

Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Northampton

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

<i>Signatures</i>	<i>Please Print</i>	
	John Stoffa, County Executive	Date: 11/20/11
		Date:
		Date:

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Introduction

The County of Northampton is pleased to submit its Human Services Plan for the 2013-2014 Human Services Block Grant Program (HSBG). In recent years, there have been drastic cuts to Human Services funding, therefore Northampton County is eager to examine its current programs in the interest of using the flexibility afforded by the HSBG to mitigate some of the categorical funding reductions.

Northampton County is one of two counties that make up the Lehigh Valley, the third largest urban area in Pennsylvania. Northampton County has approximately 298,000 residents who reside in the cities of Bethlehem and Easton, as well as surrounding suburban and rural areas. Northampton County is a third class county with an executive-council form of government. Although Northampton County is not a part of a local collaborative arrangement, it regularly works closely with surrounding counties, most prominently Lehigh County, to facilitate the provision of comprehensive services to consumers.

Though Northampton County was not included in the 2012-2013 HSBG Pilot Program, the Department of Human Services (DHS) is well positioned to implement the block grant because of its unified structure. The Department is comprised of the traditional categorical grant programs, including aging, child welfare, drug and alcohol, early intervention, intellectual disabilities, and mental health as well as Veterans Affairs, Information and Referral/Emergency Services (IRES), and HealthChoices. The Department is headed by a cabinet-level director of human services. There are monthly staff meetings that include the director of human services, the division administrators, the financial and information systems director, the operations and planning coordinator, and the Department's executive secretary. The administrators of the categorical divisions report to the director of human services.

In addition to the collaboration that occurs during monthly staff meetings, the County is in the process of constructing a new human services building that will aid in interdisciplinary collaboration. Currently, the divisions are in two buildings that are over ten miles apart. Since this is both a major barrier for consumers attempting to access to multiple human services, as well as to caseworker collaboration, the new human services building will be an invaluable contribution to the Department's interdisciplinary efforts. The construction of the building began in May 2013 and is expected to be completed in March 2014.

Overall, Northampton County will use the principles of the HSBG program to create programs and provide services that address the unique needs of its consumers. DHS has made great strides towards the integration of services to address consumer needs as a whole and the HSBG program, as outlined in the various sections of this plan, will allow the Department to continue to provide an exceptional level of service for Northampton County residents.

Public Hearing Notice

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

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

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

Monday, November 18, 2013 at 9:00 A.M.
Martin J. Bechtel Building
Lower Level Conference Room
520 East Broad Street
Bethlehem, Pa 18018

Tuesday, November 19, 2013 at 12:00 Noon
Governor Wolf Building
Second Floor Conference Room
45 North Second Street
Easton, PA 18042

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

November 18, 2013

- One individual was concerned about the rapid reduction of HSDF funding over the last few years and how that would be addressed within the HSBG program.
- Several individuals were concerned about how the closing of Allentown State Hospital (ASH) has affected housing for Mental Health Consumers. They stressed that housing is a big issue in the County in general especially since the closure of the Section 8 program and that housing MH consumers should be a priority for the County. (Response: Deputy Administrator of MH Wendy Heatley-the HealthChoices division administrator is working on a housing plan and the Department definitely understands and agrees that housing for those suffering from mental illness especially after the closure of ASH is a priority.)
- One individual stressed that although the County made an effort to sustain programs after the 10% cut to MH not all programs were sustained. For example, Northampton County's Warmline was cut. (Warmline was a part of the County's self-help services that had to be defunded last year due to the Fiscal Year-2013 ten percent budget reduction.)
- Participants at the hearing wanted to know how decisions would be made when using the flexibility of funds. (Response: John Mehler said that decisions will be made collaboratively based on where the greatest need is.)
- One individual shared a story about the peer mentorship program. The program through Recovery Partnership helped a person reestablish their Magellan benefits. This helped that person get back into the Medical Assistance program and avoid a personal crisis.
- One individual asked about services available to people who have children and are returning from Northampton County prison. (Response: there is Case Management available for both them and their children)
- One individual commented that there needs to be a special focus on veterans and their unique needs.
- One participant asked for a contact email in case they had questions or thought of comments in the future. (Response: JMehler@northamptoncounty.org)

November 19, 2013

- One individual had a question about the timeline of the implementation of the HSBG. (Response: July 1st to June 30th fiscal year is still in effect.)
- Several individuals were concerned with the instances of people with serious and persistent Mental Health issues losing public assistance funding and therefore needing shelter.
- A provider shared a story about how her organization had to give one of their consumers money to buy a tent because the individual had nowhere else to go. They couldn't find any Single Room Occupancy (SRO) or shelter space.

- There was a discussion after the story about how this type of support i.e. purchasing a tent for someone to go live on the street, is not adequate and does nothing to address some of the underlying issues around ensuring wellness.
- Another person commented that if we do not have shelter space for people with Mental Illness it is virtually impossible to keep track of their individual needs and/or find the person when housing does become available.
- One individual inquired about why we do not buy beds at the Safe Harbors shelter. (Response: Kathleen Kelly, MH Administrator said that the department simply does not have the funding to do so.)
- Another individual commented that sending individuals with persistent mental illness to a shelter is “putting a bandage on a hemorrhage”. She said that even if we “built 100 bed shelter the moment the 101st person arrived we’d be back with the same issue” therefore finding stable long term housing should be the goal.
- One individual commented that people with serious and persistent mental illness have been using the ER to obtain a temporary shelter and a few meals. She followed up with this is neither cost effective nor wellness centered.
- An individual commented that as funding has gotten smaller we have gotten more efficient in how we provide services with a focus on wellness and recovery. But in moving in the direction of wellness in recovery we need to do more to get peers involved.
- An individual commented that Victory House is an example of an organization that has a working system to move people into permanent housing. He said that the key to doing this for the organization is that they have a wide variation of who they receive funding from. He explained that the more you can wrap around an individual’s complete needs the better chance they have for moving from homelessness to permanent housing.

