has been noted that these issues are present among their residents. Currently, the SCA participates in a health fair annually at Gracedale, whereby drug and alcohol as well as gambling prevention and educational material is shared with residents of Gracedale, their families, and the community.

Adults (ages 18 and above)

In addition to the more traditional treatment services described above, Northampton County currently has two recovery centers that service adults of all ages. Recovery centers provide

community based informal peer support. The County understands that the core principle of recovery is that one retains recovery through ongoing support of others in recovery. Thus, the recovery centers are an integral part of a comprehensive Drug and Alcohol program in Northampton County. Recovery centers in Northampton County are funded through Drug and Alcohol county fines and fees as a result of Driving Under the Influence legislation. The centers host 12 step meeting and allow consumers to walk in or call for support. Volunteers and paid staff are available on the phone and in person to assist those in need to access service and treatment. The recovery center in Easton is co-located within a homeless shelter and is open 7 days a week. With the support of volunteers, the Bethlehem recovery center is open every day as well. Meetings are hosted often at the center and various special population groups are held regularly (i.e., Saturday nights a young persons' meeting is held). The SCA has recognized a need for recovery supports in the Slate Belt region of the county and is working on a plan to assist with funding for a third Recovery Center in that geographic location. This unmet need will likely be satisfied in the near future provided funding is available.

Transition Age Youth (ages 18 to 26) and Adolescents (under 18)

Adolescents are a priority population in Northampton County. The SCA funds screening and assessment services and then contracts with several providers that offer inpatient and outpatient services for adolescents and transition age youth. Services are provided based on the clinical need derived from evaluation and the PCPC recommended level of care. Local recovery centers provide for a "Young People's" meeting on the weekends. At Colonial Academy, an alternative school, students are provided basic drug and alcohol awareness education as well as additional services that include assessment, individual and group counseling sessions, and referrals to higher levels of care when necessary. This service is completed by one of the SCA's contracted outpatient providers, Recovery Revolution.

The division also contracts with two prevention providers, Valley Youth House and the Center for Humanistic Change, who provide a myriad of services in all of the schools in Northampton County. They work with the local chapters of Students Against Destructive Decisions (SADD) in the schools. They also play an integral role in the Student Assistance Programs (SAP) within the schools. Due to the growing number of clients addicted to heroin and the heroin overdose epidemic, the county determined that education and prevention efforts in this area are necessary. The SCA has collaborated with two the contracted prevention providers to spearhead this education and prevention effort and include this in their programming for fiscal year 2014-2015. The prevention providers reach thousands of citizens of Northampton County as they provide continual county wide, community-based and school-based programming all year.

The SCA also works with other divisions within the County to ensure that the needs of adolescents are met. Drug and Alcohol works with the Juvenile Probations Office (JPO) as well as the Children Youth and Families Division, to service adolescents who are uninsured. The SCA will cover the cost of treatment for these clients.

In addition, the SCA, in accordance with strict confidentiality laws, funds children/adolescents' drug and alcohol treatment, even when a parent insures the minor, if the minor wishes to enter treatment without the parent's knowledge.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

The SCA has several providers who have specialized inpatient programs for those who have dual diagnosis and are in need of inpatient services. These providers include Eagleville Hospital, Gaudenzia, Penn Foundation, Pyramid, UHS Recovery Foundation, and White Deer Run. SCA case managers also work with local hospital psychiatric units and emergency rooms to help coordinate a smooth bed to bed transfer for those who are uninsured and in need of dual diagnosis services. Northeast Treatment Centers and New Directions provide outpatient services for dually diagnosed clients. The division also collaborates with the County's Mental Health division. A SCA case manager also takes part in the FACT team meetings as described in the Mental Health portion of this plan. These meetings work to coordinate services for those who are dually diagnosed as well as involved with the Criminal Justice System.

One of the contacted outpatient providers provides education and prevention work in the area of gambling awareness within the county jail. The provider tailors the sessions to the special needs of incarcerated people who are mentally ill.

A recovery center tailored to meet the needs of people who are dually diagnosed has been identified as a need in the county. A single site that offers support, mentoring, as well as education, for people with mental illness and substance abuse would be beneficial. One local provider at the block grant public hearings felt that a dual recovery center would be such a benefit to the community. The SCA would like to collaborate with the county Mental Health division to satisfy this need.

Criminal Justice Involved Individuals

The SCA has worked to form collaborative relationships with the Northampton County Jail, Juvenile and Adult Probation, as well as with Pre-trial Services. After a county wide cross systems mapping project, it was determined that clients on Pre-trial were a population experiencing barriers to accessing treatment. Productive collaborative efforts between Pre-Trial and the SCA led to services now being provided seamlessly to a population previously underserved. One of the outpatient providers offers inmates in the county jail with education and prevention efforts in the area of problem and pathological gambling. One hour group sessions are offered every Saturday at the jail.

