

LEHIGH COUNTY
HUMAN SERVICES PLAN
FISCAL YEAR 2013 – 2014

David Gilgoff
Human Services Director
June 14, 2013

Table of Contents

Assurance of Compliance	3
Public Hearing Notice	4
Waiver	4
County Planning Team	4
Needs Assessment	5
<u>Human Service Narrative</u>	
Mental Health	6
Intellectual Disabilities	20
Homeless Assistance	24
Children and Youth	27
Drug and Alcohol	40
HSS/HSDF	46
Appendix I – Proof of Publication of Public Hearing	48
Appendix II – Public Hearings Comments and Attendance Lists	50
Appendix III – Advisory Board Comments	54
Appendix IV – System of Care Leadership Team Members List	57
Appendix V – Public Hearing and Advisory Board Presentations	58
Appendix VI – Budget	67

Fiscal Year 2013-2014

LEHIGH COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF LEHIGH

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department 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 EXECUTIVE

Signatures

Please Print



6/13/13

Date

**Acting County Executive
Thomas S. Muller, Director of Administration**

PUBLIC HEARING NOTICE

Describe how the public was provided an opportunity for input. Information should include proof of publication of notice, actual dates of public meeting and summary of the public meeting

The Public was provided an opportunity for input at the two public hearings held on May 30, 2013. The first meeting was at 10:00 a.m. and the second at 5:00 p.m. The proof of publication notice is included as Appendix I. In addition to the newspaper advertisement, each of the agency Administrators/Directors emailed an invitation to attend the public hearing to their respective mailing lists. The actual comments made at each meeting are included at Appendix II. Approximately 40 people and six staff attended the morning hearing. Of these about 70% represented provider agencies and 30% were consumers. Five people, all consumers or parents of consumers, attended the evening meeting in addition to staff. The meetings were facilitated by the Director of Human Services. The meetings began with a ten minute presentation which posed six specific questions for response, a review of the block grant, a funding overview, and a data summary. More detailed data information was attached. The presentation materials are included as Appendix V. The comments were wide-ranging in nature.

WAIVER

A waiver request should include the specific allocation(s) that will be impacted the rational for the request, the estimated percentage of change, the expected impact on the system and the method to monitor success

A waiver is not requested at this time.

COUNTY PLANNING TEAM

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify critical stakeholder groups including individuals who receive services, families of service recipients, consumer groups, providers, and partners from other systems. The plan should describe how these stakeholders were provided with an opportunity for participation in the planning process including information on outreach and engagement.

The System of Care Leadership Team will have ongoing leadership responsibility for block grant planning and implementation and act as the county leadership team. The team, consisting of about 30 individuals is staffed by a mix of relevant stakeholders including, adolescent team members parent team members, school district representatives, private agency representatives, and the office heads in the Department of Human Services and Juvenile Probation. A list of members attending the meeting held on June 5, 2013, is included as Appendix IV. This group has been engaged in systems improvements in Lehigh County for the past five years. The present group has evolved to include increased participation by consumers, and educators.

The group met on May 22nd and June 5th 2013 regarding the development of the plan. The first meeting consisted of presentation of the planning materials (information) and members commenting on their perceptions of service needs. The second meeting was focused on providing staff with feedback regarding the plan and outlining next steps in planning and planning the system of care for the county. Outreach occurred in the six months prior to the first plan input section with the results that the committee size increased by approximately 30%, with most of that increase coming from consumer stakeholders.

The process to decide upon the expenditure of data was multifaceted and included: 1) current service commitments and service expenditure patterns; 2) a review of service utilization patterns during the current fiscal year; 3) input from the Department of Human Service Leadership Group; 4) input from the Public Hearings; 5) input from the Advisory Boards; 6) a data review, and an; 7) informal environmental scan.

NEEDS ASSESSMENT

Describe the data reviewed by the County Planning Team and how the data was utilized in developing the plan for the expenditure of human services funds

The needs assessment included the review of qualitative and quantitative data. The qualitative data was provided by four advisory board groups: 1) Office of Children and Youth Advisory Board; 2) Mental Health / Intellectual Disabilities Advisory Board; 3) Drug and Alcohol Services Advisory Board, and; 4) Aging and Adult Advisory Board. The specific input is contained in Appendix III. The method used to gain qualitative data from the groups was to ask them to respond to six question, (contained in the presentation material Appendix V) after the block grant features and statistical data was reviewed with the group. Community events such as a youth suicide related to bullying, and the high rate of suicide among middle aged and older males were also considered. Lastly

the focus of several county interdepartmental collaborative was considered. These include a Criminal Justice and Human Service collaborative (Criminal Justice Advisory Board) and an Orphan's Court Human Service Collaborative (Children's Round Table).

A quantitative needs assessment was conducted using U.S. Census Data, data submitted to Lehigh County by the Department of Public Welfare containing service information, Joint Planning Commission of the Lehigh Valley community level data, county budget data, and county expenditure variances for the current year. The method used to conduct the needs assessment was to compare Lehigh County data to state rates, and average rates for the 11 other third class counties for the census and DPW data. The results are contained with the other presentation materials in appendix V following the presentation material. The significant items were highlighted on a single page, and the actual comparative data included as an attachment. This statistical material was also distributed at each public hearing and the systems of care planning meeting to provide an objective base of information for those participating in the planning process. The county expenditure data was reviewed by the DHS leadership Group as well.

The data was used to determine which traditional services and expenditures ought to be budgeted for in 2013-2014 as well as to select several items for initiatives. Initiatives are highlighted in the following sections of the narrative.

HUMAN SERVICES NARRATIVE

Mental Health Services

This section should include highlights of achievements and other programmatic improvements that have enhanced the behavioral health service system, as well as the unmet needs and gaps. Provide an overview of the strengths and unmet needs of the following populations serve by the behavioral health system. The discussion in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, Health Choices, reinvestment funds, etc.

The Lehigh County Mental Health Program focuses on enhancing existing services as well as developing additional services in a manner that promotes recovery, facilitates the individual's recovery process and transforms the existing system of care. Through ongoing inclusive and collaborative partnerships with Wernersville State Hospital, the County's provider network, consumer groups, County DHS, HealthChoices, and the County Criminal Justice system, the Lehigh County Mental Health

Program strives to have services and supports that are high quality, fiscally responsible and sustainable.

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

While Lehigh County has a good understanding of permanent supportive housing and the special housing and service needs of people with a mental illness. Significant resources are currently allocated to providing housing related services and assistance to consumers. However, our greatest need is for additional safe, appropriate and affordable housing. Some of the gaps in the housing system are the lack of affordable low income housing in the area; the continued lack of Section 8 vouchers leaving individuals without additional sustainable source of rental assistance and identifying reputable landlords that will accept tenants with poor credit histories, poor references or criminal records. A second major need is for increased intensive case management for consumers at risk of destabilization.

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

The development of a consumer-run Drop-in Center. The Drop-in center is a program of choice that is non-structured and non-clinical. Individuals are able to visit the drop-in center to seek support from their peers, participate in social activities, seek help in obtaining services and benefits, or simply relax and have fun.

Providing Employment Training in conjunction with our community partners, Lehigh County offers an extensive array of employment services for consumers with serious and persistent mental illness. The range of services include sheltered workshops, an employment agency, job preparation, job training, job placement services , and support once in employment. Providers include both consumer and professionally operated organizations. Some of the providers are:, the Clubhouse of Lehigh County, Good Will, Daybreak (a Lehigh County Council of Churches program , VIA which has the broadest range of services, the Private Industry Council, Associated Product Services, providing packaging for the commercial market Lehigh Valley Assertive Community Treatment Teams a subsidiary of Resources for Human

Development which specializes in hard to place consumers Northwestern Human Services Supportive Employment Program, Horizon House, and the Office of Vocational Rehabilitation.

Three days of training for employment service works offered included: 1) individual benefits counseling, 2) information on Ticket to Work, a program encouraging employment among disability benefit recipients, 3) information on the “nuts and bolts” of applying for a job, and 4) Wellness Recovery Action Plan (WRAP) which focus on the roles of hope, personal responsibility, self-advocacy and support in the job goal setting, search and retention tasks.

CRR Conversion Working with Step by Step, a full care CRR was converted to a moderate care CRR that includes using a peer as the site manager.

MH/ID Advisory Board committee Lehigh County recognizes that in order to facilitate community integration and social relationships, the community must be engaged in the process. As a result, a committee has been formed consisting of a group of individuals bound together by a common interest in seeing that everyone is fully able to participate in their community. The committee is made up of individuals in recovery (including people who were involved with the closure of Allentown State Hospital), providers, representatives from social service agencies, representatives from local government, representatives from the business community, and members of faith based communities.

Keystone Pride Initiative Lehigh County hosted the training, “Creating Welcoming and Affirming Services for Persons Who are LGBTQI.” Staff has also collaborated with the American Foundation for Suicide Prevention (AFSP) and local Gay Straight Alliances in providing education to the community on suicide and LGBT populations.

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

- The continued collaboration with the contracted Behavioral Health Managed Care Organization, Magellan Behavioral Health to provide continuity in services and share data to identify needs and service gaps. School based Outpatient Psychiatric Clinic Services will also be explored
- The continued collaboration with the Lehigh County Conference of Churches in operating a Clearinghouse to address the housing needs of the target population. The Lehigh County Conference of Churches (LCCC) identifies and selects quality rental housing units and interested landlords in the Lehigh County Housing Market to engage in a master

leasing relationship for the purpose of subleasing units to eligible individuals.

- Continued participation with the Allentown Committee to End Chronic Homelessness by 2017. This is a group that is comprised of consumers, housing advocates, housing authorities, government entities and other stakeholders with an interest in the housing needs of the target population.
- The continued collaboration with the provider agencies to gather information provided by the agencies to measure performance in promoting Evidenced Based Practices and Recovery Oriented or Promising Practices.
- Planning and implementing suicide prevention strategies among youth, built around the amelioration of bullying.
- Planning and implementing a public education Program on suicide prevention focused on middle aged males

Older Adults (ages 60 and above)

Lehigh County operates a program for people 60 and above that has been identified as “Medically Fragile Persons.” (MFP) This program, which was developed as part of the State’s Money Follows the Person initiative for individuals involved with the closure of the Allentown State Hospital. It is an unlicensed program (called The Landings) consisting of two apartments that is designed to meet the needs of elderly individuals who have been diagnosed with a mental illness and are medically compromised. The first priority for admission to The Landings is for individuals currently at a State Hospital or State Restoration Center who are psychiatrically stable and meet criteria for nursing home level of care which could be provided in the community through the Aging Waiver.

The Lehigh County Office of Aging and Adult Services continues to play an invaluable role in the transitioning of Older Adults living at Wernersville State Hospital into the Community. The Assessment Unit completes all assessments to determine an individual’s appropriate level of care. For individuals 60 years of age and older, medically eligible for nursing facility care and eligible for “Money Follows the Person” funding, community placement will be sought when nursing home placement is not successful.

Adults (ages 18 and above)

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

Peer Support Services. Certified Peer Specialists work in partnership with other mental health providers serving as role models through the

sharing of personal recovery stories. Peer providers offer hope that recovery from mental illness is possible;

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

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

Medical Mobile Crisis. Medical Mobile Crisis services were implemented by Lehigh County to provide assessment and intervention for individuals believed to be in need of medical support to address an acute problem of disturbed thought, behavior, mood, or social relationships. The service is designed to reduce unnecessary hospitalizations and emergency room visits;

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

Outpatient Mental Health Services Lehigh Valley Hospital Mental Health Clinic, Hispanic American Organization Counseling Services, Haven Behavioral Health, and Cedar Point Family Services all contract with Lehigh County in providing out-patient mental treatment; Lehigh Valley Act provides integrated treatment for co-occurring illnesses, DBT-Dialectical Behavioral, Therapy, and Wellness Management and recovery (IMR);

Extended Acute Care (EAC) Sacred Heart Hospital operates a hospital-based EAC to support consumers in need of extended hospitalization who were receiving services in a traditional acute care setting. The EAC promotes interdependence and affords cooperative and collaborative interactions with consumers, families, staff and community groups. Services are provided to assist individuals develop, enhance, and/ or

retain emotional and behavioral well-being, physical and mental health wellness, social quality of life, and community re-integration;

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

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

Consumer Driven Services

Compeer, a volunteer companionship program, facilitating supportive one-to-one friendship matches between persons in mental health recovery and trained community volunteers;

Warmline, a telephone support service for Lehigh County adults who are challenged by loneliness, confusion and other mental health concerns, or who need information about available services.