Overall the November 19th public participation meeting focused on how there is a lack of housing in Northampton County, especially for consumers who have unique needs and those who lack sufficient incomes. These concerns were addressed in the appropriate section of the block grant plan.

Proof of Publication

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

*State of Pennsylvania
County of Northampton*

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

November 8, 2013

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

Jill Machado

Sworn to and subscribed before me
this 8th. Day of November, 2013

Rebecca Weaver
Notary Public

My Commission Expires:

NOTARIAL SEAL
REBECCA WEAVER
Notary Public
WILSON BORO., NORTHAMPTON COUNTY
My Commission Expires Aug 8, 2016

PUBLIC HEARING
Northampton County Department of
Human Services
Human Services Block Grant Plan

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Ad # 79622 Class 85
Order # #79622
Seq Num 327290
Account: 5593010GEO
Name: GEORGENE CORPORA
Start: 11/08/13 Stop: 11/08/13
Lines 64 BuyVal: 67

Ad Cost \$ 386.52
Tear/Affdvt \$ 6.00
Sp SubTotal \$ 6.00

Total Cost \$ 392.52
Balance Due \$ 392.52

Public Hearing
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#79622 — 11/8

Waiver

Northampton County will not be seeking a waiver in the Fiscal Year 2013-2014 Human Services Block Grant plan.

County Planning Team

The planning team for the Fiscal Year 2013-2014 block grant plan consisted of a group of DHS senior administrative staff from every program office with categorical funding included in the block grant (i.e., Children, Youth and Families; Department of Human Services Administration; Drug and Alcohol; and Mental Health, Early Intervention and Developmental Programs). Also, in an effort to truly integrate Northampton County's Human Services by creating a holistic plan, the County has also included the Area Agency on Aging, HealthChoices, Information and Referral/Emergency Services and Veterans Affairs divisions where appropriate in the planning process.

The key staff involved in the planning effort has been, the division administrators, supplemented by other employees with service coordination and integration as a major part of their job duties. Division administrators meet monthly with the Director of Human Services to address a wide range of issues impacting the Department. This group was the planning team for the Human Services Block Grant submission and will continue to serve as the coordinating group for the planning process. The planning team for the HSBG Plan consists of the following positions:

- Director of Human Services;
- Area Agency on Aging Administrator;
- Children, Youth and Families Administrator;
- Drug and Alcohol Administrator;
- Financial and Information Systems Director;
- HealthChoices Administrative Officer;
- Information and Referral/Emergency Services Director;
- Mental Health, Early Intervention and Developmental Programs Administrator;
- Veterans Affairs Director;
- Operations and Planning Coordinator; and the
- Executive Secretary

Needs Assessment

Northampton County regularly solicits feedback from its clients in providers as a way of assessing local needs. The divisions with funding included in the HSBG program also host advisory board meetings that give consumers and providers the opportunity to not only express their concerns and offer feedback but to have an open forum to discuss collaborative ideas. Currently feedback is tracked by each individual division but the County planning team will explore cross system data analysis for the 2014-2015 fiscal year.

Since the County was informed that it would be participating in the HSBG program well after the beginning of the 2013-2014 fiscal year, the planning team will use the remainder of this fiscal year to further explore opportunities to use the funding flexibility in the 2014-2015 fiscal year.

Mental Health Specific Needs Assessment

Northampton County Mental Health (NCMH) strongly values input from local stakeholders in order to continuously improve the existing behavioral health system and promote system change as needed. In order to create the Mental Health portion of the Human Services Block grant, the County's planning team used the data from the recently completed Mental Health five year plan. Since the 2013-2017 Mental Health Plan is only one year into its implementation the County felt that it was appropriate to use the data within the Mental Health plan to create the Human Services Block grant plan. The County is well positioned to use the Human Services Block Grant in conjunction with the Mental Health five year plan in order to, if possible, fill the gaps in MH services caused by a lack of funding as outlined in the later portions of this plan. However, since Northampton County is in its first year of the Human Services Block Grant program, the County's planning team has decided that all expenditures will continue as outlined in the HSBG funded divisions original fiscal year 2013-2014 budgets.

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

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

Overall, in the development of the Mental Health portion of Human Services Block Grant plan the County used the data from its recently completed Mental Health plan that outlined the goals of the Mental Health division for the next five years. The complete 2013-2017 Mental Health five year plan can be found at northamptoncounty.org. Since this is the County's first year in the Human Services Block Grant program, the County's planning team will explore ways to use the flexibility afforded by the program to better serve the needs of the Northampton County community based on data that is collected during the first year of the HSBG program.

County-level measures

Northampton County uses yearly meetings with providers to discuss program performance and unmet needs as a community data indicator to ensure the comprehensive mental health needs of consumers' are addressed. NCMH also analyzes its yearly allocation and its ability to serve consumers by closely monitoring waiting lists for services. Currently there are waiting lists for

inpatient and outpatient residential and treatment programs due to capacity and budgetary constraints. Continuous Quality Improvement meetings are also conducted quarterly with CHIPP providers that look at process/outcomes for NCMH programs and consumers. The county's planning team is exploring options to further use both qualitative and quantitative data as county level measures for the 2014-2015 fiscal year.

Funding mechanisms

Listed below are the funding strategies that the County's planning team has for the 2013-2014 fiscal year:

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

Since the County was selected for admittance into the block grant program well into the 2013-2014 fiscal year, the County's planning team will use this fiscal year to explore funding mechanisms that would help maximize the use of the HSBG program.