The County also received last fiscal year, a grant from Pennsylvania Commission on Crime and Delinquency (PCCD) to continue the Northampton County's Treatment Continuum Alternative to Prison (TCAP) program. Since 1997, Pennsylvania's Sentencing Guidelines include a mechanism by which the sentencing court may consider the use of treatment based Restrictive Intermediate Punishment (RIP) as an alternative to incarceration for non-violent offenders assessed to be dependent on drugs and/or alcohol. Treatment Continuum Alternative to Prison (TCAP) is a grant from the Pennsylvania Commission on Crime and Delinquency, and is a funding source for RIP in Northampton County. The TCAP program represents a collaborative effort between the SCA and the prison to benefit the residents of Northampton County. When an offender is identified as a potential candidate for TCAP, a comprehensive diagnostic assessment is conducted by the Northampton County TCAP assessor to determine the appropriateness and

necessity of treatment. If approved without objection by the Judge and/or District Attorney, the offender may receive a split sentence that will divert the client from long term incarceration to intensive drug and alcohol treatment.

The treatment process may take place at a variety of licensed residential facilities, depending on the needs of the offender. Upon successful completion of residential treatment, the offender will engage in intensive outpatient therapy, followed by general outpatient treatment, while maintaining full-time employment. Once the offender returns to the community, they are monitored by Northampton County Adult Probation to ensure compliance with the program. They are expected to participate in random drug testing, and are on electronic monitoring. Case management services are also provided by the TCAP program.

Research has shown that remaining in treatment for an adequate period of time is critical for treatment effectiveness, and that treatment does not need to be voluntary to be effective. Addressing the root cause of an offender's criminality is not only proactive in reducing recidivism and insuring community safety, but it is a cost saving mechanism as RIP is more cost effective than incarceration.

RIP/TCAP Eligibility

The Northampton County TCAP RIP program is for Level 3 and 4 Sentencing Guideline Offenders with substance abuse as a causative factor. The guidelines are as follows:

- Offenders must be a Level 3 or 4 Sentencing Guideline Offender;
- Offender must be substance dependent;
- Offender must be a Northampton County resident;
- Offender must plead guilty to an eligible offense; and
- Offender should not suffer severe mental illness which would interfere with treatment and strict supervision.

In collaboration with Adult Probation, the county has again applied for the PCCD grant to maintain the TCAP program and is awaiting the award decision for fiscal year 2014-2015.

The County's Drug and Alcohol Division will continue to work with other departments in Northampton County to improve overall service integration. This past year has been a year of open discussion between departments which has led to developing even stronger relationships with the County Jail, the Northampton County Court of Common Pleas, as well as Adult and Juvenile Probation. This can only lead to improved services for clients in Northampton County.

Veterans

Northampton County's Division of Veteran's Affairs is located within the Human Services Building and is under the direction of the Director of Human Services. The central location of the division in one building allows for increased opportunity for collaboration between divisions.

The centralized building also allows clients to access both services, if needed, without making several trips to different locations. The SCA not only provides drug and alcohol treatment for Veterans, but also funds housing for Veteran's who are homeless and are working on their recovery. Victory House in Bethlehem has a floor dedicated to homeless veterans. While at Victory House, these clients receive case management services and are assisted with employment services and access to medical services as needed.

Racial/Ethnic/Linguistic Minorities

The SCA provides services to all eligible clients in Northampton County regardless of race, creed, or color. The SCA has a bilingual case management specialist available for our Spanish speaking population. Lehigh Valley Drug and Alcohol Intake Unit have bilingual assessors available to assist clients. The SCA has a contract with Nuestra Clinica which is a bilingual Inpatient Facility. Contracted outpatient providers also have bilingual staff providing treatment.

New Directions offers Hep C services through Latinos for a Healthy Community. They provide testing and education services. This project is funded by a grant from the Department of Drug and Alcohol Programs. This group is looking to expand their services to Hogar Crea as they determined that this was a need in Northampton County.

The SCA also has a case management specialist who has extensive experience working with the hearing impaired population. This case manager is familiar with supports available in the community for this population and can assist the client with accessing these supports.

Recovery-Oriented Services

In addition to the more traditional treatment services described above, Northampton County currently has two recovery centers that service adults of all ages. These centers provide community based informal peer support. The core philosophy of recovery is that one retains recovery through ongoing support of others in recovery. The centers host 12 step meetings and allow clients to walk in or call for support. Volunteers and paid staff are available on the phone or in person to assist those in need to access services and treatment. The Bethlehem and Easton Recovery Centers are open 7 days a week and on holidays. The Easton Recovery Center is now providing an employment center to help those in need locate a job. There is a need to have a recovery center in the Slate Belt area. The SCA is working with a contracted provider to develop the plan for a recovery center in that geographic region. These centers are funded through county fines and fees as a result of Driving Under the Influence legislation.