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

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

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

The County Employment Plan reflects an inclusive planning process at the county level that addresses the current status of employment services in the county and addresses the county's strategies to increase competitive employment through: orientation of the county mental health system toward employment outcomes; staff training; new data collection protocols; and shifting current dollars. If there had not been a cut in our base budget, we would have also looked at accessing new funding for supported employment.

Transition-Age Youth (ages 18 through 26)

Lehigh County Children's Mental Health works with transitional age youth who have complex situations and needs and who are transitioning to the adult system. This case management service is provided by a Program Specialist who has an array of knowledge on community based services and adult mental health programs. Case management includes

case consultation services, participation in Individualized Educational Plans with the school districts, treatment planning meetings, and referrals to housing and ancillary resources. This case manager participates in the local Employment Work Force, IU 21 Transition Council, and will represent Lehigh County on a Statewide Transition Council Initiative.

In addition to case management, psych rehab and outpatient mental health services, Lehigh County in conjunction with Northampton County operates a bi-county young adult CRR for transitional age youth ages 18 to 23. The Young Adult program is an 8 bedroom group home style facility that offers components to meet the special needs of this very special population. In addition, transitional-age youth are a target population for Lehigh County's High Fidelity Wraparound initiative and have representation on the System of Care Leadership Team.

Lehigh County also provides residential supports for transition aged youth in the Step by Step Weil Street CRR. While it is a great benefit to have a program designed to meet the specific needs of this population Lehigh County has a need for improved services for Transition Age Youth that would include improved education in the areas of life skills and independent living skills along with information on how to get a general equivalency diploma.

There is a need for more independent living and supporting housing programs for this population.

Toward this end should funding allow we will initiate housing and service program for four transitional age youth. The service portion of the program will be subcontracted out to a current community service provider and the housing piece will be provided through count investment in public housing developments funded through Health Choices reinvestment monies.

Children (under 18)

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

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

values and principles that guides efforts to improve access, quality, and coordination of community service systems. System of care is defined as “a broad array of effective services and supports for children and adolescents with behavioral health disorders and their families that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery, management, and policy levels.”

In order to implement the System of Care initiative in 2012, Lehigh County restructured existing offices to form a new division called Integrated Services, and created a System of Care Leadership Team. The Integrated Services Unit was created to support our System of Care initiative and to increase collaboration on multi-system involved cases. The Integrated Services Unit includes Information & Referral, Children’s Mental Health, CASSP, and Crisis Intervention. The Integrated Services Unit supports all DHS offices and probation with mental health case consultation, coordination, and support for individuals involved in multiple systems. The Leadership Team guides System of Care planning, implementation, and insures youth and family voice in the process. The team consists of 13 Youth and Family Partners and leaders from all human service offices, juvenile justice, representatives from school districts, and mental health service providers.

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

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

recommend it for children who are also involved in Children & Youth and/or Juvenile Probation.

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

Lehigh County celebrated *National Children's Mental Health Awareness Day*, to raise awareness about the importance of positive mental health for children and young adults. The community event aimed to decrease stigma around mental health challenges and connect community and families to need resources. Lehigh County invited Mr. Jim Tkach, founder of the *Bo Tkach Foundation*, to speak on the topics of reduction of stigma and suicide prevention. The Foundation's mission is to increase awareness of mental health issues. In addition we offered the community the opportunity to meet with and receive information from a selection of our Children's Mental Health Providers during an Information Fair.

Lehigh County coordinates and supports an Autism Task Force. This group includes Integrated Services staff, community professionals, and family members. In October 2012, this group held a conference called *Breaking the Barriers* with the goal to help families navigate the "system."

Respite:

Lehigh County offers two options of in-home respite services for children ages 3 through 18 (18 through 21 if still in school). One option is provided through a contracted agency that coordinates the service and provides respite care staff and the other option is family driven. In the family driven option, the family chooses the caretakers and manages the schedule. In-home respite provides specialized childcare for children who have been identified with a DSM diagnosis, including the Autism Spectrum Disorder, and/or pending or receiving behavioral health services. In-home respite works in conjunction with the child's behavioral health therapy. The objective is to provide respite in the family's home in order to maintain stability for the family, identified child or children, and to prevent the need for a temporary out-of-home

placement. Both respite services are funded through Lehigh County base funds in conjunction with some state dollars.

An important component of Lehigh County's Mental Health service for children is our Health Choices program, the program is offered to people who are covered by medical assistance due to economics or special service needs. Supervised, evaluated, and developed by the county and implemented by Magellan Health Care. A broad range of services are offered including outpatient, intensive outpatient, Family Based Mental Health, Functional Family Therapy, inpatient, and Community Rehabilitation Service. A crisis residential has been approved through reinvestment dollars, but startup has been delayed due to locational issues. A change for next year will be the elimination of the Family Focused Behavioral Health Service due to DPW eliminating the license. Initial discussions are under way to offer outpatient in schools on a pilot basis. Also a major initiative for next year is to increase the number of outpatient providers serving the Latino citizens, in order to provide increased options for services to members.

Special/Underserved Populations

Individuals transitioning out of state hospitals

Lehigh County's state hospital liaison focuses on individuals who have been in Wernersville State Hospital (WeSH) longer than two consecutive years and coordinates with county housing and community staff to ensure these individuals experience a successful transition into the community.

The CHIPP Coordinator will utilize the EAC, ACT services and other community resources to maximize the number of individuals who are diverted from admission to WeSH.

Co-occurring

There are many community programs Lehigh County utilizes for individuals who have both a serious mental illness and substance abuse disorder. Some of those include: Step-by-Step who offers a dual program where consumers can access treatment and case management services, The Lehigh Valley D&A Intake Unit that assesses the needs of individuals with co-occurring disorders, makes recommendations regarding D&A treatment or rehabilitation placement, and provides intensive case management services, and Haven House on-site psychiatric rehabilitation which includes a Drug & Alcohol group component. Additionally, residential providers funded by the county are

expected to serve county residents who have a serious mental illness and who may also have a co-occurring substance abuse disorder and/or intellectual disability.

Justice-involved individuals

Lehigh County has utilized the Sequential Intercept Model. The model specified five intercept point for intervention with the criminal justice population the first being at the point of arrest and the last point with the probation / parole / aftercare client. Lehigh County has used the model to assess available resources, determine gaps in services, and plan for community change. These activities involve a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pre-trial services, courts, jails, community corrections, housing, health, social services, and many others.

While we have experienced varying degrees of success with intercepts 2-5, we still need to work on developing the first intercept, involving law enforcement and diversion of those arrested on minor charges that are mentally ill. There has been an initial discussion between corrections and Human Services. The next step will be a site visit to a Montgomery County facility that serves this diversion function.

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

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

Intercept #4: Re-entry Committee involves the County's The Re-entry Committee. This is a multi-disciplinary team that meets every other

week to discuss and develop re-entry plans for inmates who have a variety of needs including mental health and/or intellectual disabilities. The committee consists of Lehigh County Prison entities: administration, supervisors, case manager, nurse-supervisor, and mental health professional, Lehigh County SPORE: Director and Forensic Case Manager.

Intercept # 5 involves our SPORE program. S.P.O.R.E. is a joint program that supervises those offenders that have mental illness and/or mental retardation that have received a county term of probation or parole. S.P.O.R.E. integrates the criminal justice system of Lehigh County and the Mental Health/Mental Retardation system of Lehigh County. This collaborative effort combines the resources of two systems in order to provide a greater positive impact on behalf of the client.

Adult S.P.O.R.E. can provide two main functions; one being a diagnostic function and the other a case management/supervision function. A part time psychiatrist and psychologist contract with Adult S.P.O.R.E. to complete evaluations. These evaluations help to identify a person's mental health needs as well as provide a diagnosis for appropriate case management assignment within Adult S.P.O.R.E.

The Case Management/ Supervision function of S.P.O.R.E has three distinct categories: S.P.O.R.E Intensive Teams, Forensic Resource Team, and Forensic Case Management.

Juvenile SPORE incorporates the Balanced Approach to Restorative Justice to its philosophy and service delivery. It does this through holding the juvenile accountable, maintaining safety, and helping the juvenile develop competencies. The Juvenile S.P.O.R.E. teams see their clients up to three times a week, with a focus on the needs of the family and integrate those needs into the treatment and goal planning. They will meet the juvenile in various settings; home, school, and at the probation office. Juvenile SPORE interconnects and collaborates with many systems and entities. Case-management remains a key to helping and assisting the juveniles and their families in Juvenile SPORE.

Veterans

The mental health office, represented by the MH/ID Administrator, participates in the county's Veteran's Mentoring program. (VMP) One of the goals of the program is early identification of veterans who are experiencing mental health issues and have been charged with misdemeanors or non-violent felonies. These individuals are paired with

a veteran mentor who helps the individual navigate the criminal justice, treatment and VA systems.

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

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

As was mentioned above, the mental health office was involved in hosting the Keystone Pride Initiative Lehigh County hosted the training, "Creating Welcoming and Affirming Services for Persons who are LGBTQI." Staff has also collaborated with the American Foundation for Suicide Prevention (AFSP) and local Gay Straight Alliances in providing education to the community on suicide and LGBT populations.

Racial/Ethnic/Linguistic minorities

Outpatient providers, such as the Hispanic American Organization, will continue to be utilized to support individuals whose primary language is Spanish. The

The Hispanic American Organization also operates a Housing Services program that places hundreds of families into affordable, decent housing every year. Last year HAO served 2,425 individuals with Housing Case Management Services. Extensive counseling on budgeting accompanies the service so that people can maintain their homes once they are moved in. Limited funds are available to offer rent assistance to families.

Recovery-Oriented Systems Transformation

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

Our greatest need is for safe, appropriate and affordable housing that is permanent. Pursuant to an 811 tax credit, Lehigh County will be coordinating with the Allentown Housing Authority the opportunity to work towards the development of 5-10 apartment units in the Cumberland Gardens Neighborhood in Allentown. Each of these units will have a minimum of a 30 year tenancy.

This transformation priority and related activities will be explored with Lehigh County HealthChoices and Magellan to determine the viability of adding this service to those presently offered in the county. A decision on whether we will be able to proceed with this as an in plan service will be made by August 31, 2013.

Lehigh County is able to implement/accomplish this priority utilizing Lehigh County HealthChoices reinvestment funding.

Quality Management Plan for Tracking Implementation/Outcomes

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

2. Peer Support/Self-Help

There has been an increase in the number of individuals in the prison system that has a mental health diagnosis. Lehigh County will explore utilizing forensic peers for individuals experiencing significant mental health disorders in the criminal justice system. In addition to being trained as forensic peers, these individuals will also be cultural competent to work with the citizens of Lehigh County as needed.

This transformation priority and related activities will be explored with Lehigh County HealthChoices and Magellan to determine the viability of adding this service to those presently offered in the county. A decision on whether we will be able to proceed with this as an in plan service will be made by August 31, 2013.

Lehigh County is able to implement/accomplish this priority utilizing Lehigh County HealthChoices/Magellan funding. The county would seek to work with a provider who could provide training for certified peers within their operating budget.

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

3. Expand Forensic Services/ Collaboration with Criminal Justice

Lehigh County will implement the first intercept of the Sequential Intercept Model by training 911 dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents; train police officers to respond to calls where mental illness may be a factor

Training will commence in October 2013.

