



OLMSTEAD PLAN 2016

Northampton County

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I. Olmstead Planning Process:

Northampton County Mental Health has a number of ongoing processes through which we gather feedback from our stakeholders. These include the Community Support Planning committee, the Community Support Planning meetings at Wernersville State Hospital, our Consumer Support Plan meetings at the Extended Acute Care programs, as well other Consumer Support Planning meetings with consumers as they change levels of care throughout our continuum of care. In addition, we conduct quarterly Service Area Planning (SAP) with the region, quarterly meetings with our local service area hospitals, every other month Operations meetings with Magellan Behavioral Health, quarterly meetings with Partners-In-Care (PIC) at Magellan, a bi-monthly Mental Health Advisory Board, and monthly ethics committee meetings. There was also a survey sent out to all of our stakeholders. This survey was sent to consumers, family members, advocacy groups, providers, Magellan Behavioral Health, and cross systems programs such as Northampton County Emergency Services, Intellectual Disabilities, Area Office on Aging and Drug and Alcohol programs. We received approximately 200 completed surveys from the individuals mentioned above wherein we received the feedback listed below. In addition, through our many collaborative boards, teams, Specialty Courts, housing committee involvements and initiatives, we maintain an ongoing dialogue with stakeholders.

Survey results show that lack of income, inadequate income and lack of affordable housing is a barrier to housing. Individuals also indicate experiencing difficulty moving through levels of care and with connecting to treatment providers and residential services. Folks site lack of mental health group homes and other levels of care between Wernersville State Hospital (WESH), Long Term Structured Residence (LTSR) or Extended Acute Care (EAC), and Community Residential Rehabilitation (CRR) as a barrier or gap in MH services. Some individuals feel that State Hospitals should return to the community, that the services NC has is not enough to serve everyone adequately.

People indicated that Assertive Community Treatment (ACT), Intensive Case management (ICM) and Peer services are very helpful to access housing services. They feel that case management helps to get into housing services. Many individuals feel they are aware of MH services and how to obtain services. They are frustrated at times that the process is slow. Some surveyed feel very strongly that services such as Mobile Psychiatric Rehab should be increased to help individuals learn skills in the community in their housing so that they do not lose housing. Some of the survey feedback indicated that Case Management specific to independent housing should be offered. Feedback from the survey also indicated that younger adults (ages 18-25) with a diagnosed with a mental illness would like to have a place to go that is geared more toward their age group. Some suggestions were also made for an increase of Older Adult case management services to meet the social and behavioral needs of individuals who are in Personal Care Homes and Skilled Nursing Facilities, wherein they could find increased support (but less focus on therapy and treatment).

We have been following up on the feedback received through the survey and with all of the feedback that we receive throughout the year. This coming year, there will be a greater focus on soliciting feedback from our stakeholders throughout the year, and using that feedback will be paramount in informing the decisions within the department. In addition to sending out surveys and engaging stakeholders in dialogue at the many and varied meetings, part of that process also includes the revamped work that is being done by our Consumer and Family Satisfaction Team (CFST).

II. Services to be developed:

a) Prevention and early intervention services and supports, (examples: crisis intervention and mobile treatment services).

Northampton County has 24-hour Crisis Intervention Services available to its' stakeholders and residents of all ages, to include phone counseling for all county services, face-to-face intervention where appropriate, assistance with delegating 302 petitions when a person is a clear and present danger to themselves and others, and mobile crisis intervention available after hours from 5pm to midnight weeknights and 8am to midnight Saturdays and Sundays, provided in the individual's home or in the community.

The focus of the crisis intervention unit is to provide support to an individual on a voluntary basis in the least-restrictive setting possible and where appropriate. Ideally these services are provided to the individual in their home or in the community. Individuals are only treated involuntarily when they exhibit a clear and present danger to themselves or others or lack of self-care that is likely to result in death within 30 days. Individuals who receive Assertive Community Treatment or Intensive/Blended Case Management are afforded crisis intervention services 24 hours a day within their providing agency, as well as having access to the overall County system. Case management teams range from all inclusive teams that offer the individual a range of services to help allow them to safely remain in the community to linkage services wherein they help their adult members gain access to different services within the continuum and community.

At this time, Northampton County Mental Health is working with a provider to create a safe place for transitional aged youth and young adults, ages 18 – 26 years old to visit, socialize and be with other individuals with similar concerns, issues and opportunities. The space would offer social opportunities with games, snacks, computers, etc. where a case manager would work with the participants on linkage to services. Some of the areas of focus will be LGBTQI issues, First Episode Psychosis (FEP), employment, socialization, etc. When transitional aged youth are discharged from a hospital following their FEP, we envision this resource to be offered as a discharge resource wherein they can discuss their experience with other transitional aged youth who might be experiencing similar feelings of loss, fear, etc. Individualizing the experience to their needs is important, as their perception of their illness looks very different to them than

that of an older adult whose has had multiple psychotic breaks and their illness appears more chronic. Research is being done to understand how many transitional aged individuals are identified within the acute inpatient hospitals in a given year. Marketing to the local hospitals will help us reach the young adults who are experiencing a first episode (or early episode) psychosis.