The SCA provides services for clients to remove any barriers to accessing treatment. The county drug and alcohol division provides SCA clients with transportation via LANTA bus passes in order for clients to get to and from treatment appointments, to the recovery center for support, and/or to help with their job search efforts or to get to work. In addition, child care expenses may be funded if all other efforts to secure child care are unavailable to a parent or guardian who needs to access treatment.

Human Services and Supports/Human Services Development Fund

Northampton County has a long history of using the Human Services Development Fund (HSDF) to fill in service gaps and meet unmet needs, typically for consumers between the ages of 19 and 59. Though the County's 2014-2015 allocation remained the same as last year, it is still operating without services due to cuts from previous years. Most notably, during the 2004-2005 fiscal year, Northampton County received a HSDF allocation of \$642,164; this year, the allocation will be \$203,008, which is a reduction of 68 percent.

Previously, HSDF-funded services for the people who were homeless or near homeless in Northampton County. Due to reductions in the HSDF allocation over the last few years, the County has moved all HSDF-funded housing services to the Homeless Assistance Program. Other HSDF-funded services that could be funded by a categorical grant have either been moved to that program or the support has been eliminated. Even services to the core population of 18 to 59 year olds have been dramatically reduced due to the reduction of funding.

	Estimated Actual Individuals served in Fiscal Year 2013-2014	Projected Individuals served in Fiscal Year 2014-2015
Adult Services	94	830
Aging Services	0	300
Generic Services	1612	3,780
Specialized Services	0	0

Adult Services

Northampton County contracts with Meals on Wheels and Family Answers to provide adult services under the Human Services Development Fund. Under HSDF, adult services are provided to low income adults at least 18 years of age and under the age of 59 who meet the eligibility requirements of the Department of Public Welfare, and who are not eligible for services provided by existing County categorical programs.

HSDF funding allocated to Meals on Wheels of Northampton County (Home Delivered Meals \$75,008; estimated clients 105) supports the independent living of people who are disabled by providing nutritious meals and the friendly smile of a delivery volunteer. For fiscal year 2014-2015, there will be an increase in funding, however, it is worth noting that the needs of the target population for Meals on Wheels Services outpaced its HSDF allocation during fiscal year 2013-2014. It is important to note that should Meals on Wheels or any other of the HSDF allocated services, needs outpace its funding during fiscal year 2014-2015 there are no additional funds to fulfill those needs.

The County also allocates funds to Family Answers (\$5,000 – estimated clients: 5) through HSDF to provide homemaker-home health aide services to the target population, 18 to 59 year old home bound individuals. Homemaker Services consists of activities provided to eligible persons in their homes by a trained, supervised caretaker when there is no family member or

other responsible informal caregiver available or capable of providing such services, or to provide the occasional relief to the person/persons regularly providing care. Services include cleaning, cooking, laundry, shopping, instructional assistance and personal care. This service is rendered in the homes of clients.

The County is optimistic about being able to restore some of the services that were provided in the past to the Hispanic Center of the Lehigh Valley. This center has provided adult services in the areas of employment (\$7,500; estimated clients: 290) and life skills education (\$5,800; estimated clients: 430). They do so by counseling clients on available resources, barriers to employment, assist clients with identifying and obtaining basic services needed for independent living; identifies and makes referrals to a variety of public and community agencies providing food, shelter, clothing, medical, educational and other services.

For fiscal year 2014-2015 there will be an increase in funding of \$35,208, bringing total planned expenditures to \$93,308.

Aging Services

For fiscal year 2014-2015 the County plans to use \$50,000 of its HSDF funding to support the Area Agency on Aging. Aging will use its HSDF funding to help pay for the transportation of older adults, specifically, transportation that supports the operation of the agency's network of eleven senior centers. The senior centers are locations where older people can go recreate, socialize and enjoy a hot meal at lunch time. The agency provides no-charge transportation to assist people in getting back and forth to the center. The Area Agency on Aging has been chief among the recipients of HSDF funds over the past several years. Thus, the size and scope of the current program, necessary to provide a range of services to the number of older adults that the agency serves requires the infusion of funds from outside of Aging. The County decided to use some of its HSDF allocation to support the agency in order to uphold the purpose of the funding stream; to help senior citizens stay healthy, keep people out of institutions, and nurture children, youth and families. HSDF funds needed to be diverted into this funding stream to continue essential services to Northampton County residents. HSDF funding for Aging Services will assist approximately 300 clients.