Lehigh County has applied for a Pennsylvania Commission on Crime and Delinquency (PCCD) grant. A decision will be made in September 2013 regarding whether we will receive the funding. If the PCCD grant

is not secured, mental health, crisis intervention and SPORE staff will provide the training utilizing existing county resources.

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

Intellectual Disabilities Services

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom the base or block grant funds have or will be expended.

Under the direction of the MH/ID Administrator, the Deputy for Administrative Services along with three Program Specialists, Support and Fiscal Management is responsible for the overall planning, development and monitoring of services to individuals and their families deemed eligible for services. This includes duties contained in the Administrative Entity Operating Agreement. These duties include, but are not limited to:

- Waiver Capacity Management
- Level of Care Assessment
- Waiver Enrollments
- Approval and Authorization of Individual Support Plans
- Service Requests
- Qualification of Providers
- Monitoring of Providers
- Quality Management Plan

Using a consumer focused planning process, an individual/family can be provided with a wide array of services to best meet needs. These services include habilitation, respite, physical adaptations, transportation, therapy services, adaptive appliances and equipment, homemaker/chore services, personal support and permanency planning, family living homes, community homes, and employment services.

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

Currently, Lehigh County Intellectual Disabilities has 740 individuals enrolled in one of two waiver programs. There are 309 individuals enrolled that receive base funds. Most of these 470 individuals receive under \$2,000 of funding

There are 29 individuals who graduated high school in June 2013 that are in need of supports in order to participate in day activities. We have submitted a request for increased waiver capacity to serve these individuals.

There are two individuals that are aging out of EPSDT services this fiscal year and will require intensive in home supports as both are medically involved. One of these individuals has already been identified for a consolidated waiver under our current capacity. The other individual ages out of EPSDT services in October 2013. As of this date, funding has not been identified for this individual.

Three individuals have been identified to be discharged from a state center in the current fiscal year. We will participate in the discharge planning process for these individuals. We will then be responsible for locating a community based provider to serve these individuals. Once a provider has been identified, increased waiver capacity will be given to the county in order to fund the program as required under the Benjamin Settlement agreement.

There are no individuals identified as leaving Children and Youth Services this year.

Lehigh County currently has 160 individuals on Emergency status of PUNS. There are 181 individuals on Critical status of PUNS. We will serve as many of these individuals as we can as waiver capacity becomes available.

	Estimated/Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Supported Employment	20	25
Sheltered	17	17

Workshop		
Adult Training Facility	0	0
Base Funded Supports Coordination	125	130
Residential (6400)	4	5
Lifesharing (6500)	7	9
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support	264	300

Supported Employment (describe the services provided, changes proposed for the current year, and how you propose to support growth of this option.

Please add specifics regarding the Employment Pilot if your County is a participant)

Lehigh County is involved in many activities that promote and develop community employment opportunities for individuals with intellectual disabilities. All of the funding available through the employment pilot has been allocated for the current fiscal year resulting in employment for 9 young adults.

Lehigh County actively participates in the employment coalition with school districts, Intermediate Unit staff, SCOs providers, advocates and ODP. The coalition develops strategic plans in order to meet the objectives of the coalition which includes enhancing opportunities for the individuals in the pilot & developing opportunities for students who will be graduating. The coalition will be offering a series of educational seminars for individuals and families around employment and related topics.

Lehigh County sits on the Advisory Board of Project Search which is a program funded by the school districts that matches student interns with employers. Typically, the interns are scheduled to graduate at the end of the school year; the goal is to give these young adults employment experience. This year there are 12 interns who will all graduate in 2013. Lehigh County will work with Project Search and the individuals in an effort to continue their employment beyond the end of the school year.

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

Base Funded Supports Coordination (describe the services provided, changes proposed for the current year, and how transition services from the ICD/ID and other facility based programs will be supported)

Base funded Supports Coordination is provided by Service Access and Management Inc. This is the same service offered to individuals who are enrolled in one of two ID waiver programs. Supports Coordinators locate, coordinate, and monitor services. Lehigh County fully supports individuals transitioning from private or state run Intermediary Care Facilities to the community. Lehigh County shows this support by adequately funding support coordination in order to identify the most appropriate community placement. There are currently 125 individuals receiving base funded supports coordination

Life Sharing Options (describe the services provided and identify how you propose to support growth of this option)

Lehigh County has developed and sustained a successful lifesharing program. There are approximately 80 individuals receiving lifesharing services. This number has remained stable & has not been affected by attrition- additional individuals choose life sharing at about the same rate as individuals leave life sharing. Lehigh County works collaboratively with SCOs, providers and advocacy groups to educate individuals and families about life sharing and to encourage exploration. Lehigh County, in collaboration with Northampton County, SCOs and the Arc offer life sharing forums bi annually as part of these outreach and education efforts. Lehigh County ensures that lifesharing is discussed as a choice for individuals in group homes and with individuals and families exploring residential options.

Cross Systems Communication and Training (describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions)

Intellectual Disabilities staff participates in the County's Youth Cross System Team. This team meets weekly to discuss individual who are

involved with more than one county human service office. Through these meetings, individual offices become very familiar with structure and workings of other county offices. ID regularly interacts with the mental health office in order to efficiently serve dually diagnosed individuals. This interaction has a benefit as there have been no admission of and ID registered individual to a state center or state hospital in several years.

Emergency Supports (describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment)

Waiver Capacity (and funding) is utilized if at all possibility to address an emergency. In the event that waiver funds are not available, base funds are utilized to address the emergency situation and maintain the health and safety of the individuals involved in the emergency. To date there has been sufficient base funds available to address emergencies that have occurred at a time when waiver capacity is not present

Administrative Funding (describe the maintenance of effort to support the base or block grant funded services, as well as the function of the administrative Entity Operating Agreement)

Administrative funding amounts are indicated in attachment C. The program, and fiscal direct and indirect administrative staff, and administrative supports will continue to be provided to meet program commitments.

Homeless Assistance

Describe the continuum of services to homeless and near homeless individuals and families within the county

With Homeless Assistance Program (HAP) funds, Lehigh County, through contracted purchased services, provides a continuum of services to homeless or near homeless individuals and families. The 2011 Single Day Point in Time Homeless Count showed 756 sheltered and unsheltered homeless persons in Northeastern PA and Allentown with 75 percent of all urban homeless persons located in Lehigh and Northampton Counties.

One HAP contracted provider serves as the HC Clearinghouse, an alignment that furthers the opportunities for individuals in need of assistance for supportive and affordable housing. HAP funds are used to address short-term housing needs while the contracted agencies collaborate with other organizations, including DHS agencies, to meet other needs to assist people in becoming and remaining self-sufficient.

These agencies will partner with job placement agencies, landlords, and other community organizations to assist individuals and families locate permanent housing, and also obtain the necessary skills to maintain permanent housing.

Upon discharge from the HAP, six and 12 month follow-up contacts with individuals and families will be completed to verify the consumer is maintaining employment, keeping current on rental payments, and maintaining permanent housing. This will be accomplished through completion of short surveys by both the individual/family and the landlord. Provider contracts using HAP funds will require the collection of data documenting the referral of individuals to other resources, such as health care and employment training.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	0	0
Case Management	1200	1200
Rental Assistance	1200	1200
Emergency Shelter	0	0
Other Housing Supports	0	0

Bridge Housing (describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided)

Bridge Housing Program was managed through Valley Housing Development Corporation and discontinued in 2007.

Case Management (describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided)

Community organizations provide case management and rental assistance to approximately 1200 individuals during the 2012/2013 fiscal year. The primary goal required for use of HAP funding is to assist homeless families and individuals become self-sufficient with the final

goal being permanent living arrangements. Case management service may include a wide variety of assistance to achieve housing permanency. These include: help in locating housing, assistance in the rental process, working with a landlord, skill development in the areas of budgeting, time management, and planning. Linkages with other community resources including employment services such as job search, resume preparation as well as linkages with educational programs.

Rental Assistance (describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided)

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

Emergency Shelter (describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided, list emergency shelters and the population served)

Homeless Assistance Funds are not utilized for Emergency Shelter. There are other sources of support for emergency housing and we wish to focus on housing permanency because of the association between homelessness and so many other problems.

- Lehigh County Shelters:
- Allentown Rescue Mission – males 18+
- Fowler Hospitality House Salvation Army – women and children
- Catholic Social Agency (Madonna House Program) – pregnant women and pregnant teenagers
- Sixth Street Shelter – families
- Turning Point – victims of domestic violence
- Valley Housing Development Corporation – homeless with serious and persistent mental illness
- Valley Youth House – adolescents age 12 -17

Other Housing Supports (describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided)

Participation with LHOT – Local Housing Options Team. Local Housing Options Team (LHOT) provides information about housing programs and opportunities for people with physical, mental illness and co-occurring disorders disabilities to be linked with housing resources. In

Lehigh County the coalition is housed in the Lehigh Valley Center for Independent Living. There is a good match between the centers and the Housing Programs mission of helping consumers achieve independence.

Children and Youth

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

The Lehigh County Office of Children and Youth (OCYS) continues to strive to maintain and enhance our provision of services with a focus on organizational improvement and best practice standards. Every effort involves various agency leaders, community leaders, providers of services and consumers of services who have volunteered to work on both the various full committees and sub-committees that have been developed in order to address areas of need within each initiative. Recommendations are funneled back into formal groups such as the Children's Roundtable, the Youth Crime and Violence Task Force, the Mental Health and Substance Abuse Committee and the Systems of Care Team. All of these groups help to support and sustain the various initiatives that are in place so as to enhance our practice and strengthen our community overall.

OCYS is fortunate to have a strong partnership with the Lehigh County Courts. We continue our efforts toward strengthening our work with families through our Children's Round Table (CRT). In addition to the larger CRT group, we have recently implemented a CRT executive team. This team includes all of the representatives that attend the Children's Summit, State and Regional CRT meetings and the committee chairs of each of our sub-committees. The group acts as a steering committee for the larger CRT and its sub-committees.

Work on the various CRT sub-committees over the past year has been critical to our success and the development of initiatives that impact our utilization of block grant funds. For example, the educational sub-committee continues its work toward addressing truancy at the elementary level. A solid partnership has developed with the local school district and plans are underway to expand the truancy program to include additional elementary schools and the middle schools. Further, based on our work on the CRT as a permanency practice County and our shared knowledge of the effectiveness of FGDM, the team has determined that Family Group Decision Making will be utilized in an effort to assist the

families in developing a plan to address the truancy concerns. Once a Family Group is conducted, the family team will have the benefit of additional program supports to assist in supporting the family and the family plan through the offering of FFT or a local in home provider of truancy intervention services.

OCYS continues to maintain a small unit dedicated to Family Finding and Family Group Conferencing. The unit has developed protocols related to both initiatives and we have two strong implementation teams making recommendations for practice improvement. Over the course of the past year the unit has worked to further develop our family finding efforts. We are committed to implementing family finding at the point of out of home placement and as a result have seen an increase in the utilization of kin for children who must be removed from the home. In regard to FGDM, we have recently engaged two providers in addition to our own unit to assist us with managing the volume of cases that we are referring to FGDM. Our volume of referrals to FGDM has nearly doubled in number as compared to those referred last year. A recent effort to provide FGDM for families who are struggling but do not rise to the level of formal child welfare intervention has yielded additional referrals to our two providers. We will continue our efforts to provide all families with the opportunity for FGDM and FF at specific timelines within the case as families move through the system.

Over the course of the coming year we intend to continue to provide FGDM for families who enter the system at any point across the Department of Human Services, the local prison, and the JPO department. The block grant has allowed and enhanced this effort and therefore assisted many in the DHS to recognize the value of a shifted focus to one of engaging family in case planning and decision making. While this area of our practice is still in its infancy and there are struggles with shifting the system approach and therefore practice overall, it is expected that this effort along with our implementation of FGDM for families who present with truancy concerns will increase our level of FGDM utilization.