Tracking Outcomes

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

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

Human Services Narrative

Mental Health Services

The present Mental Health (NCMH) system in Northampton County includes a breadth of community-based services including treatment, crisis intervention, housing, employment,

forensic, rehabilitation, rights protection, wellness/prevention, self-help, and basic support and enrichment services. The services include a range of evidence-based and recovery-oriented practices. In December 2010, Allentown State Hospital closed and consequently the need for mental health services in the community increased dramatically. As a result of the closure of Allentown State Hospital, extensive new treatment, residential and social programs were developed or expanded. A full list and description of mental health services are listed in the appropriate sections of this plan. It is worth noting that the MH system was the most impacted of the categorical grants by the inception of the Human Services Block Grant Program, since all of its State funding is included.

NCMH operates with the following objectives:

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

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

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

Older Adults

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

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

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

Adults

Northampton County consumers that qualify, currently have access to two full-sized ACT Teams. ACT teams provide targeted case management to state prioritized consumers with the highest level of needs. ACT teams use a collaborative approach that includes a psychiatrist, psychiatric nurse, therapists, case managers, and peers to fully meet the needs of the consumers in this group. This service is funded by the Behavioral Health Managed Care Organization (BHMCO) and County base dollars. No liability is charged to individuals in need of this level of care, regardless of income level. The County believes that this would be a barrier to treatment if a liability were to be imposed on these particular individuals. It is worth noting that although these services are described within the adults (aged 18 and above) section, older adults and transition-age youth are allowed access to this service.

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

Certified Peer Specialist (CPS) Services are available through Recovery Partnership, Salisbury Behavioral Health, Northwestern Human Services and PA Mentor. This service is exclusively funded by the BHMCO, and is a joint venture between Northampton County HealthChoices and the NCMH. Certified Peer Specialists are trained to provide a personal level of engagement with individuals in the community who need peer support.

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

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

Transition-Age Youth

Though many adult services are available to people who are 18 and older, the County recognizes that transition age youth, people between the ages of 18 and 26, have unique needs that should be addressed outside of the typical adult services realm. In Northampton County, transition age youth are usually in need of help with managing new onset of disease and NCMH has found that these individuals are not usually interested in residential care. The Weil Street Young Adult Community Residential Rehabilitation (CRR) was specifically designed to help transition-age youth with their mental health needs. This CRR was implemented to serve an older adolescent and transition age youth population and is one of only a few in the Commonwealth. In addition to these programs, NCMH funds mobile and site-based psychiatric rehabilitation services, CRR beds, supportive employment opportunities and affirmative employment to assist transition age youth.

Children

It should be noted that approximately 95-99 percent of children who receive mental health services are served by the BHMCO. Funds have been allocated to allow for both in-home and off-site respite opportunities using two Northampton County providers. A base-funded Children's Administrative Case Manager oversees the children's respite program. This program

allows families to maintain their children in their natural homes. The case worker also provides case management to base-funded children, acts as the liaison to the HealthChoices Coordinator in the Children, Youth and Families Division and to the Children's and Adolescents Support Services Program (CASSP) Coordinator ensuring coordination and collaboration across the system.

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

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

Housing

Housing is available to NCMH consumers who are 18 and older. NCMH currently has two Housing Specialists. One worker is assigned to oversee and process all residential program referrals and the other manages the community-based independent living referrals. Both workers assist each other with intakes and overflow work. Both workers visit individuals in their homes or programs and meet with support staff as needed. At a minimum, monthly site visits take place at all of the residential programs. The Deputy Mental Health Administrator, CHIPP Coordinator, CHIPP Case Manager and Certified Peer Specialist (CPS) conduct site visits as well. They assist the Housing Specialists in monitoring the programs and individuals served in the programs. There is intentional overlap of program monitoring.

To be eligible for any type of mental health housing in Northampton County, an individual must be a resident of Northampton County for a period of at least 30 days. An individual may establish residency by residing in a shelter, living with a friend or family member, residing in a personal care boarding home or any other type of residence as long as it is located in Northampton County. An individual will not be placed on any of the Northampton County Mental Health housing waiting lists until residency is established as indicated above.

Long-Term Structured Residence (LTSR)

This home serves eight individuals and mental health treatment is provided in the home. Everyone has their own furnished room with a private powder room. This is the most restrictive setting available in the community. The program is staffed 24 hours a day, seven days a week. Individuals may live at the LTSR as long as they require this level of care.

Enhanced Community Residential Rehabilitation (CRR)/All Inclusive Residence (AIR)

NCMH offers one AIR program. It is located in a rural setting and is operated by Resources for Human Development (RHD). The home serves eight individuals. Everyone has their own furnished room. The program is staffed 24 hours a day, seven days a week. A psychiatrist, psychiatric nurse, certified peer specialist, therapist and case management staff are all included in this program. Residents may live there as long as this level of care is required.

Specialized Behavioral and/or Medical Homes

These programs serve three or four individuals in a home. Everyone has their own furnished room. The programs are staffed 24 hours a day, seven days a week. Staff is trained to deal with specific behavioral and medical needs. Mental Health treatment is not provided in these programs. Psychiatric treatment may be accessed through ACT, Partial Hospitalization Programs or traditional outpatient services. Individuals may live in these homes as long as this level of care is required.

Community Residential Rehabilitation (Group Homes)

The Mental Health Program funds three full-care group homes for adults that are operated by Step-by-Step. These homes offer access to 24-hour supervision for Northampton County residents who are diagnosed with a serious mental illness and require this level of care. Residents are assisted in acquiring daily living skills to move forward in their recovery and eventually live independently. The Main Street site operates with a behavioral modification philosophy and has a capacity of 12 beds. The Main Street CRR is considered to be transitional in nature with an average length of stay from six months to one year. Weil Street (four beds) is a six month program for transition aged youth ages 18 through 30. Center Street (eight beds) is considered a longer-term CRR with average lengths of stay expected to exceed one year.