Generic Services

Northampton County contracts with Safe Harbor of Easton (Service Planning/Case Management \$25,000; estimated clients: 100), The United Way of Lancaster (\$15,000; estimated clients 880) and The Hispanic Center of the Lehigh Valley (19,700; estimated clients: 2,800) to provide generic services (I&R) to residents in need. For fiscal year 2014-2015 Safe Harbor will be providing social rehabilitation/day programming to homeless or near homeless residents of Northampton County. This service includes breakfast, lunch and related dining social skills teachings. It also includes case management and referral services, Alcoholics and Narcotics Anonymous, daily living skills teaching and relationship building groups.

HSDF funds are also used to continue the County's support of the regional information and referral service (211 Network). For many years, that service was provided by Valley Wide Help, a program of the Lehigh Valley Chapter of the American Red Cross. With the inception of the

state wide 211 network, Valley Wide help has ceased operations, and so the funding will now support the regional 211 network, which is administered by the United Way of Lancaster County. Through March of FY 13-14 the United Way of Lancaster County was able to provide 886 people with the information necessary for them to access essential services in Northampton County.

HSDf funding is allocated to the Hispanic Center of the Lehigh Valley which provides information referral to its clients. This service consists of the provision of information regarding community resources and, when requested, making referral to specific service resources. The service is provided before any intake procedures are initiated. Activities include a brief assessment and follow-up. The Hispanic Center's mission is to "improve the quality of life of Hispanic and other families by empowering them to become more self-sufficient, while promoting intercultural understanding in the Lehigh Valley." In upholding this mission all services provided are bilingual and are tailored to those who have difficulty communicating in English.

For fiscal year 2014-2015, total planned expenditures for Generic Services are \$59,700. This has increased from last fiscal year where the planned expenditures were \$44,908.

Specialized Services

At this time, Northampton County does not have any specialized services.

Interagency Coordination

Overall, \$203,008 in HSDf funding was allocated to aging, adult and generic services. Though there are no specific funds allocated to interagency coordination through HSDf the county's divisions will continue to work together to coordinate services that holistically address the needs of its consumers using the most efficient and appropriate methods of service delivery. This includes coordination through the County's own Information and Referral office whose caseworkers work to understand each client's complex needs and then refers them based on those needs to the most appropriate services.

FY 2014-2015 Appendix C-1 Human Services Proposed Budget & Service Recipients Spreadsheet

See Attached Spreadsheet

**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 expenditures.

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, include those funds in your FY 14-15 budget.**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	53		455,661		9,252	
Administrator's Office			635,868		12,911	
Administrative Management	3,669		1,612,274		32,736	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Community Employment	22		276,366		5,611	
Community Residential Services	114		4,934,827		100,195	
Community Services	706		209,644		4,257	
Consumer Driven Services	136		365,237		7,416	
Crisis Intervention	768		413,122		8,388	
Emergency Services	671		53,529		1,087	
Facility Based Vocational Rehab	47		136,310		2,768	
Family Based Services						
Family Support Services	35		71,178		1,445	
Housing Support	55		850,250		17,264	
Other						
Outpatient	1,841		691,618		14,043	
Partial Hospitalization	1		2,583		52	
Peer Support						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	11		58,516		1,188	
Social Rehab Services	364		301,996		6,132	
Targeted Case Management	128		247,743		5,030	
Transitional and Community Integration						
TOTAL MH SERVICES	8,621		11,316,722	11,316,722	0	229,775

INTELLECTUAL DISABILITIES SERVICES

Admin Office			1,139,500		23,136	
Case Management	450		160,000		3,249	
Community Residential Services	12		451,733		9,172	
Community Based Services	249		1,458,434		29,612	
Other						
TOTAL ID SERVICES	711	3,209,667	3,209,667	0	65,169	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	43		169,531			
Case Management	2,151		107,759			
Rental Assistance	92		40,134			
Emergency Shelter	67		2,000			
Other Housing Supports						
TOTAL HAP SERVICES	2,353	319,424	319,424		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	252		391,598		20,610	
Promising Practice	0		0			
Alternatives to Truancy	667		113,895		12,655	

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Housing	54		45,900		8,100	
TOTAL C & Y SERVICES	973	551,393	551,393		41,365	0

DRUG AND ALCOHOL SERVICES

Inpatient non hospital	245		535,813			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	33		93,291			
Medication Assisted Therapy						
Recovery Support Services	39		37,304			
Case/Care Management						
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	317	754,774	666,408		0	0

HUMAN SERVICES AND SUPPORTS

Adult Services	830		93,308			
Aging Services	300		50,000			
Generic Services	3,780		59,700			
Specialized Services						
Children and Youth Services						
Interagency Coordination						
TOTAL HUMAN SERVICES AND SUPPORTS	4,910	203,008	203,008		0	0

COUNTY BLOCK GRANT ADMINISTRATION			88,366		0	
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GRAND TOTAL	17,885	16,354,988	16,354,988	0	336,309	0
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