This year marks the second year of our full agency restructure of case assignments. As a family comes into the agency for assessment the family is assigned to one worker. This assigned worker stays with the family throughout the life of the case. In the event there is a need for a termination of parental rights, the assigned worker will take the case through the court process until the case is resolved. Although the casework staff continues to adjust to this shift in practice, this change in process is an effort that is becoming embedded in our daily practice and staff are beginning to verbalize the benefit of this approach for the families and children served by the agency.

Over the past two years we have implemented diversionary services that are intended to assist and support families who do not rise to the level of significant longer term public child welfare need. This is part of our effort to prevent families from furthering patterns that could result in agency involvement at a later point. We are using FFT for this aspect of our work and given the volume of need within the community, our local FFT provider has agreed to expand capacity and therefore we expect an increase in utilization over the coming year.

Promising Practice - for each service provide a brief description of the service, the target population, service provider, and benchmarks / outcomes. For FY 2012-13 and FY 2013-14 provide the number served or projected to be served, the number of successful referrals and estimated costs, including the method of funding (i.e. program funded, performance based, etc.)

Brief Description

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

Target Population

Children who are drug impacted and age zero to three.

Provider

Community Services for Children

Benchmarks and Outcomes

Through our collaboration with this program, the two systems are able to reduce duplication of services, and support the attainment of the child welfare goals related to reducing repeated abuse, assuring child well-being and child permanence.

Outcomes are largely related to child well-being including the developmental milestones specific to gross motor skills, fine motor skills, cognitive, language and social emotional skill development. In addition, the program assesses drug impact symptoms, specifically, irritability, hypersensitivity, poor regulation and tremors. All children in the program evidence significant improvement in each of these areas. Children's physical health, dental health and immunization needs are assessed and required updates are conducted as needed. Child permanence is addressed by the effective transition to a stable, permanent home and caregiver rather than a continued placement in out of home care. Child well-being is also measured by the number of repeat incidences of child abuse while in the program and the incidences of accidental injury.

Child development is measured by the Early Learning Accomplishment Profile every two months until 9 months of age and then every 3 months thereafter until child ages out of the program at age 3. The Ages and Stages Questionnaire is also used to assess a child's social emotional development. Child abuse data is collected monthly during a joint Multi-disciplinary meeting between Children and Youth and EHS-SafeStart staff. This information is reported annually. Transitions to stable permanent homes or transitions from the program data is collected/compiled monthly at Multi-disciplinary meetings. This detail is collected by the caseworker from OCYS, the home visitor and the Therapeutic Family Coach. This information is aggregated and reported annually. Health information is gathered from medical records from the children's health care providers as well as any 3rd party health care provider involvement. Information is reported to OHS/DHHS 3 times per year and to OCYS annually per the program contract.

Number Served

Since the inception of the program 52 children have been served, of those, 94% have achieved permanency, 60% have transitioned to head start on age developmentally, 67% resolved drug impact symptoms and there have been no repeated incidences of child abuse or accidental injury.

There are 33 children served in the program on a daily basis this number is constant for FY 2012-13 and FY 13-14. The program typically maintains a waiting list so that when a child is ready for discharge there

is a child ready to begin. The program provides transportation for each child.

Estimated Costs

The costs for the program are based on a weekly rate of \$233.70
FY 2012-13 year to date total expenses for all programs and supports=
\$316,455

FY 2013-2014 plan = \$401,029.90

Housing - for each service provide a brief description of the service, the target population, service provider, and benchmarks / outcomes. For FY 2012-13 and FY 2013-14 provide the number served or projected to be served, the number of successful referrals and estimated costs, including the method of funding (i.e. program funded, performance based, etc.)

Brief Description

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

Target Population

All of the programs make services available to families in Lehigh County.

Provider

There are three providers in this category of service and they are Community Action Committee of the Lehigh Valley, Sixth Street Shelter program, The New Bethany Shelter and the Salvation Army Shelter, Hospitality House. Funding in this category is also utilized for housing assistance to families involved with OCYS, including financial assistance for rent and security deposits so as to move children out of foster care reunifying them with their family of origin.

Benchmarks and Outcomes

Benchmarks include securing employment and moving to affordable housing. Of the 86 families served, 39 moved from the shelter into affordable or stable housing, 28 were employed at discharge, 5 were enrolled in a job training program and 12 were receiving social security benefits and had medical reasons that precluded them from finding employment.

Number Served

In FY 2012-13 to date the programs have served 86 families, including 103 adults and 192 children. It is expected that for FY 13-14 the programs will continue to serve the families referred including 90-100 families throughout the year.

Estimated Costs:

FY 2012-13 rates:

Community Action Committee of the Lehigh Valley : Sixth Street Shelter		
Rent for Nine (9) Apartments Reserved for LCOCYS	Per Day	\$ 43.12
Supportive Services (case management)	Per Hour	\$ 50.00
Additional Apartment Rental	Per Day	\$ 43.12

New Bethany Ministries		
Transitional Housing Program	Per Day	\$55.14

Salvation Army Hospitality House		
Family Rate- Three Individuals or Above (Includes Meals)	Per Diem	\$ 70.55
Adult with One Child (Includes meals)	Per Diem	\$ 58.22

FY 2012-13 year to date total expenses for all programs and supports = \$316,455.00

F Y 2013 -2014 plan for utilization = \$416, 455

Alternatives to Truancy - for each service provide a brief description of the service, the target population, service provider, and benchmarks / outcomes. For FY 2012-13 and FY 2013-14 provide the number served or projected to be served, the number of

successful referrals and estimated costs, including the method of funding (i.e. program funded, performance based, etc.)

Brief Description

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

Target Population

Children in the Allentown School District who are identified as at risk for truancy or are truant. Service interventions range from kindergarten through twelfth grade.

Provider

The providers of service in this category include The Mosser Village Family Center, truancy Intervention Coordinator, Pinebrook Family Services, Making the Grade program and the Valley Youth House, Truancy Intervention Program.

Benchmarks and Outcomes

The benchmarks for the program are to improve school attendance and decrease school disciplinary infractions. Child's truancy status is measured at initiation and conclusion and at six months post service conclusion. Mid-year reports indicate that there is progress occurring however, many of the children remain in the program and therefore specific data is not yet available but due to OCYS on July 15, 2013.

Number Served

Beginning FY 2012 to end of March 2013 included 28 referrals made to the programs noted. This referral number is low due to issues relating to referral processes at the school district and within the agency. This issue has since been addressed and all of the programs currently have waiting lists. It is anticipated that over the later portion of this contract year the program referrals will exceed 50.

FY 2013-14 will involve a restructuring of the program and as a result we expect to further refine our truancy work and provide truancy services to nearly 200 families.

Estimated Costs

For FY 2012-13 expenses will reach \$130,000.

For FY 2013-14 planned expenses are \$669,240

For FY 2013-14 based on our work with the Children's Roundtable we have identified truancy as one of the key areas of focus for Lehigh County. As a result, we are expecting to increase our program capacity across several elementary schools in the Allentown School District. Should the budget allow the program will include the addition of six truancy outreach workers who are to be assigned across the district based on district catchment areas and a truancy program coordinator. The staff for the program will be located within the Allentown School District. The truancy coordinator will manage the truancy program acting as a liaison for all systems involved. The coordinator will assure that the truancy outreach workers are meeting with families, addressing areas of concern; attending FGDM meetings and assuring provider follow up. The coordinator will also be responsible for managing data and outcomes for the program and working with the local magisterial Court Judges to train and assure consistency across catchment areas. The coordinator will also act as the link between the cross system teams and the truancy work, addressing areas of concern and adjusting program expectations to assure successful outcomes. The truancy outreach workers will work across two to three elementary schools and follow the children into the middle school so as to provide a continuum of care in response to issues related to truancy.

The outreach workers will be the key lead on the local elementary school attendance team. In addition to the truancy workers, the attendance team will include the school guidance counselor, school nurse, home school visitor, support staff and a school administrator or administrator's assistant. The attendance team will review the attendance practices for each student enrolled and will work with the team to develop a plan for those children who are identified by the team as being at high risk for truancy based on a the number and cause for absences. Following the review by the attendance team, the truancy outreach worker will follow through with the recommendation from the team including visiting the home to assess need via a family needs assessment and recommend interventions. FGDM will be provided to families so that the family can be provided additional supports and develop a plan to address the truancy concerns prior to truancy citation. In addition, we will continue utilization of two providers who will work with the families post FGDM to assist with initiating and supporting the family plan. All of the staff involved in this initiative is expected to work in the familial home so as to address and decrease the issues related to truancy. Staff is also expected to provide referrals as needed to other community supports in an effort to address areas of concern within the family that are not related to truancy.

Evidence Based Programs - for each service provide a brief description of the service, the target population, service provider, and benchmarks / outcomes. For FY 2012-13 and FY 2013-14 provide the number served or projected to be served, the number of successful referrals and estimated costs, including the method of funding (i.e. program funded, performance based, etc.)

Multi-systemic therapy

Brief Description

Multi-systemic therapy is an in home prescribed evidence based program. It is an intensive, family driven treatment model that addresses ways to decrease the occurrence of verbal / physical aggression in teens, disrespect, making poor choices, use of drugs and alcohol, run away behavior, truancy or behavioral issues at school. The program addresses issues related to youth behavioral concerns and works with parents to reframe and empower caregiver thinking and interventions for the youth within the home.

Target Population

The target population for this program is youth in the age range of 12-17.

Provider

The provider of this service in Lehigh County is Community Solutions, Inc.

Benchmarks and Outcomes

As noted, program requirements, practices and characteristics are prescribed and measured outcomes for the report period 8/1/2012-1/31/2012 are measured in percentage based on 0-100% change as follows:

- Parenting skills
- Improved family relationships
- Improved network supports
- Success in education / vocational settings
- Involvement in pro-social peers and activities
- Sustained change
- Youth living at home
- youth in school / working
- Youth with no new arrests

The outcomes for JPO range from 75% increase to 100% across all categories while the outcomes for OCYS range from 50% to 100% across categories.

Number Served

For FY 2012-2013 the number of youth and families expected to be served is 50

For FY 2013-14 the number served is expected to increase to 60.

Estimated Costs

Funding for this program is based on an hourly rate for face to face contact with youth and families.

Expenditures year to date for FY 2012-13 are \$ 118,796.40.

Expenditure for 2013-2014 is planned at \$275,000

Functional Family Therapy

Brief Description

Functional family therapy is in home evidence based family treatment program targeting co-occurring mental health and substance abuse issues.

Target Population

The target population for this program is children and youth ages 10-18.

Provider

The provider of this service in Lehigh County is Valley Youth House.

Benchmarks and Outcomes

The program utilizes an array of standardized measures and non-standardized clinical judgments including pre-and post-testing as follows:

- Parenting
- Communication
- Conflict
- Community supports
- Behavioral indicators
- Youth substance abuse

FFT achieves its benchmarks (50% improvement for each category and 60% on behavioral indicators) on virtually all indicators averaging 60% across each measurement.

Number Served

For FY 2012-13 the number of children and youth expected to be accessing the program is 60.

For FY 2013-14 it is anticipated that the utilization will increase to 75. The increase is anticipated because we have added a team to the FFT program with the expectation to increase our utilization of the program.

Estimated Costs

Funding for this program is based on an hourly rate for face to face contact with youth and families.

FY 2012-13 expenses through April are \$49,895.40

FY 2013-2014 are planned at \$100,000

Hi-Fidelity Wrap Around

This is a program that has been successfully funded through our Health Choices program and as such we are utilizing these funds to support our other programs within the block grant.

Family Group Decision Making

Brief Description

FGDM is a process by which a family coordinator works with identified family members to bring them together in an effort to discuss and plan for an issue within the family that requires resolution.

Target Population

Families in Lehigh County are referred by various offices across DHS, Juvenile Probation and school districts.

Provider

OCYS maintains an internal unit that handles family finding and family group emergency meetings. In addition, we have contracted for FGDM with two local providers, Justice Works Youth Care and Kidspace.