Referrals to all of these programs are made through the County. Consumers must be active in NCMH, have a serious mental illness, and have a need to acquire certain skills before moving to more independent living arrangements in the community. All programs are voluntary and residents are expected to abide by certain house rules.

Supported Apartments

NCMH offers several different types of supported apartments. Salisbury Behavioral Health operates a site in Bethlehem. This site has five double-occupancy apartments. These apartments

are staffed 16 hours a day. The staff office is located on the second floor above an end unit of the apartment complex. All medications are kept in the staff office and all dosages are monitored. Staff work with residents to learn cooking, cleaning, grocery shopping and other daily living tasks as needed. Residents may live at this residence as long as they continue to need this level of care.

The other Supported Living Program that Salisbury Behavioral Health operates is located in Hellertown. There are 12 supported apartments. This program is based on a psychiatric rehabilitation model in which all programming is individualized. There is no set time frame for the program, but most people complete the program in less than a year. It is a transitional program. Residents of the program participate in individual and group training sessions. Staff is only available during the day and there is no medication monitoring component to this program. The purpose of the program is to assist each individual in acquiring daily living skills so that, upon completion of the program, they will be able to live in their own apartment with little or no assistance.

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

Special/Underserved Populations

Justice-Involved Individuals

Northampton County presently has one Forensic Adult Transition Worker. This individual has made many inroads into the criminal justice system; but despite this, the referrals outpace his ability to serve all of the individuals in need of this service. This worker provides case management and support to individuals with serious and persistent mental illness coming out of the County prison system and returning to the community. This individual is also charged with diverting mental health consumers from the prison system.

NCMH currently contracts with Recovery Partnership to have two part-time CPS workers assigned to collaborate with County staff as a CHIPP County Peer Worker and a Forensic County Peer Worker. The Forensic CPS works closely with the Adult Forensic Transition Worker to provide support to both individuals coming out of the prison system and to individuals at risk of incarceration. The CHIPP CPS works with the CHIPP Coordinator and County CHIPP staff to support individuals receiving CHIPP-funded services. In addition to these responsibilities, both workers participate on the Community Support Planning (CSP) Committee, Recovery Committee, Employment Transformation Committee, Crisis Intervention Team

Advisory Board, Ethics Review Committee and other mental health planning committees and meetings as necessary.

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

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

Northampton County is committed to ensuring that all members have equal and appropriate access to its mental health services. In insuring that consumer needs are specifically addressed, the County has sent some of its MH staff to sensitivity training that specifically addressed some needs of LGBTQI consumers. Magellan partners with the OMHSAS to host one day trainings specifically geared towards helping providers understand and hopefully become more astute at addressing the diverse needs of the LGBTQI community.

Racial/Ethnic/Linguistic minorities

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

Individuals Transitioning out of State Hospitals

NCMH has successfully demonstrated its commitment to the Olmstead Plan by only admitting only a few individuals to Wernersville State Hospital (WeSH) since the closure of Allentown State Hospital (ASH) in 2010. Currently, only seven Northampton County individuals remain at WeSH. Active discharge planning is in place for four of these remaining individuals. It is the NCMH commitment that no one from Northampton County will be “left behind” at WeSH. However, it must be mentioned that the fiscal year 2012-2013 ten percent budget reduction received from OMHSAS has seriously threatened the stability of the community infrastructure in Northampton County. The fiscal year 2012-2013 budget cuts necessitated the closure of vital MH services and reduced funding for others. Since funding for fiscal year 2013-2014 has remained flat, services have not been restored.

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

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

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

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

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

Recovery Oriented Systems Transformation

Treatment Services

Treatment Services are available through a variety of outpatient, inpatient, partial hospitalization and crisis providers. It is important to note that several years ago, at the urging of OMHSAS, the

local long-term partial hospitalization programs converted to a psychiatric rehabilitation model. There are no longer any long-term partial hospitalization programs operating in the Lehigh Valley. There are, however, two acute partial hospitalization programs. One, called Alternatives, is located at the Muhlenberg Campus of Lehigh Valley Health Network. The other, Innovations, is part of the Fountain Hill campus of Saint Luke's University Health Network. In those rare cases when a non-Medicaid resident is in need of partial hospitalization, Northampton County will pay for that resident to enter one of these two programs.

Crisis Intervention

NCMH offers Telephone, Walk-In and Mobile Crisis Services along with Crisis Residential Services. Mobile Medical is available through Lehigh Valley ACT. There is also a 24 hour, seven day a week crisis component to all ACT Teams and ICM/BCM programs. As mentioned earlier, the IRES division is an integral part of the County's crisis intervention services. The IRES division is typically the County's first contact with individuals in need of mental health services.

A Crisis Intervention Team (CIT) Advisory Board has been established in the County. This group is chaired by the Deputy Mental Health Administrator and consists of law enforcement, emergency medical services (EMS) staff, family members, individuals in recovery, provider staff and other relevant community partners. This group meets monthly and is charged with planning monthly CIT trainings as well as more comprehensive five-day CIT trainings. These CIT classes are free to all police, EMS, security, 911 and other first responder staff. NCMH is able to offer these classes without charge through funding from the Northampton County Redevelopment Authority Gaming Grant award.

Rehabilitation

Prior to fiscal year 2012-2013, NCMH offered two clubhouses, Unity House in Bethlehem and Twin Rivers in Easton. However, the fiscal year 2012-2013 budget reduction forced NCMH to close the club house services at Twin Rivers and to continue it as a Drop in Center, albeit with expanded hours. Since the budget for 2013-2014 retained cuts that were made in fiscal year 2012-2013 the Twin Rivers clubhouse remains closed. Therefore, the county now has one club house in Bethlehem, Unity House, and two drop-in centers, one in Easton and one in Bethlehem in the continuum of services. The clubhouse offers consumers interested in fulfilling work a guaranteed place to come, to belong, and to enjoy meaningful relations as they seek the confidence and skills necessary to lead vocationally productive and socially satisfying lives.