- b) Non-Institutional housing options, with a focus on independent and shared living arrangements. We have identified existing “Housing First” approaches and discussed plans to develop future approaches. The County currently has a Justice-Involved Housing grant through Pennsylvania Commission on Crime and Delinquency (PCCD) which runs through June 30th, 2017 and allows adult individuals to rent their own apartment with assistance from the grant initially, subsidizing their income, with the ultimate goal of individuals being able to take over all costs, or be transferred to our HealthChoices Bridge Subsidy program where appropriate.

The individual chooses their own integrated setting, typically in a community they are familiar with or close to friends and family, providing them with an integrated and naturally supportive environment.

These adult individuals are also linked with supportive services to include A.C.T. or I.C.M./Blended case management, peer services and they are linked with supportive employment, positive daily activities of their choosing,(whether that be church activities or drop-in center connection for example), or they continue the employment opportunity they had upon entry in to the program.

The Justice-Involved grant currently serves 6 but can serve a total of 12 individuals over the course of the grant. At this time because the PCCD grant is ending, 7 individual subsidies will be moved over to the HealthChoices Bridge Subsidy program as described below. This will ensure that the current recipients do not lose their current housing under the ending PCCD grant.

Our HealthChoices division has a Bridge Subsidy program. Mental Health assists this program by providing base funding to support a 7-apartment complex where individuals can receive a housing voucher for subsidized housing, begin their process of living in an integrated setting and if desired move on to a different apartment of their choosing, in a community of their choosing. This program can serve up to 25 individuals as well as 12 individuals involved in the Criminal Justice system.

NC is observing a Targeted Case Management (TCM) provider who has established a “housemate matching” program. This program has high potential to be replicated with other TCM providers; allowing access to increased affordable low-income housing options. Feedback from our survey of this plan suggested two other types of case management which could increase the success rate of individuals returning to the community from institutional settings. One idea is a housing transition case management team (Housing Coordination and Housing Support Services), modeled after the Berks

County HealthChoices Housing Support Services program. This team would consist of mobile psychiatric rehabilitation specialists, a therapist, a housing specialist and a Certified Peer Specialist. The team would be in place for a short period of time, but provide very intense case management and teaching skills so that the person can successfully transition, learn skills they have deficits in and prepare for living independently in the long run. This type of program could possibly be developed from funds based through Medicaid 1115 Research and Demonstration programs. The funding would fall under HealthChoices Reinvestment Start-up funds for Housing Support Services (Housing support services category). It could be used along with - HealthChoices Bridge or Master Leasing program. We are exploring the potential of creating an RFP and choosing a provider by the end of April of 2017. This program would begin before the end of the fiscal year and will serve approximately 25 adults and families who are forensic-involved or housing first recipients in its first year as a pilot program. The program usefulness will be evaluated and based on positive outcomes and funding availability will continue on in future fiscal years.

- c) Non-residential treatment services and community supports including mobile treatment options, (examples: outpatient and mobile outpatient services, the full range of crisis intervention services, including mobile outreach, ACT, medication management, case management, psych rehab services, community services for youth and young adults including Multisystemic Therapy (MST) and Functional Family Therapy (FFT) and services to develop and provide competitive employment opportunities.

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Individuals who receive Assertive Community Treatment or Intensive/Blended Case Management are afforded crisis intervention services 24 hours a day within their providing agency, as well as having access to the overall County system. Adults in crisis can call the on-call number and speak with someone on their case management team, who can help connect them with the appropriate resources.

The county provides youth respite through Valley Youth House to provide emergency support in times of crisis within a family. Eligibility requirements for this program are

simply that the family of a child from birth to 21 years old, with a documented mental health diagnosis require additional support. The goal of this program is to provide temporary services to avert long-term placement issues.

The aforementioned Transitional Aged youth and young adult safe space would offer a comfortable and non-judgmental environment and a program coordinator led staff who will constantly assess the guests for any needs, clinical or otherwise. All and any therapeutic activities would be addressed in a non-threatening way. Ultimately, we anticipate the inclusion of several different recurring support meetings including a support group wherein those transitional aged youth and young adults experiencing first episode psychosis (FEP) could learn about their mental health, understand the cycle of the illness, and take ownership of their recovery early in the process and prevent cyclical periods of wellness and relapse. There will also be opportunities for those in the LGBTQI community to find support in meeting with others in this safe place. Marketing to local hospitals will allow us to reach young adults coming out of inpatient level of care and needing some ongoing support. The numbers of transitional aged individuals who could use this type of safe and supportive environment is very high within the community, so early projections estimate 12 – 35 individuals per day, or more.

Northampton County funds a 24-hour/7-day-per-week PEER LINE (formerly a warmline). The PEER LINE is a toll-free phone number for people in Northampton County who are seeking a listening ear for additional support in their recovery from mental illness. The PEER LINE is peer-run and peer-friendly. Callers to the PEER LINE will speak directly to other individuals who are currently in mental health recovery, and who might have similar or shared life experiences. Approximately 25 unique users call this line an average of 450 – 500 times per month

The county funds two Crisis residences and one peer-run respite placement. These programs provide short-term temporary residential services for individuals in psychiatric crisis, offering a safe and supportive environment for people who temporarily need assistance until they stabilize or until other arrangements can be made. The goal is for the individual to receive the most support in the least-restrictive setting possible. The programs are licensed by the Commonwealth of Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services.