Benchmarks and Outcomes

Service outcomes for JPO are 1) successful completion of the FGDM family plan by the family, 2) the successful release of youth from probation supervision and 3) the youth remaining adjudication and conviction free from further criminal activity. Outcomes will be measured at case closing and 2 years post release.

Outcomes for OCYS include:

- a decreased number of children in substitute care
- increased placement with kinship when placement is necessary
- a decreased length of stay in substitute care
- an increase in development and implementation of family plans as the FSP document
- introduction and inclusion of the family plan in Court Orders for both protective service Orders and Orders related to children in substitute care.

Providers are asked to track measurements on child status at time of referral, at conference and at time of follow up conference.

Since our implementation of FGDM along with our other permanency practice initiatives we have seen a 50% reduction in out of home placements. We have also significantly increased our utilization of kin care in that currently, of the children in a foster care out of home setting, 43% are living with Kin. The decreased length of stay in out of home care is an item that requires agency-wide attention. We are seeing trends that indicate many of our children in out of home care return within the first three months of placement yet if they stay beyond that time frame; it is likely that they will remain for 1 to 2 years. This is an item that is noted in our needs based budget as one of requiring improvement. Our continued efforts of providing FGDM are expected to assist us toward improving this measure.

Number Served

To date in FY 2012-13 there have been 91 referrals.
For FY 2013-14 we intend to respond to 150 referrals.

Estimated Costs

The reimbursement for FGDM is based on the completion of a family group meeting and the development of a family plan. The provider receives payment for a full conference and an unsuccessful referral for Family Group, where they have initiated family engagement. In addition,

there is an hourly rate paid for follow up meetings beyond the initial family group meeting.

For FY 2012-13 year to date the agency has expended \$387,451.75
FY 2013- 14 is planned at \$516,218

We will be expanding funding as is possible in order to cover an expansion of the program to 150 referrals. The increase is intended to cover a program expansion including the implementation of a pilot program related to truancy with the local Allentown School District and an expected increase in use by the Juvenile Probation Department.

Multi-dimensional Treatment Foster Care

Brief description

This is Foster Care with various Therapeutic Services. The Therapeutic Services provided are provided by a team of staff which includes Program Supervisor, Child Therapist, Family Therapist, Skills trainer, Treatment Parent Recruiter/Trainer, and PDR Caller. The Youth receives the following components:

- The Program Supervisor is on-call to families 24/7/ for support and assistance.
- A behavior management system, implemented by the treatment parents.
- Treatment parents provide close supervision, clear limits, and consistent follow-through with consequences.
- At least one hour/week of family therapy with the youth's identified aftercare family provided by the Family Therapist.
- At least one hour/week of individual therapy with the youth provided by the Child Therapist.
- Approximately 2 hours/week with Skills Trainer to engage in pro-social activities and to learn and practice pro-social skills.
- Collaboration with prescribing physician for youth on psychotropic medication.

Target Population

Between ages 12-17 who are DSM-IV-TR diagnosis and serious behavior problems.

Provider

Children's Home of Reading Youth and Family Services.

Benchmarks/Outcomes

The provider, Children's Home of Reading will determine successful versus unsuccessful discharges. Upon successful discharge, the Children's Home of Reading will perform 6 and 12 months of follow-up. The outcomes measured will include a communication survey, a parenting survey, a child and adolescent functional assessment, client satisfaction upon discharge, and referral source satisfaction upon discharge. The Lehigh County Juvenile Probation Department will determine successful or unsuccessful at the time of case closure. The client will continued to be tracked to determine recidivism for 2 years after case closure.

The agency / provider contract requires a Semi Annual Outcome Report for the period covering July 1st to December 31st due the following January 15th and an Annual Outcome Report covering the whole fiscal year July 1st to June 30th is due the following July 15th

Number of served:

12-13 FY - 2

13-14 FY - 3

Estimated Cost

12-13 FY - \$12,218

13-14 FY - \$15,265

Funding is based on contracted Per Diem rate for Room and Board. Therapeutic services paid by MA/Manage Care Organization.

Drug and Alcohol Services

Briefly describe the current substance abuse system available to the county residents. This overview should include information regarding access to services, waiting list issues, and coordination within the county human services system to support special populations (juvenile justice-involved, veterans, minorities, etc.) and any local emerging substance abuse trends that will impact the current services.

Lehigh County Drug and Alcohol Abuse Services are responsible to ensure the provision of quality alcohol, tobacco and other drug abuse Prevention, Intervention, Treatment, Case Management HIV/AIDS, TB and Housing services for Lehigh County residents. The services seek to

decrease addiction and its effects throughout the County and deploy federal, state, and county resources to accomplish this goal

During FY 2011-12, the SCA contracted with 51 facilities for treatment services, 13 in County and 38 out of County. Services for provided for the general community with specific attention paid to targeted populations such as pregnant women, women with children, adolescents, minorities, criminal justice offenders, mentally ill and substance abuse (co-occurring), those who are high risk for HIV/AIDS and/or TB, and the homeless seeking drug and alcohol treatment services

Access to Services_is gained through participating in an assessment process which is offered by a central intake organization as well as four outpatient providers. These services offer day and evening hours and offer emergency assessments as well. Services are determined by the outcome of the assessment and the type of care recommended by the Pennsylvania Client Placement Criteria. Last fiscal year 2061 assessments were conducted.

Waiting List Issues – None

Coordination Within the County Human Services System to Support Special Populations

The SCA is extensively involved in County based coordinated projects. These include several partnerships with the Department of Corrections. One partnership with the Lehigh County Community Corrections center focused on inmates on work release or on probation to link them with treatment services. Last fiscal year 184 inmates were linked with Drug and Alcohol Treatment Services. Second SCA staff participates in Team MISA Projects which include participation by Corrections, Mental Health, Crisis, Probation, and Corrections to link inmates with services to facilitate early release. There is both an adult and adolescent program. Last SCA staff participates in the Veteran's Mentoring Program which matches veterans with mentors to avoid their penetration into the criminal justice system.

SCA staff participates in the post placement meeting for all Office of Children and Youth discharges from placement in order to link parents with Substance Abuse Services. There was 650 youth discussed during the last fiscal year. SCA staff also participates in the county child death review team. SCA staff also participates in a number of other cross system efforts including the Children's Round Table, the Criminal Justice Advisory Board, and Systems of Care All off these efforts have representation from across the Department of Human Services, Probation, and Corrections.

Substance Abuse Trends

Lehigh County citizens are not exempt from common trends in substance abuse ranging from high rates of alcohol consumption at assisted living facilities to use of a range of designer drugs including synthetic marijuana, and inhalants, abuse and off label use of prescription drugs. However drug of choice for Lehigh County citizens assessed last year was marijuana and alcohol each preferred by in excess of 500 individuals, and heroin preferred by more than 200 individuals.

Older Adults (ages 60 and above) – describe the current services for this population and how funding from this program will support services for this population.

While this population is not a “typical” population seeking drug and alcohol services, it should not be overlooked as a population in need. We currently provide assessments and all levels of treatment should a resident request to access services and deemed to meet criteria based on the Pennsylvania Client Placement Criteria (PCPC). This block grant would continue to allow us to fund these drug and alcohol services.

Currently, most residents in this age population tend to have another source of funding, such as Medicare. This block grant would allow clients to access services not covered due to other funding stream limitations.

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

Adult (ages 18 – 55) - describe the current services for this population and how the funding from this plan will support services for this population.

A majority of Lehigh County residents accessing drug and alcohol services fall within this population. We currently provide assessments and all levels of treatment should a resident request access to services and deemed to meet criteria based on the Pennsylvania Client Placement Criteria (PCPC). This block grant would continue to allow us to fund all levels of drug and alcohol services.

This population tends to be our “working poor”, veterans, or criminal-justice clients. The “working poor” or veteran residents are typically not eligible to access Medical Assistance or Veteran’s benefits for drug and alcohol services based on current guidelines. This block grant would allow funding to resident who are the “working poor” or veteran’s within our county.

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

The services available to this population include: assessment, case management, outpatient, intensive outpatient, detoxification, inpatient, dual diagnosis services. Service usage trends are as follows:

Category	# of Service Users
Intensive Outpatient	512
Outpatient	423
Short term Residential	274
Detoxification	219
Mental Health Evaluation	217

Transitional-Age Youth (ages 18 through 26) – describe the current services for this population and how funding from this plan will support services for this population.

Lehigh County residents accessing drug and alcohol treatment within this age population tend to be funded via various other funding streams. We currently provide assessments and all levels of treatment should a resident request access to services and deemed to meet criteria based on the Pennsylvania Client Placement Criteria (PCPC). This block grant would continue to allow us to fund all levels of drug and alcohol services should a transitional-age youth not have funding to access services.

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

Adolescents (under 18) – describe the current services of this population and how funding from this plan will support services for this population.

Lehigh County residents accessing drug and alcohol treatment within this age population tend to be funded via various other funding streams. We currently provide assessments and all levels of treatment should a resident request access to services and deemed to meet criteria based on the Pennsylvania Client Placement Criteria (PCPC). This block grant would continue to allow us to fund all levels of drug and alcohol services should a transitional-age youth not have funding to access services. In 2011/2012 553 of the people participating in assessments were teenagers

In addition to the treatment services described above the department arranges for an extensive array of school based services for teenagers including staffing all of the High School and Middle School Student Assistance Programs, and having a contractor certified to train SAP team members. Last year over 1000 hours were spent consulting with school SAP teams. Class room based prevention services assist thousands of teens stay drug free and more intensive programs aimed at teens and families are sponsored by the department. These include Project Success, and the Strengthening Families Program.

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

Individuals with Co-occurring psychiatric and substance use disorders – describe the current services for this population and how funding from this plan will support services for this population.

Numerous Lehigh County residents accessing drug and alcohol services fall within this population. We currently provide assessments and all levels of treatment should a resident request access to services and deemed to meet criteria based on the Pennsylvania Client Placement Criteria (PCPC). This block grant would continue to allow us to fund all levels of drug and alcohol services.

Funding via the block grant combined with other funding sources would allow expansion of prevention services. One example is the importance of medication management in maintaining sobriety and a healthy lifestyle. Recently, we began a collaboration with a large local hospital

to provide prevention services to residents with co-occurring diagnosis but being stabilized in an inpatient psychiatric unit.

Recovery-Oriented Services – describe the current or proposed recovery support services and how the proposed recovery supports will enhance the existing system or address any service gaps identified.

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

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

Human Services and Supports/ Human Services Development Fund

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

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Adult Services	720	730
Aging Services		
Generic Services	1000	1050
Special Services	25	35

Adult Services (describe the services provided, changes proposed for the current year)

Human Services Development Funds (HSDF), managed through the Lehigh County Office of Aging and Adult Services (AAS), will be utilized for adult services for FY 2013-14. HSDF funding will reach approximately 1,895 adults in Lehigh County through home delivered

meals, homemaker services, life skills education, representative payee services, protective services and employment education. Coordination and oversight of many of these services is accomplished through intensive case management. Funds allocated to these programs will provide needed services to low income and disabled adults who would otherwise fall between the cracks. No significant changes are proposed.

The need for case management services has increased and if it is possible the county will add an additional case worker position to perform case management duties

Aging Services (describe the services provided, changes proposed for the current year)

Generic Services (describe the services provided, changes proposed for the current year)

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

Specialized Services (describe the services provided, changes proposed for the current year)

Guardianship Support Services are provided to consumers 18 and older. Due to sharply increasing requests for guardianship services from the courts, and internal county needs primarily at the home for the elderly the plan is to allocate additional funds to this specialized service which will enhance collaboration with MH/ID office and the County nursing home. There is an existing provider and the plan is to enter into discussion with the provider to increase their service capability.

Interagency Coordination_(describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services)

HSDF encompasses all aspects of human services allowing for collaboration internally between County human service agencies and with community organizations to coordinate planning of programs and services to best meet the needs of the consumer in the most cost effective way. Current collaboration results in homemaker services, representative payee services, case management, and guardianship services provided to a number of adults with a mental health and/or intellectual disabilities

diagnosis. These services assist these individuals in the maintenance of their ability to function independently in the community.