The Northampton County Drop-In Center located in Bethlehem is operated by Recovery Partnership and is completely consumer driven and consumer run. The hours of this center were expanded to include earlier start times two days a week. The Easton Community Drop-In Center is operated through Salisbury Behavioral Health; however, the center itself has an all consumer staff. This Center offers Friday evening and Saturday hours. The hours for the Easton Community Drop-In Center were expanded to offer increased day-time coverage to compensate for the closure of Twin River's Clubhouse. The Drop-In Centers are open to all mental health consumers in Northampton County who are interested in meeting people and making new

friends. They provide a friendly social atmosphere with scheduled daily activities including games, arts & crafts, discussion and education groups, vocational activities, and much more. Light refreshments are also served daily. Van transportation is also available on scheduled days. This helps ensure continued access to the centers and its resources.

Prevention Services

All services offered by NCMH have a wellness/prevention component. Additional wellness/prevention services are offered to our consumers by our faith-based partners. The club house and drop in center have partnered with St. Luke's School of nursing. Student nurses regularly visit these locations to provide wellness education activities for members.

NCMH provide prevention services through its vocational and employment programs. Associated Production Services (APS) is an affirmative industry program that provides an integrated supported work environment in which trainees can experience employment in a manufacturing/packaging business or in a mobile workforce. Workers at APS earn a training wage and this job can be a vehicle for developing the skills needed to attain higher-paying jobs throughout the community. The Private Industry Council (PIC) and VIA of the Lehigh Valley (VIA) are supported employment programs that combine vocational assessment, placement of a consumer in a competitive job, on-the-job training, and long-term support. The worker will earn competitive wages while working in a flexible, individualized, consumer-centered program, guided by a team that includes staff members from PIC or VIA, the Office of Vocational Rehabilitation, and NC Mental Health.

Medical Assistance for Workers with Disabilities (MAWD) is a program that has been around for years, but many people are unaware of it. The Northampton County Mental Health Employment Transformation Committee has launched a MAWD poster and education campaign to promote this beneficial program. MAWD allows Pennsylvanians with disabilities to take a fulfilling job, earn more money and still maintain full medical coverage.

These employment services are important to the County's commitment to prevention because often unemployment is an underlying cause/trigger for the need of NCMH services.

Enrichment Services

The Community Support Planning Talent Group, WRAP Training, Mental Health Sensitivity Training, the Ethics Review Committee, Leadership Training, Certified Peer Specialist Training, Recovery Committee and the Community Support Planning Committee are enrichment services available to consumers in Northampton County. Please note that Compeer, a long-time addition to the County's enrichment services, was eliminated as a result of the fiscal year 2012-2013 ten percent budget reduction.

The Ethics Review Committee is comprised of a diverse group of stakeholders including representatives from Emergency Services, NCMH, residential providers, treatment and case management providers, Community Assessment Team, NAMI, Disability Rights Network, CPS workers and the OMHSAS Regional Field Office. While individual cases are reviewed, it is

stressed that the discussion is not about the individual case, but rather the ethical struggles faced by everyone involved in the case. The committee offers a safe, confidential and supportive environment. Learning and new ways of thinking are encouraged. Differing viewpoints are encouraged and acknowledged.

Self Help

The local Consumer/Family Satisfaction Team (C/FST) in collaboration with NCMH and Emergency Services developed a survey to be administered after mobile crisis visits and telephone crisis contacts. The results of the surveys are used by Emergency Services to improve the quality of services delivered, pinpoint areas for needed training and assess the desire or need for CPS workers to be involved in mobile crisis visits. NAMI Lehigh Valley, CPS/Peer Mentors, the drop-in centers, Depression and Bipolar Alliance, stakeholder groups, Emotions Anonymous and the Community Assessment Team are all currently available to NCMH consumers. Please note that Warmline, a long-time addition to the County's self- help services, was defunded last year due to fiscal year 2012-2013 ten percent budget reduction.

Rights Protection

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

Mental Health Planning and Division Coordination

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

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

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

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

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

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

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

Local Collaborative Agreements and Partnership

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

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

CSP process, CSP committee, and CQI process and other established planning groups and support meetings. Jail diversion planning takes place through the local CJAB, FACT team, CIT Advisory Board and Re-entry Coalition.

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

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

Intellectual Disabilities

Northampton County’s Developmental (Intellectual Disabilities) Program (NCDP) maintains the standard of providing consumer service(s) in the least restrictive setting that is appropriate to meet their needs. The Program has 932 registered participants. Of this number, 243 individuals receive base funded services and the remainder receives services through Medicaid Waiver or Medical Assistance fee-for-service funding.

	Estimated/Actual Individuals served in fiscal year 2012-2013	Projected Individuals to be served in fiscal year 2013-2014
Supported Employment	60	75
Sheltered Workshop	91	80
Adult Training Facility	240	240
Base Funded Supports Coordination	90 (changes from month to month)	100
Residential (6400)	167	165
Life Sharing (6500)	63	67
PDS/AWC	143	148
PDS/VF	3	3
Family Driven Family Support Services	175	175

Supported Employment

In June 2013, 21 consumers graduated from high school. Usually, base funding from the Employment Pilot is used for those individuals who meet the criteria for the Pilot Program. The program is available to any consumer between the ages of 16 and 26 who has a desire to work. In Fiscal Year 2012-2013, the Office of Developmental Programs had a waiver initiative for graduates and the County was able to serve all graduates with the initiative and existing waiver capacity.