Two or more trained staff members are on duty 24 hours a day, 365 days a year in each of the two crisis residences. The maximum capacity in each facility is eight persons with a length of stay for up to ten days. It is not uncommon for these beds to be filled regularly.

The County may authorize additional time when warranted but these placements are intended to be either preventative in nature or to serve as a brief respite from the individuals current living situation with the goal for them to return to that setting as soon as is reasonable. Staff members focus on assisting consumers to resolve their

immediate crises and to mobilize support systems, natural and professional, and ongoing treatment in the community. While there, all of their basic needs are met in addition to the added emotional/psychiatric support.

Northampton County Mental Health offers site-based psych rehab services as well as community-based psych rehab services. The site-based program offers consumers interested in fulfilling work a guaranteed place to come, to belong, and to enjoy meaningful relationships as they seek the confidence and skills necessary to lead vocationally productive and socially satisfying lives. The community-based services are provided in the individual's integrated setting with the goal being to aide them in adjusting to their home and community as successfully as possible.

We have an extensive network of outpatient providers in a number of our communities, allowing the individual to attend a setting of their choosing, with a treatment provider that best meets their needs. While in Outpatient, the individual will receive therapy to work on issues, while also receiving medication management and psychiatric evaluations from a licensed psychiatrist. There is also the option of couples therapy, family therapy and group therapy.

Northampton County is involved in the Mental Health Sub-committee of Lehigh Valley Regional Homelessness Advisory Board (RHAB) where we are providing greater Psychiatry access to all ages of individuals within the county; specifically with our homeless population. Due to the Valley's shortage of Psychiatrists, it has been difficult for individuals to get psychiatric evaluations and therefore creates a problem of access to services when there is not an evaluation which indicates a person has a diagnosis and is in need of MH services. This sub-committee meets monthly and has been strategizing on ways to recruit Psychiatrists to volunteer time (3 hours per week) to complete evaluations to our homeless population. In addition to this sub-group Northampton County's ID/EI/MH administrator is on a state workgroup to drive change to allow Certified Registered Nurse Practitioners (CRNP) and Physician Assistants (PA's) to be able to practice up to the scope of their license and do psychiatric evaluations with individuals to access services. There is also a push to expand the use of telemedicine within Psychiatry. All of these efforts are on-going and will continue through at least the next fiscal year 2017/2018.

The county provides a multitude of case management options to best serve each individual's needs and goals. These include: administrative case management, forensic case management, bi-lingual case management, children's case management, Supported Employment case management, Housing supports case management and older adult outreach case management. Mental Health also funds Intensive Case management and Assertive Community Treatment services, (sometimes referred to as community teams, and CHIPP teams). These services were developed as part of our Community/Hospital Integration Projects Program (CHIPP) specifically to serve those

individuals coming out of Allentown State Hospital and to divert others from needing long term hospital level care. These programs offer ICM level case management plus other team-delivered treatment and support services including emergency on-call services twenty-four hours per day, seven day per week, and the capacity for daily medication monitoring.

There are currently no plans to fund/create MST or FFT programs through county base dollars. Those programs are typically funded through Magellan Behavioral Health, our Behavioral Health Managed Health Care Organization (BHMCO). Northampton County has a Child and Adolescent Service System Program (CASSP) which monitors Residential Treatment Facility (RTF) placements and our Behavioral Health Managed Care Organization (BHMCO) monitors need for continued services through the utilization review process.

- d) Peer support and peer-run services. As was mentioned above the county funds a 24-hour peer run peer support program, as well as a Peer line manned by peers on a 24 hour basis. In the current fiscal year Northampton County established/re-started our Compeer program. This programs serves to provide an individual with supportive services in their integrated setting focused on helping them connect with their natural, community and professional supports. Not only is there a focus on those with Mental Health issues, but there is also a Veteran's track to help Veterans re-establish connections within the community. Loneliness and boredom have been proven to exasperate the symptoms of such Mental Health issues as depression and bi-polar depression. The Compeer program has been ramping up slowly, as locating appropriate volunteers has been slow. This adult support program will provide approximately 1000 hours per year of peer support and companionship.

We are discussing contract opportunities with Peer Star, who specializes in Certified Forensic Peer Specialists for adults. Our goal is to link our Mental Health Court consumers with Forensic CPS when appropriate and also have greater Forensic Peer access to our prison population who are identified for release. Negotiation for a county contract with Peer Star is progressing and we anticipate having a contract before the new fiscal year. We intend on funding approximately 20-25 people per year with this contract. This program will be funded by existing monies from base dollars, however it will be a pilot program that may be ended if there is reduction in overall MH funding or if ACA discontinues and less people are covered by the Medical Assistance (MA). This program will serve our growing adult forensic population and can serve individuals across all criminal justice-involved settings.

Northampton County Mental Health also has two drop-in centers located in our two most heavily populated communities, which are run by staff with peer-assistance. We are planning to contract for a peer-run drop in center and safe space with counseling

services available on site for young adults (Transitional Age, 18 to 26) and for the LGBTQI population. Preliminary estimates anticipate us serving 15-35 people in this program. Feedback received indicated that our young adult population would like to have a place to congregate with like-aged peers. We are working with an already established provider who has space available for this new program concept. Plans are underway to open this Drop-In-type Center within this fiscal year. This program will be funded by existing monies from base dollars, however it will be a pilot program that may be ended if there is reduction in overall MH funding or if ACA discontinues and less people are covered by the MCO. Creating these services is of significant importance but challenging given funding limitations. Northampton County Mental Health has struggled since the 10% cut in our funding several years ago. It was necessary to close our clubhouse program based on those funding cuts. During the past fiscal year we sought to re-establish one clubhouse program but unfortunately were not able to meet the budget required by the provider to do so.

e) Supported Employment Services.