If you plan to utilize HSDF funding for other human services, please provide a brief description of the use and amount of the funding.

Appendix – I Proof of Publication of Public Hearing Notice

THE MORNING CALL
MEDIA GROUP

PO Box 415459 Boston, MA 02241-5459
 adaccounting@tribune.com 610-820-6679
 FEIN: 23-0337560

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 17 S 7TH ST
 LEHIGH CITY GOV'T CENTER
 ALLENTOWN, PA 18101-2401

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 Billing Date 05/26/13
 Payment Term Payable in full upon receipt
TOTAL AMOUNT DUE 251.56

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Detail

05/20/13 AD#: 72168 1473257 Classified Listings, Online
 ALT-INV-0052202 Notice of Public Hearing 5/30@
 ALTSII: O-201305-72168

251.56 251.56
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 DEPARTMENT OF HUMAN SERVICES
 LEHIGH COUNTY

AFFIDAVIT ENCLOSED

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Proof of Publication Notice in The Morning Call

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

STATE OF PENNSYLVANIA }
 COUNTY OF LEHIGH

SS:

COPY OF NOTICE OR ADVERTISEMENT

Evelyn Kondash, Accounts Receivable Analyst of THE

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

..... and the 20th day of May 2013

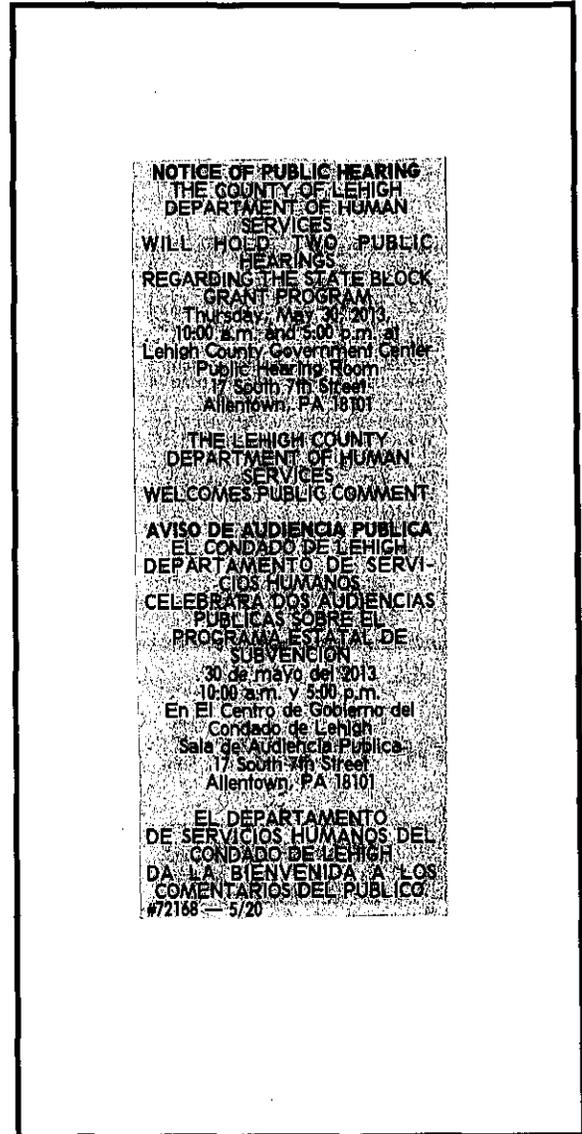
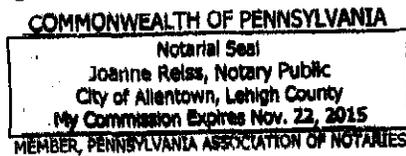
Affiant further deposes that he is the designated agent duly authorized by THE MORNING CALL, INC., a corporation, publisher of said THE MORNING CALL, a newspaper of general circulation, to verify the foregoing statement under oath, and the affiant is not interested in the subject matter of the aforesaid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

Designated Agent, THE MORNING CALL, INC.

SWORN to and subscribed before me this 20th day of

May 2013

Notary Public



PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

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

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

By

Appendix II– Comments Made at Public Hearing Sessions

County of Lehigh Human Services Block Grant Public Hearing Comments

Date: May 30, 2013
Time: 10:00 – 11:45 a.m.
Place: Lehigh County Government Center (Public Hearing Room)
Staff Attendance: Donna Zimmerman, (Aging and Adult Services) Josh Bridges (Integrated Services) Tim Boyer (MH/ID/D and A) Kay Achenbach (Fiscal) Pamela Buehrle (Office of Children And Youth) David Gilgoff (DHS)
Community Attendance list follows comments

- Were any programs not continued with the Block Grant?
- Nothing was to be unfunded, but money has been transferred from OCYS into D&A.
- Concern that Warmline will not continue. It will continue. Warmline, residential services, drop in center and consumer satisfaction program are being bid out. None will be eliminated and no large changes.
- Need for more D&A Inpatient Services
- Request to continue or increase funding for Daybreak/Conference of Churches/Drop-In Center where meals are served. As a part of MH services, please don't reduce group and funding source or housing.
- Concern was expressed that next Administration understands what is currently being done.
- A need was expressed about HSDF services which were folded into general block grant, ex: HSDF funded transportation programs, home visitation for people. Request to put money aside for new services and bring back HSDF and also Prevention Services.
- Restore Child Abuse Prevention Services.
- Include people from treatment community to find out needs of people in this population to understand it better. There is a need to find way to do intervention with people in recovery.
- Request for Needs Assessment, budgets to be online for anyone to view and see what is occurring and participate.
- Concern that more money goes into criminal justice field to place people in prison than to go to help them with treatment.
- Request another public hearing to view final product of Block Grant Application.
- Request to have media at public hearings to attract the public.

- Concern that Block Grants causing an increase in crisis services, there is no system wide information that has become available.
- Need a committee to establish performance measures and to educate commissioners and legislatures for support.
- Need for more community wide monitoring and more public input.
- Concern that Community Support Planning Committee has not involved as much since moved to Block Grant.
- Would like to see more community wide monitoring on the implementation of the Block Grant Application procedures.
- Comment to suggest the public hearings for public input happen earlier in the process, more than two weeks to better inform of the process
- Request to have programs that currently have stay in place for adults and mh, and disabilities.
- Recommendation was made for people to attend Board of Commissioner Meetings.

Attendance List:

Sandra Scheffler	Kidspeace
Bill Stauffer	D and A Advocate
Karen Rello	Citizen
Robert Csandl	Treatment Trends
Tex Alex	Treatment Trends
Bill Vogler	Family Answers
Bob Jacobs	Pinebrook
Staff	Pinebrook
Ann Friedenheim	Confront
Amisa Dacey	Community Solutions
Dennis Geiger	NAMI
Heather Coleman	Advoacy Alliance
Alice Frantz	Advoacy Alliance
Not legibile	SBIY
Josh Bridges	LC Integrated Services
Tom Walker	Lehigh Conference of Churches
John Mooney	Step by Step
Angie Perez	Daybreak
Karen Faverey	Daybreak
Christine Peno	Daybreak
Eva Guadalupe	Daybreak
Noemi Santiago	Daybreak
Gladys Arroyo	Daybreak
Rafaelge???	Daybreak
Vilma Morales	Citizen
??? Owens	Citizen
Gairl Stern	Lehigh Valley Health Network
George Brztanski	Lehigh Valley Health Network

Ed Curran	Sacred Heart Hospital
Cathie Shollenberger	New Bethany Miniistries
????	Concern Counseling Services
Gregg Dowty	Children's Home of Easton
Polly Brogan	NAMI
Donna Kewtmann	Recovery Partnerhsip
Midle Klotz	Recovery Partnership
Roger Phillips	Private Counseling Practice

County of Lehigh
Human Services Block Grant
Public Hearing Comments

Date: May 30, 2013
Time: 5:00 – 6:30
Place: Lehigh County Government Center (Public Hearing Room)
Attendance: Consumers and Parents of Consumers: Carol Johnson, Lisa Sportelli, Arthur Benson, Paulette Hunter, Private Agency: Tamara Wasilick, Concern
Staff: Donna Zimmerman, (Aging and Adult Services) Josh Bridges (Integrated Services) Tim Boyer (MH/ID/D and A) Kay Achenbach (Fiscal) Pamela Buehrle (Office of Children And Youth) David Gilgoff (DHS)

Comments:

1. Transportation to program sites, particularly new club house program needed
2. New drop in Center is not well located
3. Funding for cultural diversity committee is needed
4. We should hire more bilingual staff
5. We need more bilingual peer specialists
6. Elimination of funding for summer camps for special needs children particularly the Sarah Smiles and ARCH camp is a problem
7. People exiting jail do not have sufficient service supports
8. More Mental health programs for youth are needed
9. Hospitals do not provide stimulating activities for patients in units for the elderly
10. All people in care facilities should be visited, as unvisited residents get poorer care than those with concerned families
11. We should have a calendar of events for special needs children
12. The MCO isn't inclusive enough in planning
13. RAP is an Innovative practice we should consider
14. Young adolescent foster care youth should receive education about their rights
15. Sometimes group homes are overstaffed

16. Private agency training should be more accessible, We should invite school staff to attend training
 17. Give incentives, or institute a star system to upgrade provider performance
 18. Encourage providers to focus on niche markets.
 19. Mental Health Service payment for people not meeting public program income guidelines *
 20. Care needed for chronically mentally ill after their parents die *
- * Received via email on 5/31 from Carol Johnson. Comment are from Laurie Siebert

Appendix III- Advisory Board Comments

AAA/AS Advisory Committee Comments on Block Grant May 16, 2013

1. There is a lack of MH hospital beds in county for non-dementia clients.
2. We need to send Lehigh Valley older people who need MH hospitalization to other areas.
3. There is a lack of training on MH and the elderly among staff.
4. Need to dispel the false belief that elderly are demented, not mentally ill
5. Elderly have difficulty documenting ID status due to the lack of records or ability to locate records from their childhood
6. Waiver dollars are insufficient
7. Increase home based respite services for caregivers
8. Increase transportation services for elderly
9. Insufficient handicapped parking in the vicinity of Government Center
10. Establish independence compliance process for Lanta services
11. Investigate county compliance regarding requiring trust funds to be spent before waiver services are offered.
12. Encourage self-sufficiency and self-development
13. People need to be encouraged to help themselves
14. Address suicidal risk among older men and middle age men who are out of work
15. Do a better job of fraud and addressing waste and abuse
16. More money from the lottery should go to senior centers
17. Reach out to rural families about the availability of MH services
18. Lack of psychiatric beds for mentally ill elderly
19. More life skills education rather than paying for care taking
20. Do a better job of partnering with nonprofit such as Nami and Alzheimer's Association
21. Lack of geriatric physicians in Lehigh Valley
22. There is a need for geriatric psychiatric hospital
23. Teach life skills so people can stay at home
24. Increase respite to caregivers

Drug and Alcohol Advisory Meeting Comments on Block Grant May 14, 2013

1. Working poor need help, but are not MA eligible
2. Young adults 25 years of age losing medical coverage under their parent's plans,
3. More use of research to document the cost of not providing services

4. Document the use of substance abuse relationship to the expansion of the prison population
5. Trauma cause to families by substance abusers.
6. Expand prevention so that all populations receive services
7. Organize prevention services so that one agency serves one school
8. Outreach to youth using illegal substances at middle school, high school and college
9. Start recovery groups for youth who have been involved in substance abuse such as the my life MH groups
10. More help for senior citizens with all levels of treatment
11. Better engagement of middle school students who abuse drugs
12. Do a better job of involving relevant community members in planning services
13. Start outpatient MH services in schools
14. Offer services in the elementary school level
15. More emphasis on cultural competency as part of professional development
16. Encourage bilingual skills among non- Latino staff