Base Funded Supports Coordination

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

Life Sharing Options

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

Cross Systems Communications and Training

The NCDP will continue to work collaboratively with the Children, Youth & Families (CYF) Division and the Information and Referral/Emergency Services Division's Children's Integrated Services Unit (CISU). Base funding will be used to fund Intellectual Disability services for those children served by DP and either CYF or CISU, when there is an assessed need and available services.

Emergency Supports

During Fiscal Year 2013-2014 it is anticipated that one individual will be aging out of Early and Periodic Screening, Diagnosis and Treatment (EPSDT). On the date that the consumer actually ages out, if there is no available Waiver funding, base dollars will be used to maintain the continuous care of the EPSDT individual in his/her natural home. Similarly, base dollars will be used to provide residential and other Intellectual Disability services for consumers leaving Residential Treatment Facilities (RTF) placement and returning to the community.

It is worth noting that consumers are always encouraged to use natural resources, funding from other agencies like the Office of Vocational Rehab and waiver first, but when services through these funding streams are unavailable base funding is used to meet consumer needs.

Administrative Funding

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

Presently, the Administrative Entity (AE) has four full time positions. In addition, percentages of staff functions of four additional staff complete the AE. The staff includes a Fiscal Officer II, DP Accountant, Budget Analyst and Mental Health, Early Intervention and Developmental Programs Administrator. Fiscal support, fiscal reporting and fiscal management are provided by the Fiscal Officer, Accountant and Budget Analyst. In addition, the Budget Analyst's responsibilities include: Authorization of Services, Contract Management in HCSIS, County Contract Processing, Claims Resolution, Service Data Collection, HCSIS Data Management, DPW Systems Reconciliation, Payroll Data Collection, Individual Service Plan (ISP) Checklist – Financial, Waiver Enrollment and Provider Monitoring.

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

These positions are responsible for coordinating all aspects of waiver funding and includes the following: waiver capacity management, level of care redeterminations, review and approval of waiver Individual Service Plans (ISPs), waiver enrollment, maintenance of waiver documents, completion of requests for Supplemental Habilitation and Additional Individualized Staffing, monitoring of the Pennhurst Plaintiff Class Members, and service reviews. All aspects of base funding are coordinated by staff including review and approval of all base ISPs, management of Family Driven/Family Support Services (FD/FSS) funding, participation in the employment pilot

and transition planning for students, and offering service preference to all individuals enrolled with the Northampton County Administrative Entity.

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

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

The Administrative Entity staff develops and implements an annual Quality Management Plan. The Northampton County Quality Management Plan for 2013-2015 continues to focus on participant-centered services, planning and delivery, participant safeguards, and participant outcomes and satisfaction.

Also, it is worth noting that Northampton County had an SCO until September 30, 2012. Since the County SCO closed in 2012 all consumers are being served by the SCO of their choice. If they later find that they are unhappy with their SCO selection, consumers will be given the opportunity to switch; thus upholding the County's commitment to positive consumer outcomes and satisfaction with services.

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

Homeless Assistance

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

assistance. In the 2013-2014 fiscal year, the County expects the various providers to assist 1,423 individuals.

Northampton County’s Information Referral and Emergency Services (IRES) works closely with the providers of HAP services to ensure that residents have access to and are aware of the services provided by the County. Since the County contracts with local vendors to provide HAP services, the IRES division is usually the main point of contact for residents attempting to access services through HAP. Over the past several years calls to IRES for assistance through HAP have increased. Information and referral calls also increase in the winter months as Northampton County residents inquire about assistance heating their homes or assistance with finding shelter. The IRES division also devotes special attention to consumers who may also be involved with County human services for other reasons and are also in need of homeless assistance. These consumers are usually involved with the Mental Health, Developmental Programs, Drug and Alcohol, and Veterans divisions and thus are some of the more fragile members of the community. Therefore it is important to make sure that these clients have the appropriate assistance in accessing the services available to them. To date, in fiscal year 2013-2014 the IRES division has referred about 500 people to County HAP service providers.

For many years, the Homeless Assistance funding has been insufficient to meet the needs of the community. The funding gap between what the County is allocated and community needs has been exacerbated by the current economic downturn that has increased the need both in number of people seeking assistance and the level of intensity of the needs. Though Northampton County’s 2013-2014 allocation did not change from the previous fiscal year’s allocation, over the past few years there have been significant cuts to this funding stream that have affected the number of people that county providers are able to serve. Furthermore, cuts to the Human Services Development Fund that was partially used to fund services for the homeless and near-homeless have lessened the County’s ability to provide services. Though these cuts have affected the quantity of services provided, it is worth mentioning that the providers of homeless assistance for the county have maintained the exceptional quality of the services to the people of Northampton County.

The County has two cities numerous suburban communities, and a substantial rural area. Meeting the needs of such a diverse geographic area is a significant challenge that is worsened by a lack of adequate funding.

	Actual Individuals served in fiscal year 2012-2013	Projected Individuals to be served in fiscal year 2013-2014
Bridge Housing	25	34
Case Management	1666	1310
Rental Assistance	68	49
Emergency Shelter	23	30

Bridge Housing

Northampton County contracts with the Easton Area Neighborhood Centers and the Third Street Alliance for Women and Children to provide bridge housing services to Northampton County individuals or families who are homeless or near homeless. A family is defined as a unit

consisting of at least (1) adult and (1) child. Individuals and families are eligible for this service if:

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

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

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

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

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

Case Management

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

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

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

Each organization that provides case management does so in conjunction with their other Homeless Assistance Program initiatives.