One of Northampton County Mental Health's providers, RHD (Resources for Human Development) operates Café The Lodge, a community-based restaurant which offers limited vocational training and experience. The Lodge is a program developed as a part of the closure of the Allentown State Hospital. It provides a supportive environment to individuals looking to enter/re-enter the work force in a productive, active business setting. It allows that individual the opportunity to work, and if so desired, build a resume of experience which will allow them to move on to different employment opportunities. The décor the Café is such that it attempts to fight stigma by highlighting many well-known professionals who have been diagnosed with mental illnesses. The Café offers an array of programs and activities including dual-recovery groups wherein individuals with mental health issues and a co-occurring substance use disorder can go and find support for their challenges. There are also open mike nights, poetry nights, dances, and a host of other activities where folks can go and enjoy themselves and express their creativity and uniqueness.

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. The facility operates from 8:30 am to 3:45 pm, Monday thru Friday. 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 and 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 Northampton County Mental Health case management.

The County helps run and participates in the Employment Transformation Committee. This committee consists of various stakeholders in the community including, the Café the Lodge program director, Moravian Development Cooperation Director, and representatives from: Magellan Behavioral Health, ACT team employment team members, intellectual disabilities, CPS, Career Link, OVR, APS, VIA and by history family members and other community members. One of the primary goals is to facilitate an annual “Spring in to Employment” Conference. We recently held our 2nd Annual Conference. The county has polled stakeholders to better learn and understand the topics that individuals feel are most relevant to help them engage in or return to work. Sessions have included:

presentation by staff from Social Security staff discussing how much an individual can earn before jeopardizing their benefits and how to complete the paperwork for these earning, transportation needs in and around our communities that can inhibit or aide individuals seeking employment, MAWD insurance through Medical Assistance that will still allow them medical coverage if gainfully employed and discussions on the interview process (how to prepare for them/how to dress for them). At the conclusion of the conference individuals are surveyed as to what topics they would like to see for the next conference.

The Employment Transformation Committee also holds monthly meetings to discuss the ongoing issues in the community, such as who’s hiring, who’s not and why, approaching larger employers to break down barriers toward employment and relaying information to our stakeholders regarding job or career fair opportunities in our communities. We are strengthening our partnership with PA Link, OVR (Office of Vocational Rehabilitation) and Career Link to do a poster campaign to bring awareness to services that assist with employment goals. Posters will be spread throughout the valley to bring attention and information about how and where to access OVR and Career Link to gain access to employment assistance. This campaign is set to begin in May, 2017. In partnering with Career Link, we will be advertising a Career Fair in the week following the employment conference (June 2017) and then discuss future job fairs to directly advertise to our mental health population.

While Northampton County is not currently facilitating a “supported employment program”, supported employment does occur at Café the Lodge where between 15 and 25 adults in mental health treatment can work or volunteer. Northampton County is more so partnering with programs such as OVR, Career Link and Via to provide specialized supported employment services for adults.

III. Housing in Integrated Settings:

Inventory:

Northampton County mental health program has a robust collection of mental health funded housing options throughout the housing continuum of care. The following programs and program descriptions are among the existing housing resources in Northampton County:

Long Term Structured Residence (LTSR)

This home serves 8 individuals and mental health treatment is provided in the home. Everyone has their own furnished room with a private powder room. This is the most restrictive setting available in the community. The program is staffed 24/7. Individuals may live at the LTSR as long as they require this level of care. A signed MA 51 form needs to be completed by a physician stating the individual requires LTSR level of care. The average length of stay is 4 years. COMHAR is the provider.

All Inclusive Residence (AIR)

NCMH offers one AIR program. It is located in a rural setting and is operated by Resources for Human Development (RHD). The home serves 8 individuals. Everyone has their own furnished room. The program is staffed 24/7. A psychiatrist, psychiatric nurse, Certified Peer Specialist, therapist and case management staff are all included in this program. The home has a cat and a dog that reside in the home. Residents may live there as long as this level of care is required. The average length of stay is 4 years. In fiscal year 2016/2017 this program will be expanded from 8 to 12 beds as the need for more beds has been demonstrated. Construction has begun at the site and is anticipated to be completed by April of 2017.

Specialized Behavioral and/or Medical Homes

These programs serve 3 or 4 individuals in a home. Everyone has their own furnished room. The programs have 24/7 staff. Staff is trained to deal with specific behavioral and medical needs. Mental Health treatment is not provided in these programs. Psychiatric treatment may be accessed through ACT, Partial Hospitalization Programs or traditional outpatient services. Individuals may live in these homes as long as this level of care is required. Approximate length of stay in these homes is 3-5 years. COMHAR, Access Services, RHD and Fitzmaurice are the providers for these homes. In total, there are 12 beds across this program option.