**MH Advisory Board
Notes on Block Grant
5/20/13**

1. Many inmates with MH issues
2. Very little front end services for the criminal justice population.
3. This leads to unnecessary incarceration
4. Linking of inmates with MH services upon leaving prison
5. Link between rise in prison population and close of state hospital is exaggerated.
6. Incarceration does more harm than good for the mentally ill.
7. High correlation between poverty and MH problems.
8. Poor MH clients barter services to get rent money etc. (such as food stamps)
9. Reinstating a centralized intake process will lead to better coordination of services and benefits
10. We should begin a psychiatric residency program in the LV
11. Need additional waiver slots timed to kick in with high school graduation
12. After school care for disabled teenagers
13. Increase availability of sick after school care

**OCYS Advisory Board
Notes on Block Grant
May 21, 2013**

1. Not enough MH services for children birth to age 8.
2. Long waiting lists for BHRS, specifically TSS services.
3. Not enough psychologists and psychiatrists who specialize in working with children 3-5

4. Not enough infant and toddler slots in the crisis nursery program
5. No continuity between crisis nursery children and services for children ages 3-5
6. Difficulty obtaining evaluations to determine medical necessity
7. Parents become discouraged with procedures to obtain MH services
8. People have concerns about OCYS underutilization of evidence based programs

Appendix IV – System of Care Leadership Team List

System of Care Leadership Team Members

1. Kay Achenbach, Lehigh County DHS, Fiscal, Personnel – Health Choices
2. Corinna Bealer, Lehigh County DHS, Children’s Mental Health
3. Dr. Scott Berman, Family Partner
4. Joshua Bridges, LSW, Lehigh County DHS, Integrated Services
5. Tim Boyer, Lehigh County DHS Mental Health, Intellectual Disabilities, Early Intervention, and Drug & Alcohol
6. Pamela Buehrle MSS, Children and Youth Services
7. Jennifer Clarke-Sirignano, Lehigh County DHS, Integrated Services
8. David Gilgoff, Ph.D. Lehigh County DHS
9. Alfena Coker-Sami, Youth Partner
10. Elizabeth Fritz, Lehigh County Juvenile Probation Office
11. Darbe George. Lehigh County DHS, Drug and Alcohol.
12. Paula Gonzalez, MSW, LSW, Community Solutions
13. Sandra Graves, Family Partner
14. Paulette Hunter, Family Partner
15. Yitza Hyatt, Family Partner
16. Diane Joy Irish, MSS, LSW, Parkland School District, Home & School Visitor
17. Xavier Isley, Youth Partner
18. Carol Johnson, A.A., B.S. C.P.S., Family Partner, Advocate,
19. Marianne Kelley, Lehigh County DHS Foster Parent and Family Partner
20. Roxanne Michels, Lehigh County DHS, Integrated Services
21. David E. Ramsey, MA, Parkland School District, Pupil Services
22. Karen Rello, Family Partner
23. Carlos Reyes, BS, Community Commitment Inc.
24. Julie Schaible, MSW, LSW, Allentown School District
25. Gina Sciabarassi, Youth Partner, Pinebrook Family Services, High Fidelity Wraparound
26. Amber Steventon - Youth Partner
27. Drew Taylor; Lehigh County DHS, Special Program for Offenders in Rehabilitation
28. Pat Theodore, Lehigh County DHS, CASSP
29. Patricia Welle, R.N., MA; Allentown City School District, Community and Student Services
30. DeMara Williams - Youth Partner.

Lehigh County

**2013 / 2014 DPW Human Services
Block Grant Proposal**

**Public Hearing and
Advisory Boards Presentation**

Agenda

- **Guiding Questions**
- **Categorical Funding**
- **Why the Block Grant and What is it?**
- **Financial Review**
- **Data Summary**
- **Participant Input**
- **Note: Data Summary attached**



What Do You Think - Expansion

- Are there important groups of vulnerable people that need help that is not available?
- Are there service areas that you think are underfunded?
- Do you have ideas for new efforts that haven't been tried before?



What Do You Think – Adjustments and Reductions

- Are there changes in programming that could lead to improved services and cost savings ?
- Are there situations where you think we should move funds from one area to the other?
- Are there services you think we should no longer offer?



Understanding Categorical Funding

On the Federal, State and County levels in Pennsylvania, Social Services are organized by categories according to a person's special status (means based testing)

The major status categories are:

- > **Drug and Alcohol Users**
- > **Victims of Child Abuse and Neglect**
- > **Senior Citizens**
- > **Intellectually Impaired**
- > **Mentally Ill**



Present Categorical Funding

- > **Currently funding is segregated by Pennsylvania Department of Public Welfare into categories:**
 - o **Mental Health Program Funds**
 - o **Intellectual Disabilities Program Funds**
 - o **Early Intervention Program Funds**
 - o **Child Welfare Funds and Special Grants**
 - o **Drug and Alcohol Program Funds, including OMHSAS Funding**
 - o **Aging Program Funds**
 - o **HealthChoices Capitated Funds**
 - o **Homeless Assistance Program Funds**
 - o **Human Services Development Funds**
- > **Categorical funding is very specialized as to intent and use**
- > **Funding cannot be carried over past the end of the fiscal year encouraging a "use it or lose it" mentality**



Why We Decided to be a Block Grant County

- Provides flexible spending of funds across 7 budget lines
 - Allows County to adjust funding to better fit specific local human services needs
 - Allows County to adjust funding to changing needs during the fiscal year
 - Uses Include:
 - Support for existing services in any program area
 - Coordination of services in program areas
 - Support for both specialized and/or generic services



General Block Grant Features

- Provides for administrative efficiencies
 - Streamlines annual planning by utilizing a single comprehensive planning process for all services in the block grant – 2013/2014 plan due June 14, 2013
 - Utilizes a single financial reporting process
- Can retain up to 3% of the aggregate dollars of all funds in the block grant for use in the next fiscal year
- Requires increased County & Public input
- Allows counties flexibility to move funds / eliminates categorical requirement
- No single line can be un-funded

Block Grant Flexibility

- > Provides a graduated flexibility in each block grant line item allocation

2012/2013	20% Flexible
2013/2014	25% Flexible
2014/2015	50% Flexible
2015/2016	75% Flexible
2016/2017	100% Flexible

What's Included In The Block Grant?

1	Mental Health Base	Treatment & Services for non-MA Mental illness
2	Intellectual Disability Base	Services for non-Waiver Intellectually Disabled
3	Child Welfare Special Grants	Evidenced Based Services for Children
4	Behavioral Health Services Initiative (BHSI)	D&A and MH Services for non-MA eligibles
5	Drug & Alcohol Act 152	Funding for D&A Service prior to MA enrollment
6	Homeless Assistance Program (HAP)	Service for Homeless or at risk of becoming Homeless
7	Human Services Development Fund (HSDF)	Services for under age 60 Adults

Human Services 2013 Budgeted Revenues

Aging & Adult	\$ 684,477	3.3%	\$ 10,733,611	7.8%
Cedar View	\$ -	0.0%	\$ 1,013,183	0.7%
Children & Youth	\$ 2,630,389	12.3%	\$ 27,821,896	20.2%
Drug & Alcohol	\$ 1,270,639	6.2%	\$ 4,410,815	3.2%
HealthChoices	\$ -	0.0%	\$ 70,371,138	51.2%
Intellectual Disabilities & Early Intervention	\$ 3,057,388	14.3%	\$ 8,693,357	6.3%
Mental Health	\$12,842,388	62.7%	\$ 13,588,635	10.2%
Other Funding	\$ -	0.0%	\$ 500,646	0.4%
Total	\$20,486,493	100.0%	\$137,611,871	100.0%

Data Summary

Compared to Pennsylvania (P), Third Class Counties (T), or Both (B), Lehigh County varies 10% or more in the following:

- > Higher percent of children (B)
- > Higher percent of Latinos, many not born in the U.S., and speaking Spanish at home (B)
- > Higher percent of mixed race households (B)
- > Higher poverty rate (T)
- > Receive lower rates of cash assistance, home energy assistance, & Medical Assistance Transportation (B)
- > Higher rate of in-kind benefits (Medical Assistance, Food Stamps, Subsidized Child Care, and Health Choices Behavioral Health) (T)
- > Higher rates of Child Health Insurance enrollment (B)

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- > Higher rate of in-kind benefits (Medical Assistance, Food Stamps, Subsidized Child Care, and Health Choices Behavioral Health) (T)
- > Higher rates of Child Health Insurance enrollment (B)

Benefits Data

Medical Assistance	2,191,875	61,800		82,108	
Percentage of Population	17.2%	17.7%	102.9%	15.3%	116.0%
Children Enrolled in CHIP	194,278	6,504		5,513	
Percent of Population	1.5%	1.5%	126.7%	1.5%	123.8%
Supplemental Nutrition Assistance Program (SNAP)	1,006,777	49,605		43,111	
Percentage of Population	14.2%	14.2%	100.0%	12.2%	116.4%
Temporary Assistance for Needy Families (TANF)	199,662	3,824		3,497	
Percentage of Population	1.6%	1.1%	68.3%	1.1%	102.3%
Low Income Home Energy Assistance Program (LIHEAP)	194,122	8,006		8,066	
Percentage of Households	3.1%	2.3%	74.2%	2.7%	86.3%
Child Care (Child Care Works)	83,016	2,487		1,786	
Percent of Population	0.6%	0.7%	107.6%	0.5%	108.7%
Early Intervention Services for Infants/Toddlers	33,007	1,436		964	
Percent of Population	0.3%	0.4%	158.1%	0.3%	121.7%
Early Intervention Services for Preschool Program	49,007	1,486		1,427	
Percent of Population	0.4%	0.5%	108.2%	0.4%	106.3%

Data, 500+ Consumers

HealthChoices Behavioral Health, County	270,085	3,242		6,073	
Percent of Population	2.1%	0.9%	43.5%	1.7%	52.9%
Medical Assistance Transportation	158,611	1,433		2,596	
Percent of Population	1.3%	0.4%	32.8%	0.7%	57.1%
HealthChoices Behavioral Health	441,112	13,122		9,415	
Percent of Population	3.5%	3.8%	108.1%	2.7%	108.7%
Homeless Assistance Program, Case Mgmt	46,916	1,576		1,705	
Percent of Population	0.4%	0.5%	122.1%	0.5%	108.0%

Data, Census

Persons under 5, 2011	5.7%	6.1%	5.7%
Persons under 18, 2011	21.7%	23.3%	22.0%
Persons 65+, 2011	15.6%	14.8%	15.7%
Caucasian, 2011	83.8%	86.0%	89.7%
African American, 2011	11.3%	7.7%	6.2%
Persons reporting 2 or more races, 2011	1.6%	2.2%	1.8%
Hispanic or Latino Origin, 2011	5.9%	19.3%	6.9%
Caucasian, non-Hispanic, 2011	79.2%	78.7%	84.2%
One or more years in same Residence, 2007-2011	87.7%	85.2%	87.1%
Foreign born, 2007-2011	5.7%	9.4%	5.0%

Data, Demographics

Language other than English spoken at home, 5+, 2007-2011	10.0%	20.9%	9.6%
High School Graduate or higher, 25+, 2007-2011	87.9%	88.8%	88.3%
Bachelor's degree or higher, 25+, 2007-2011	26.7%	27.3%	26.7%
Veterans, 2007-2011	1,007,530	25,770	20,493
Mean travel time to work in minutes, 16+, 2007-2011	25.7	23.8	23.3
Homeownership Rate, 2007-2011	70.6%	68.1%	71.7%
Housing Units in Multi-unit structures, 2007-2011	20.9%	24.0%	20.0%

Data, Census

Households, 2007-2011	4,982,906	132,199	136,454
Persons per Household, 2007-2011	2.47	2.53	2.47
Per Capita Income, past 12 months, 2007-2011	\$ 27,824	\$ 27,801	\$ 28,229
Median Household Income, 2007-2011	\$ 51,651	\$ 54,312	\$ 55,690