Rental Assistance

Northampton County contracts with ProJeCt of Easton and the Easton Area Neighborhood Centers to provide rental assistance to residents in need. Since both providers are receiving Homeless Assistance funds and are located within the same geographic area of the County, the providers have agreed, within their respective contracts, to make arrangements with each other to facilitate client access according to the rules of the rental assistance program.

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

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

Emergency Shelter

Northampton County contracts with ProJeCt of Easton to provide emergency shelter through the Homeless Assistance Program. Through their ASSIST program ProJeCt of Easton provides emergency shelter, refuge, and care, as well as case management to persons who are in immediate need of emergency housing. ProJeCt has developed relationships with community non-profit shelter providers as well as for profit business owners enabling them to place homeless individuals 365 days per year. The ASSIST program uses the United States Department of Health and Human Services Poverty Guidelines to determine client eligibility. Persons must be homeless or in immediate danger of becoming homeless to qualify for

emergency shelter. Most commonly this service is used by those who have an intellectual disability, those who are suffering from a mental illness, and those who are in recovery from substance abuse. Due to funding limitations shelter is limited to prioritized groups. Selection of the priority groups is based on the following criteria:

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

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

Safe Harbors, ProJeCt of Easton, The Easton Area Neighborhood Centers and The Third Street Alliance for Women and Children are all users of the HMIS since they provide services to some clients who are also being assisted through HUD's Emergency Solutions (ESG) grant and Continuum of Care (COC). Due to the prohibitions of the HEARTH Act, Turning Point of the Lehigh Valley is not a registered user of the HMIS. However, they are required to track their homeless assistance services through a comparable database that maintains client confidentiality. The HMIS is monitored through the County's Department of Community and Economic Development (DCED). The DCED oversees the use of the HMIS by HAP providers. The DCED also informs providers about upcoming state run trainings that outline use of the HMIS. Overall, the County is using the HMIS as required by the state and its continued use is outlined in the DCED Five-Year Consolidated Plan required by the United States Department of Housing and Urban Development that Human Services staff also participates in.

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

Children and Youth

Northampton County's Children, Youth and Families Division (CYF) and Juvenile Probation Office (JPO) have received Special Grants funding for Functional Family Therapy, Multi-Systemic Therapy, Family Group Decision-Making, and Multi-Dimensional Treatment Foster Care since fiscal year 2009-2010. Staff relies on the services, and the strengths-based approaches that are taken, to positively impact the children and families served by the agencies.

Northampton County has increased the use of evidence-based services that promote family engagement since the Special Grants were made available and providers in the Lehigh Valley were trained and credentialed to deliver the services according to the various models. They were able to develop these services through grants, medical assistance, or to non-MA eligible children/parents with CYF funding. Northampton County CYF uses services provided through the Special Grant programs to assure that, to the greatest extent possible, children have permanency and stability in their living situations, they are safely maintained in their own homes whenever possible and appropriate, and that, if placement outside of the parental home is necessary, permanency is achieved in a timely manner.

Promising Practice

Currently Northampton County is not providing services through promising practice. However, the services provided through the CYF special grant funding are used to comprehensively address the needs of children and their families in Northampton County.

Housing

Northampton County CYF provides housing assistance to families in need of a security deposit, first month's rent, or rental assistance up to \$2000. Providing this service through the CYF special grant program allows, in many cases, for families to remain together. Housing assistance prevents placements, aids in reunification, or avoids housing the family in a homeless shelter. One time housing assistance to families who are at risk of eviction will assure family stability and educational stability for the children involved with the agency.

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

It is worth noting that over half of the Fiscal Year 2013-2014 housing initiative funds have been depleted as of November 2013. It is expected that the request from families who need rental assistance will outpace the housing initiative allocation. This is an area where the Block Grant flexibility may potentially be useful. In Northampton County homelessness is one of the top three reasons that children are placed in care. Thus, the continuation of this program is vital in the effort to keep children in their natural homes.

	2012-2013	2013-2014
Target Population	CYF families & 18-21 yr. old youths	CYF families & 18-21 yr. old youths
# of Referrals	42	45
# Successfully completing program	37 & 4 youths served (18-21 yr)	35 & 8 youths served (18-21 yr)
Cost per year	\$49,743	\$54,000
Per Diem Cost/Program funded amount	\$2000 maximum for 2 months' rent or security deposit and one month's rent	\$2000 maximum for 2 months' rent or security deposit and one month's rent

Alternatives to Truancy

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

	2012-2013	2013-2014
Target Population	School aged children and youths	School aged children and youths
# of Referrals	any truant youth (several hundred) 8 school districts	any truant youth (several hundred) 8 school districts
	924 youths served	915 youths served
Cost per year	\$154,550	\$126,550
Per Diem Cost/Program funded amount	\$90,175	\$126,500
# of MA referrals	N/A	N/A
# of Non MA referrals	N/A	N/A
Name of provider	Colonial IU 20	Colonial IU 20

Evidence Based Programs

Multi-Systemic Therapy (MST)

Multi-Systemic Therapy (MST) is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her antisocial behavior. The target population for this program is 12-17 year old youths, with truancy and/or behavioral issues, and their families. MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, increase youth association with prosocial peers, improve youth school or vocational performance, engage youth in prosocial recreational outlets, and develop an indigenous support

network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes. Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including cognitive behavioral, behavioral, and the pragmatic family therapies. MST services are delivered in the natural environment (e.g., home, school, community). The treatment plan is designed in collaboration with family members and is family driven rather than therapist driven. The ultimate goal of MST is to empower families to build an environment, through the mobilization of the child, their family and community resources, which promotes health.