Community Residential Rehabilitation (CRR)

The Mental Health Program funds 2 full-care group homes for adults that are operated by Step-by-Step, Inc. These homes offer access to 24-hour supervision for Northampton County residents who are diagnosed with a serious mental illness and require this level of care. Residents are assisted in acquiring daily living skills in order to move forward in

their recovery and eventually live independently. The Main Street site operates with a psychiatric rehabilitation philosophy and has a capacity of 12 beds. The Main Street CRR is considered to be transitional in nature with an average length of stay of about 6 months; although length of stay varies. Center Street (8 beds) is considered a longer-term CRR with average lengths of stay expected to exceed 2 years. There are no plans for conversion of the two NC CRR programs at this time.

Independent Apartments

There are 2 single apartments and 3 double apartments on 13th Street in Easton. These units are County subsidized. The apartments are managed by Step-By-Step Inc. Smoking is not permitted; each apartment is furnished.

There are 10 independent apartments located on Packer Avenue in Bethlehem. Salisbury Behavioral Health is the landlord for these apartments. These apartments are not subsidized, so applicants must have Valley Housing, a housing authority voucher, or be able to pay the rent independently. Pets are allowed, but must be approved by Salisbury Behavioral Health. Smoking is not permitted in these apartments; apartments are unfurnished.

Moravian IV, with 8 units, and North Street, with 2 units, are managed by Moravian Development Corporation. Apartments are subsidized. Smoking is not permitted; apartments are unfurnished.

The Lodge - Easton. There are 7 subsidized independent apartments managed by RHD on Butler Street. Electric is extra. Smoking is not permitted; apartments are unfurnished. Funding is through HealthChoices Bridge funds.

There are 5 independent apartments on 4th Street in Bethlehem. Step-By-Step (SxS) serves as the landlord. These apartments are subsidized. Smoking is not permitted; unfurnished. These apartments are not county funded.

There are 10 (Northampton County) townhouse apartments located on Gordon Street in Allentown. These units are subsidized through Valley Housing. These townhouse apartments are managed through Valley Housing. Smoking is permitted; apartments are unfurnished.

Salisbury Behavioral Health manages 12 single independent apartments in Hellertown, in 3 buildings. Apartments are not county subsidized; but are low cost through the provider. Smoking in apartments is not permitted. A tenant may have an approved pet in his or her apartment; apartments are unfurnished.

HealthChoices Affordable Housing Plan is for Northampton County individuals 18 and older with serious and persistent mental illness or co-occurring mental health and substance abuse disorders. There are 38 subsidies available through this plan. Of the 38 there are 25 designated for individuals with serious and persistent mental illness and/or

substance abuse issues and 13 designated for individuals who are mentally ill and/or substance abuse issues as well as having current criminal justice involvement. Three of these apartments are 2 or 3 bedrooms to address individuals with children who were previously homeless and/or criminal justice involved. Those three apartments are currently filled and have been since the beginning of the program. This plan is managed through the Lehigh Valley Conference of Churches. The plan started in 2015 and is a 5 year plan - we are in the second year of the plan. The Justice Involved Housing Grant is funded by a grant from the PA Commission on Crime and Delinquency (PCCD). It is intended to assist an individual involved with some component of the NC CJ system, receive subsidized housing to assist them in regaining control of their life and on remaining out of the CJ system in the future. The individual must have a SPMI and income to apply.

It is the expectation of NC that every consumer entering NC housing programs apply for public housing and transition to housing when it is offered to them. Information about applying for an Independent Apartment can be obtained by calling Northampton County Mental Health Housing Specialists.

Supported Apartments

NCMH offers 2 different types of supported apartments. Salisbury House operates a site in Bethlehem. This site has 1 single and 5 double-occupancy apartments. These apartments are staffed 16 hours a day. The staff office is located on the second floor above an end unit of the apartment complex. All medications are kept in the staff office and all dosages are monitored. Staff work with residents to learn cooking, cleaning, grocery shopping and other daily living tasks as needed. Residents may live at this residence as long as they continue to need this level of care. All residents have their own bedrooms, but they share all of the apartment common areas with their respective roommate. The apartments are fully furnished. Smoking is not permitted.

Resources for Human Development operates a supported living program. At the Lodge, program staffing is based on individual need. As these individuals progress in their recovery, staff time is adjusted accordingly. Residents in this program will live either in shared living or in their own apartment. When individuals no longer require the program they may remain in their apartment. There is a central lodge that serves as the hub for any employment/business related activities. The Lodge is also used for meetings and program group sessions. Graduates of the program may continue to participate in the Lodge activities as long as they would like. This program serves 12 individuals.

There is no overnight staffing and no medication management; apartments are unfurnished. *One does not need to be a resident in The Lodge program to join and participate in Lodge activities.

Personal Care Boarding Home (PCBH)

There are private PCBH facilities available throughout the Lehigh Valley for persons requiring this level of care and have the necessary funds to cover the monthly costs. A list of facilities in this area (or anywhere in PA), can be found on the Pennsylvania

Department of Human Services Personal Care Home Directory via the internet. Although there are multiple Personal Care homes in the county and in the valley and beyond, many homes charge far above the amount which can be afforded by folks who have SSI/SSDI making most options far out of reach for the individuals we serve. Northampton County closed our single enhanced personal care home in 2012 in response to the budget reduction and to limit the number of congregate settings.