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

County: Lehigh	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	28		300,334		10,091	
Administrator's Office	6,639		1,089,201		36,597	
Administrative Management	1,975		1,444,579		48,538	
Adult Developmental Training	0		0			
Children's Evidence Based Practices	0		0			
Children's Psychosocial Rehab	0		0			
Community Employment	42		148,490			
Community Residential Services	262		6,041,835		203,006	
Community Services	32		34,173			
Consumer Driven Services	241		305,506		10,265	104,500
Crisis Intervention	1,989		844,254		28,367	
Emergency Services	406		448,093		15,056	
Facility Based Vocational Rehab	13		46,704			
Family Based Services	2		6,501			
Family Support Services	103		30,644			75,000
Housing Support	23		131,190	46,456	3,081	
Other	0		0			
Outpatient	620		322,844		10,848	
Partial Hospitalization	0		0			
Peer Support	0		0			
Psychiatric Inpatient Hospitalization	5		94,062		72,500	
Psychiatric Rehabilitation	245		365,815		12,291	
Social Rehab Services	100		133,036			
Targeted Case Management	379		872,834		29,327	
Transitional and Community Integration	224		182,885			
TOTAL MH SERVICES	13,328	12,842,980	12,842,980	46,456	479,967	179,500

INTELLECTUAL DISABILITIES SERVICES

Admin Office	842		1,321,930		44,632	
Case Management	330		144,960		5,040	
Community Residential Services	11		756,382		25,414	
Community Based Services	350		834,116		27,641	
Other	0		0			
TOTAL ID SERVICES	1,533	3,057,388	3,057,388	0	102,727	0

APPENDIX C

HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County: Lehigh	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES

Bridge Housing	43		0		0	250,000
Case Management	1,200		151,530		0	
Rental Assistance	1,200		240,120		0	69,500
Emergency Shelter	0		0		0	
Other Housing Supports	68		0		0	680,000
TOTAL HAP SERVICES	2,511	418,721	391,650	0	0	999,500

CHILDREN & YOUTH SERVICES

Evidence Based Services	288		894,265		0	650,000
Promising Practice	33		401,029		0	
Alternatives to Truancy	200		669,240		0	
Housing	100		416,455		9,936	
TOTAL C & Y SERVICES	621	2,630,989	2,380,989	0	9,936	650,000

DRUG AND ALCOHOL SERVICES

Inpatient non hospital	332		1,007,828		33,863	
Inpatient Hospital	3		2,500		84	
Partial Hospitalization	5		2,700		91	
Outpatient/IOP	263		191,500		6,434	
Medication Assisted Therapy	221		4,288		144	
Recovery Support Services	2		229,857		7,723	
Prevention	50,000		0		0	
TOTAL DRUG AND ALCOHOL SERVICES	50,826	1,270,659	1,438,673	0	48,339	0

HUMAN SERVICES AND SUPPORTS

Adult Services	1,870		231,000			
Aging Services	0		0			6,492,675
Generic Services	25		8,180			
Specialized Services	4		0		23,000	750,000
Interagency Coordination	100					75,000
TOTAL HUMAN SERVICES AND SUPPORTS	1,999	265,756	239,180	0	23,000	7,317,675

COUNTY BLOCK GRANT ADMINISTRATION			135,633		0	
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APPENDIX C

HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County: <i>Lehigh</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
GRAND TOTAL	70,818	20,486,493	20,486,493	46,456	663,969	9,146,675

Additional Information received from Lehigh County in response to questions from Plan review by the Department:

**LEHIGH COUNTY FY 2013-14 HUMAN SERVICES PLAN
Response to DPW Questions, July 3, 2013**

- !) The County identified serving an additional 50,000 individuals with D&A prevention services during the FY. Please provide an explanation as to the increase in the number of individuals that will receive services and how they will be provided.

Prevention does not focus on D&A clients. Rather the focus is on providing education to County residents with the goal of preventing abuse and addiction.

The combination of SAP (Student Assistance Program), ATOD Education, ATOD Information Dissemination, single and re-occurring service prevention programs, it is estimated that a minimum of 50,000 Lehigh County residents were exposed to some type of prevention programming. The delivery of these services occur in schools, correctional institutions, community agencies, faith based settings, sporting events, shopping centers and medical facilities.

These services are delivered through two (2) contracted prevention providers. The services are a combination of 1 time events (single service) or programs that run 3-10 weeks (re-occurring services, 25% of which are evidence based).

- 2) The County did not address developing county level measures to monitor and track outcomes in the “Needs Assessment” section.

Please note: All outcome time frames correspond to the fiscal year

Programs: All Block Grant Funded Programs

Outcome Measure: 85% of the number of Lehigh County Citizens will receive services, as listed in Appendix C of the application receives services

Tool: Multiple County Databases

Responsibility: Office Heads including Fiscal

Children and Youth

The monitoring and outcome plan is detailed in the block grant application in the applicable sections

Drug and Alcohol Treatment:

Programs: Inpatient non hospital, Inpatient Hospital, Partial Hospitalization, and Outpatient

Outcome Measure: 50% of clients completing treatment will maintain sobriety for six months

Tool: Telephone Survey

Responsibility: Provider and County D and A Staff



Homeless Assistance Program

Programs: Bridge Housing, Rental Assistance, Case Management, Other Housing Supports

Outcome Measure: One year following discharge from a housing assistance program 70% of the consumers will be current in rental payment, and maintaining permanent housing for six months.

Tool: Survey administered to consumers and landlords

Responsibility: Service Providers



Human Services and Supports

Program: Adult Services

Outcome Measure: Assure the availability of services through developing provider contracts for delivered meals, homemaker services, life skills education, representative payee services, guardian support services, employment education, and service coordination

Tool: Existence of Provider Contracts

Responsibility: Office Heads



Program: Adult Services, Generic Services Interagency Coordination

Outcome Measure: Case Management and Information and Referral Services will result in the linkage of 85% of the consumers with a service appropriate to their situation

Tool: Survey of 10% random sample of 2,000 consumers

Responsibility: case management and I and R staff



Interdepartmental Services

Program: Crisis Intervention (implement in Crisis/ I and R Unit)

Outcome Measure: The program will decrease the non – 2 Doctor 302 admissions by 5%, in order to advance the least restrictive care principal

Tool: BHIS custom data report

Responsibility: Office Head



Program: Crisis Intervention (Implement in Crisis I and R Unit)

Outcome Measure: 90% of the consumers seeking crisis intervention will receive appropriate information on obtaining mental health services, including county provided / contracted mental health services

Tool: 5% sample telephone survey

Responsibility: Office Head



Mental Health

Program: MH Administrator's Office

Outcome Measure: Document the development of a formalized quality performance improvement process within each unit (SPORE, BSU, BCM, CHIPP)

Tool: Documents

Responsibility: Office Head



Program: Outpatient

Outcome Measure: 80% of consumers will be seen for a liability appointment within 30 days of their initial contact with the program

Tool: In BHIS / KEA system compare subtract number of days between liability appointment date and referral date.

Responsibility: Deputy



Program: Targeted Case Management

Outcome Measure: Increase Program Magellan billing by 10%

Tool: Review billing information from fiscal department for fy 12-13 and fy 13-14

Responsibility: BCM supervisor



Program: CHIPP

Outcome Measure: Increase year to year service satisfaction among CHIPP consumers by 10%

Tool: Consumer Satisfaction Survey

Responsibility: CHIPP coordinator



Program: Community Residential Service, Psychiatric Inpatient Hospitalization

Outcome Measure: Reduce number of psychiatric hospitalization among enrolled consumers by 5%.

Tool: CQI Data Reports

Responsibility: CHIPP Coordinator



Programs: Transitional and Community Integration

Outcome Measure: Decrease by 5% on a year to year basis the number of WeSH program consumer days

Tool: WeSH quarterly Continuity of Care Meeting Data

Responsibility: CHIPP Coordinator



Program: Housing Support

Outcome Measure: Two transition age group consumers will be identified for placement in the Cumberland Gardens apartments being developed.

Tool: Housing Data Base

Responsibility: Base Service Unit Supervisor



Program: Crisis Intervention Emergency Services
Outcome Measure: Twenty percent of staff of the Lehigh County and Allentown “911” Centers will be trained in Mental Health First Aid

Tool: Training session attendance logs
Responsibility: MH Deputy



Program: Emergency Services, Community Services
Outcome Measure: 5% of officers in the Allentown Police Department will complete CIT training
Tool: - training session attendance logs
Responsibility: - SPORE supervisor and training vendor



Programs: ACT and CTT, Psychiatric Rehabilitation
Outcome Measure: -Increase by 5% consumer’s use of a lower level of care upon discharge
Tool: Review of data from CQI meetings
Responsibility: CHIPP Coordinator



Program: Community Employment
Outcome Measure: increase by 5% number of consumers who are participating in supported employment
Tool: CQI data from Clubhouse Program
Responsibility: CHIPP Coordinator



Program: Consumer Driven Services
Outcome Measure: 85% of consumers who participate in the consumer run Drop-In Center will be informed of the Wellness Recovery Action Plan process
Tool: Drop In Center log and file data
Responsibility: Deputy Administrator



Program: Social Rehabilitation Services
Outcome Measure: 85% of the consumers who participate in the Daybreak Program will be offered the opportunity to participate in training in illness self-management
Tool: Daybreak log and file data
Responsibility: Deputy Administrator

Intellectual Disabilities

Program: Administrative Entity
Outcome Measure: The AE shall conduct at least an Annual Administrative Review of the services provided using the procedures outlined in the ODP's Administrative Entity Oversight Review Protocol.

Tools: Completion of AEOMP Database, Submission of Summary and Analysis, Development of Corrective Action Plan, and implementation of Corrective Action Plan

Responsibility: AE Point Person and Regional Office



Program: Administrative Office

Outcome Measure: The AE will monitor all assigned waiver providers to assure compliance with ODP standards and tools.

Tool: HCSIS Data

Responsibility: County Provider monitoring point person



Program: Supports Coordination (Case Management)

Outcome Measure: Increase consumer satisfaction with supports coordination services

Each year by 5% on a year to year basis

Tool: Satisfaction survey and a random sample of no more than 20 cases reviewed on an annual basis.

Responsibility: County SCO point person



Program: Community Based Services

Outcome Measure: Consumers receiving FSS services do not require a higher level of service/support within a 12 month period

Tool: FSS survey

Responsibility: Deputy



Program: Community Based Services

Outcome Measure: 12 or 100% of participants on emergency PUNS for employment will have an OVR referral completed. All participants added to emergency PUNS for employment will have an OVR referral made within 30 days of the PUN update.

Tool: PUNS data, service notes

Responsibility: Employment Point Person



Program: Residential Services

Outcome Measure: Reduce by 5% each of the number of participants who receive 1:1 and 2:1 supports and who live in 1 person group homes.

Tool: service authorization notes, service notes

Responsibility: Quality Point Person



Program: Residential Services

Outcome Measure: No increase in the number of restraints

Tool: HCSIS Incident Count Summary

Responsibility: Incident Point Person



Program: Residential Services

Outcome Measure: Reduce the average number of medication errors by 5% to an average of 53.01 per quarter.

Tool: HCSIS Incident count summary report

Responsibility: Incident Point Person

- 3) The total cost for the C&Y Evidence Based Practice in the narrative (\$906,483) does not match the total in your budget (\$894,265). In addition, please provide the source of the \$650,000 in “Other” planned C&Y expenditures.

The Budget is correct and reflects a change not placed into the narrative. On page 39 of the submitted Plan the narrative should read as follows:

“For FY 2012-13 year to date the agency has expended \$387,451.75. FY 2013-14 is planned at \$504,000.”

The \$650,000 on the column entitled “Other” is the planned spending of Reinvestment dollars on High Fidelity Wraparound. This service is through an approved reinvestment plan, and Lehigh County is an early implementer of HFW, as well as a System of Care County.

- 4) The County identified \$2,266,197 in non-block grant D&A expenditures. The non-block grant expenditure column should not include funding from DDAP, if this is the source of your identified expenditures.

The funding identified is the DDAP funding. It has been removed and is not included in any other column on the budget form. The revised budget form containing this correction is attached.