Other Housing Supports

Short-Term Rental Assistance

This program provides security deposit for qualifying individuals. This program is administered through Step-By-Step.

Residential Services for Children/Adolescents

These services consist of two types, CRR Host Home care and residential treatment facilities. CRR Host Home care is provided in “foster” type homes with specially trained host parents and includes treatment for the child/adolescent living there temporarily and to his/her family to which they will return. These placements are short term 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/program. These placements are also intended to be short-term in nature and with an emphasis on family therapy.

Progress toward integration of housing services (as described in Title II of ADA):

Per the ADA.gov website the Title II definition is as follows: Title II applies to State and local government entities, and, in subtitle A, protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities provided by State and local government entities. Title II extends the prohibition on discrimination established by section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, to all activities of State and local governments regardless of whether these entities receive Federal financial assistance.

During the development of housing/treatment housing programs, NC has worked with building developers and rental associates in assuring that ADA guidelines are met to the fullest extent possible. The majority of our treatment homes are ADA compliant with limited exceptions. One home is structurally unable to be converted to meet ADA guidelines. All other homes have been structurally developed/improved to meet all ADA guidelines. When factoring new building opportunities, ADA will be followed whenever possible.

At this time, focus will be shifted to assure that ADA will be considered in all highlighted special populations to better support individuals with disabilities in independent

settings. Please refer to the special populations section of the report; demonstrated therein will be how the County of Northampton will support individuals with various disabilities.

Maximizing housing resources to meet housing needs in our community:

Northampton County has been working with new emphasis on developing non-treatment affordable housing options for our various populations. In doing so, we have begun establishing roles, engaging with community partners and exploring ways to increase housing resources. The goal at this time is to strengthen relationships, identify specific measurable goals and open paths of access to new and existing affordable independent housing opportunities. Our staff include two housing specialists (who monitor existing housing programs, facilitate referral to independent housing programs, and monitor wait lists for some other housing options). We also have an older adult outreach case worker who engages heavily with housing matters concerning our aging population. We have also recently added a Housing and Treatment supervisor to our team to increase oversight of existing treatment housing programs and to allow the designee of the Local Lead Agency (LLA) more availability to focus on plans such as Olmstead and other higher level planning and programming.

As a county and through regular attendance at programs such as OMHSAS Regional Housing meetings and training programs as well as attending this year's Annual Housing Conference and monthly attendance at LV RHAB, we have developed a strong focus on planning and what is necessary to be in place for higher level planning to expand housing options working with various public offices. Northampton County's Local Lead Agency (LLA) role has been re-established (Director of Human Services) and a designee has been identified (Program Specialist II) and both are working closely with OMHSAS, PHFA, and HealthChoices/CMCS/Reinvestment to access options, receive technical assistance and develop partners in order to reach our goals.

Housing Authorities

Our office has worked extensively on developing relationships with our area housing authorities as well as assisting in fostering stronger relationships with the consumers and the housing authorities. By doing this, we are better able to assure that folks on the wait lists for public housing are considered and not passed over. Providers of short-term housing programs are in regular contact with the housing authorities as well to follow up with their resident's placement on the housing authority wait list.

Existing Housing Partnerships

The designee of the LLA has begun opening communication with our RHC (Regional Housing Coordinator); although there is not an official assignment of the RHC to NC (the assignment is pending and expected to be established momentarily through contract between OMHSAS and the RHC). Despite the official assignment the LLA designee has

begun partnering with our intended RHC and relationship building. From targeted case manager level of service to treatment based services we are growing our relationship base with community housing partners. Recently, NC has contracted with Lehigh Valley Conference of Churches to expand our community and housing options while working with the newly established Health Choice Bridge housing program. We have a great relationship with one Housing Development Agency and have been working closely with them on acquisition of an apartment property to obtain Section 811 slots. Our plan includes partnering with multiple Housing Developers to gain access to as many 811 slots as possible. We will work aggressively to encourage development of capital projects in which developers will get significant tax credits. Once relationships are formed and properties are identified, Memorandums of Understanding will be written and executed. There are none currently. The LLA designee will manage and maintain a wait list through PA Socialserve.com (this computer system will later be called Prescreening, Assessment, Intake, Referral or PAIR). There is no longer a Local Housing Options Team (LHOT); LHOT has folded into the Lehigh Valley RHAB (Regional Housing Advisory Board). The designee of the LLA has begun regular attendance and participation at this group. The county has recently engaged in LV RHAB strategic planning sessions where specific goals were identified for this year; NC LLA designee chairs the employment committee of the RHAB “board”. We anticipate that more options will be developed and added to the LV through the RHAB committee.

Coordinated Entry and Data Collection

NC is entering into a pilot program for Coordinated Entry. The program has a soft startup date of November 1st. The United Way will be managing this project and it will go through the 211 call center and three walk-in sites in the Lehigh Valley. Those programs hosting the walk in sites have already been identified and the training for the VI-SPADAT will occur in the coming weeks. It is expected that through the data collected in the coordinated entry process as well as data collected in the results of the VI-SPADAT, HMIS, and the HUD PIC (point in time count) we can gather extensive data and information, identify our most vulnerable populations, reduce homelessness and prevent long periods of homelessness which often lead to unnecessary institutionalization such as prison stays and higher level of mental health care such as state hospitalization. We will also continue partnering with NC HealthChoices to capture data through HC projects and access relevant data through our Managed Care Organization (MCO).

As indicated in the survey to county stake holders through the planning process and within the CSP process at Wernersville State Hospital and within our Service Area Planning it was identified that NC was in need of additional State Hospital beds at WESH. This fiscal year NC’s bed cap increased from nine to thirteen; four beds were added. The increase of beds assisted NC in increasing availability to individuals who were in extended “holding patterns” in Extended Acute Care (EAC) programs and Acute

Inpatient community hospitals. While there are still wait times to get into WESH for those referred, it did allow for some greater flexibility and ability to offer the appropriate community services to individuals. The use of other Acute Care settings such as the Extended Acute Care (EAC) Program and the Long Term Structured Residence (LTSR) are always the preferred choice, and all efforts are made to use these resources whenever possible. The All-Inclusive residence (AIR) is also a residential program that has been shown to be successful with some individuals who are experiencing high acuity, which is one reason why they are being asked to expand bed count.

IV. Special Populations:

- A) Individuals with a dual diagnosis(MH/ID)- Mental Health participates in the DDTT and will be developing a part-time MH position to take on duties related to this area, including research related to this approach. This service currently serves the adult population, although there is potential to expand to young adults and/or children should the need arise.

- B) Individuals with co-occurring disorders (MH/D&A) - Northampton County Mental Health works in strong collaboration with our D&A division to insure this population is served. Northampton County has two specialty courts, Mental Health (diversionary) and Drug Court (post-conviction). A staff member from MH sits in on the Drug Court Team and a member from D&A sits in on the MH Team. This serves to resolve issues for an individual as quickly as is possible. While the team primarily serves the adult population, there have been young adults and transitional aged individuals served as well.

- C) Individuals with both behavioral health and physical health needs-most of our providers and facilities are ADA compliant, with an exception of one home wherein the physical plant will not allow for such modifications. We have four medically fragile group homes in MH housing. Three of those programs are able to support adults and older adults who are in need of skilled nursing services through Area Office on Aging Community Care and Independence care waivers. Another home has a medically fragile focus and is completely wheelchair and handicap accessible with specialized staff who are trained to work with medically fragile individuals. We have other homes geared toward an older residential population. In these programs, everyone has their own furnished rooms. The programs have 24/7 staff. Staff is trained to address specific behavioral and medical needs. Mental Health treatment is not provided in these programs, however, psychiatric treatment may be accessed through ACT, Partial Hospitalization Programs or traditional outpatient

services. Individuals may live in these homes as long as this level of care is required.

- D) Individuals with Traumatic Brain Injury (TBI)- there are two treating facilities in this area that will work with individuals with TBI. We are in the beginning stages of partnering with LV Center for Independent Living agency to work on service supports for individuals with TBI. One of our medically fragile homes through Access is currently serving individuals with TBI, and there are a handful of others in the County that have been diagnosed with TBI. Additionally, Lehigh Valley Hospital is currently doing a study on TBI injury in conjunction with medical needs, homelessness and drug abuse. We will follow this study and its outcomes. Mental Health will attempt to assist the County Jail with discharges of individuals with TBIs. While we don't currently have a count as to how many carry this specific diagnosis, we are seeing an increase in folks seeking treatment who carry the diagnosis. This will be tracked in an effort to determine if additional resources are needed to help serve this seemingly growing population.
- E) Individuals with criminal justice/juvenile justice history- Mental health has two forensic case managers as well as a forensic supervisor who work directly with the County Jail, Adult Probation, Parole and Pre-trial. Northampton County Mental Health has operated a Mental Health Diversionary Court since January of 2015 in collaboration with all branches and departments of the County's Criminal Justice system. Our forensic case manager who works directly with the jail, along with our forensic supervisor, manage our County's Forensic Advocacy Collaboration Team(FACT) in which individuals with serious and persistent mental illness who are being released or discharged, have a plan coordinated for them by all parties. The plan addresses all of their needs upon discharge including a physical place for them to reside, immediate connection with medications if needed, connection with levels of case management and even connection to applying for or resuming Medical Assistance benefits. This falls under the 5-stage intercept model the county adapted as part of our Cross Systems mapping which the County participated in in 2013. This stage of the intercept model is focused on addressing all of the individuals needs prior to their walking out the Jail door. The odds of them recidivating are far less when their support network is in place upon discharge/release. Our forensic case manager also sees any individual identified by the jail staff as potentially having a mental health issue or anyone who requests assistance in hopes that we can reduce anxiety and begin a planning process as soon as possible.

Northampton County Mental Health received a grant from the Pennsylvania Commission on Crime and Delinquency in July 2015. The Justice involved housing

grant allows us to serve up to 12 individuals by subsidizing their location in an integrated settings of their choosing. With assistance they are encouraged to select the community they want to reside in as well as the actual apartment setting. We assist them in setting up their professional and natural supports and services and assist them in beginning to establish their future path. There are occasions when there is collaboration with the Juvenile Probation division but since their individuals are funded by Magellan Behavioral Health there are not a lot of occasions where there is need for collaboration.

- F) Individuals who are deaf or hearing impaired - Currently, NCMH is not servicing any individuals who are in need of this type of service so there is no current contract with a sign language service. NC has a TTY phone number. Our website does include the county's TTY phone number for individuals to access county services. We are working to build a strong relationship with LVCIL to get better access to deaf and hard of hearing supports; NCMH will consider a contract with CIL for access to their fee for service sign language services.

- G) Individuals who are experiencing homelessness- the county helps fund the homeless shelter as well as day time activities at the shelter geared toward reducing homelessness. Safe Harbor just recently began the ARISE Program (Accountability, Recovery, Initiative, Self-Sufficiency, Education). This is a three phase program in which sheltered individuals learn various skills and prepare for independent living. We are excited to see the outcomes of this program. Our partnership with LVRHAB, HealthChoices, Reinvestment, programs developed through the one-year strategic planning goals and involvement with the Coordinated Entry project should assist the county to be in a unique position to address homelessness while aligning with the Olmstead plan goals. This partnership and pilot program will boost our involvement with Housing First projects, rapid rehousing and deinstitutionalization as we build upon services to support this Olmstead plan. By acquiring as many 811 spots as possible, we will be able to assist those living under the poverty level of income achieve sustainable affordable housing and thereby reducing the number of homeless individuals.

- H) Older adults- the county has a designated MH worker who works with the Aging MH population. This caseworker provides case management to individuals who are 55+ and are in need of case management for service linkage, community support and extended mental health referral. This caseworker also assists as an advocate to housing supports for the elderly such as senior housing/high-rises and local housing authorities. He assists in problem solving when individuals are at risk of losing housing due to MH behaviors. Again, we have residential programs which can and do support the aging population. Three of those programs are able to support individuals who are in need of skilled nursing services through Area Office on Aging Community Care and Independence care waivers. Another home has a medically

fragile focus and is completely wheelchair and handicap accessible with specialized staff who are trained to work with medically fragile individuals. We have other homes geared toward an older residential population. It has been identified in both the Community Support Planning process through WESH and the WESH Service Area Planning committee, as well as within our own programming that some individuals who are elderly are indeed in need of Skilled Nursing Facilities. Entry into SNF has at times been challenging for our population despite the significant need. Our SAP pulled together a meet and greet session of AAA, Skilled Nursing Facilities and WESH in the hopes to increase SNF acceptance. On a county level, our ID/EI/MH Administrator has been working with our Department of Human Services Director and the director of our county-run SNF to increase admission of our population who require SNF, and who happen to also have Mental Illness as well. Talks will continue to focus on the needs of our population for this level of care with the expectation that with ongoing dialogue and the MH team's willingness to provide support and caching, we will be able to use this resource.

NC MH has a liaison to the NC AAA office. The MH program specialists works closely with AAA administration to work out issues between departments, fosters exchange of information about services available and works to respond to issues between departments in the care of individuals. The program specialist is also a member of the OMHSAS Planning Council in the Older Adult Committee. Information of needs and services is brought to this committee to improve county services.

- 1) Adult individuals who are medically fragile- as mentioned earlier- the county maintains four medically fragile group homes. NC has been successful in supporting individuals with various serious medical conditions including, but not limited to terminal cancer, ALS, COPD and other respiratory illnesses, and severe heart conditions. In planning for independent living options, we will be looking at how to successfully address such illnesses in the community setting outside of supported residential housing. As Community HealthChoices expands and integrated health grows, significant medical issues can be better addressed. LVH has an integrated health clinic in Bethlehem; through programs such as these individuals can receive psychiatric and medical care in one place. We are optimistic that medical case management will become a standard in CHC. Transportation to medical visits continues to be a challenge as LANTA service has been restricted. Partnering with the LVCIL may help to breakdown those barriers. We can also partner with Pennsylvania Assistive Technology Foundation (PATF) to work with their loan program to do things such as building a first floor bathroom so that individuals with respiratory issues can successfully stay in their home. At this time, it would appear that we as a county have the correct number of beds to address the needs of these individuals.

- J) Individuals with limited English proficiency- the county has a Spanish/English bilingual case worker. She assists with MH service and housing intakes, team meetings and community support planning. This case worker will be trained to facilitate CSPs in the near future. This will be a great help as individuals who are Spanish speaking enter into the community from jail or state hospitals. We have needed to use technological devices to interact with individuals who have limited English proficiency, but who are not Spanish speaking. For example, NC serves an individual who speaks only French-Creole. We have used phone based interpretation services, but have also used technological devices for interpretation and communication. This individual has continued to step down from intensive levels of care to receive services and keep lines of communication open. Through technological devices we will be able to meet the needs of individuals who speak other languages.
- K) Transition age youth including young adults-Northampton County has multiple programs that address the needs of transition aged youth and young adults. Access Services provides the TIP program which provides intensive case management and life skills to this age group. TIP workers assist young adults in finding affordable housing and assisting them with skills to live successfully in the community. Step by Step provides Mobile Psychiatric Rehabilitation services. When referrals come into the county for young adults to enter into our residential housing services we recommend that mobile psych rehab is tried before bringing this age group into residential services. We feel that if they are able to learn the skills in their home verses a group home setting; their level of success in the community is likely to increase. NCMH and MBH contracts with several site-based psychiatric rehabilitation programs where transitional aged youth and young adults can learn independent living skills in a classroom based setting. All of the programs mentioned are focused on skills teaching for successful independent living thereby reducing the need and reliance on residential settings and dependence on mental health housing services.