	2012-2013	2013-2014
Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	16	18
# Successfully completing program	9	11
Cost per year	\$52,740	\$54,000
Per Diem Cost/Program funded amount	\$58.60	\$58.60
# of MA referrals	14	15
# of Non MA referrals	2	3
Name of provider	Community Solutions	Community Solutions

Functional Family Therapy (FFT)

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

	2012-2013	2013-2014
Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	150	155
# Successfully completing program	78	80
Cost per year	\$240,502	\$245,265
Per Diem Cost/Program funded amount	\$145.68	\$145.68
# of MA referrals	26	25
# of Non MA referrals	124	130
Name of provider	Valley Youth House	Valley Youth House

Multidimensional Treatment Foster Care (MTFC)

Multidimensional Treatment Foster Care (MTFC) is provided to children who are in need of both placement and medically necessary mental health treatment. MTFC allows children in need of

services to remain in a family setting while receiving the treatment they need in the community with reinforcement in their foster home.

	2012-2013	2013-2014
Target Population	CYF/JPO children & youth	CYF/JPO children & youth
# of Referrals	2	2
# Successfully completing program	2	2
Cost per year	12,177	\$36,900
Per Diem Cost/Program funded amount	R & B \$41.00/day	R & B \$41.00/day
# of MA referrals	2	2
# of Non MA referrals	0	0
Name of provider	Children's Home of Reading	To Be Determined

Family Group Decision Making (FGDM)

Family Group Decision Making (FDGM) is a restorative approach to problem solving that involves children adolescents and adults. It helps families make their own decisions instead of having plans that are prescribed for them. FDGM is a practice that is family centered, family strengths oriented, culturally and community based. It recognizes that families have the most information about themselves and that they are, in most cases, able to make well-informed decisions. Overall FDGM fosters cooperation, communication and a positive partnership between families and professionals. In Fiscal Year 2013-2014 Lehigh Valley Families Together, KidsPeace, Justice Works, Abraxas Lehigh Valley, Youth Advocate and Methodist Services will provide FDGM services for Northampton County residents. Special Grant Initiative funds will be expended among all of the providers listed above.

	2012-2013	2013-2014
Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	29	40
# Successfully completing program	15	25
Cost per year	\$47,021	\$76,043
Per Diem Cost/Program funded amount	Lehigh Valley Families Together \$54.10/hour Justice Works \$59.35/hour KidsPeace \$64.20/hour Youth Advocate \$56.95 Methodist Services \$56.00/hour	Lehigh Valley Families Together \$54.10/hour Justice Works \$59.35/hour KidsPeace \$64.20/hour Youth Advocate \$56.95 Methodist Services \$56.00/hour
# of MA referrals	N/A	N/A
# of Non MA referrals	29	25

Evaluation

Northampton County has been able to track the effectiveness of all services and programs funded through the Special Grants since 2009. Outcomes information is provided to the Office of Children, Youth and Families (OCYF) annually through the Special Grants application process for each program that was funded. Providers submit annual outcomes reports to CYF as required contractually. Family Group Decision-Making outcomes are also compiled during the quarterly invoicing process. A quarterly report tracking outcomes for the Alternatives to Truancy Program was developed in collaboration with the provider.

In order to assure a quality continuum of services, provider reviews for all families/children receiving in-home services (placement prevention and reunification) are held on a quarterly basis to review progress, level of service and satisfaction with the service. All providers are required contractually to submit program outcomes for their services on an annual basis to the Agency Director. Input from supervisors and casework staff on quality of service is also considered. Northampton County CYF requires accountability, fiscal and programmatic, as part of the appendices to the annual contract (i.e., reporting requirements, billing requirements, policies regarding foster care, program outcomes).

Northampton County CYF also submits data to OCYF semi-annually for the Automated Adoption and Foster Care Reporting System (AFCARS). Data is collected for all children in placement. In turn, CYF receives a semi-annual data package specific to children in placement. The data package contains statistics over a five year period that tracks population flow, reunification, placement, and adoption information.

The County has had mixed levels of success in giving youth and families a meaningful role in the decision making process. Through the Integrated Children's Services Plan (ICSP), the County contracted with Recovery Partnership of the Lehigh Valley, the region's consumer/family satisfaction team, to work with youth and families involved in the child welfare system. This effort yielded far greater success with the parents and other family members than with the youth. The County has been invited to participate in the State's System of Care initiative and looks forward to making much greater progress in giving youth and families a meaningful role in the decision making process.

Drug and Alcohol Services

The Northampton County Division of Drug and Alcohol Services is a Single County Authority (SCA) that operates under the Public Executive model, with an Advisory Board that meets at least bi-monthly. The SCA is responsible for providing screening, assessment, referrals, treatment, case management and recovery support services in Northampton County for the uninsured and underinsured. The SCA is required, per the Department of Drug and Alcohol Programs (DDAP), to conduct a treatment needs assessment and plan for the provision of services. Individuals in need of the full range of services can find support as they move from detoxification to rehabilitation to half house to intensive outpatient counseling to outpatient counseling, supplemented by recovery supports. The supports include two recovery centers, a recovery system of care, as well as 12-step programs and other natural supports.

The Division has a full-time staff of seven, which includes two managers (a Division Administrator and an Assistant Administrator), three Drug and Alcohol Case Management Specialists, a fiscal officer and a clerical support person. Due to the many efficiencies brought about by the increased use of technology, as well as other changes implemented by the County, the Division recently reduced its staff by deciding to leave one of its management positions, a casework supervisor, vacant when the person in that position left County employment.

Screening for treatment services is primarily provided by the County's contracted providers. The SCA works with a centralized intake contractor to provide screening, assessments and preliminary case management to assist clients in accessing treatment in the timeliest manner. Clients are able to directly access services from our outpatient providers, if appropriate. Those seeking access to treatment are referred to Lehigh Valley Drug & Alcohol Intake Unit for assessment. Individuals who have self-identified their needs for treatment and are appropriate for outpatient services may directly contact any of our outpatient providers. The Drug and Alcohol division contracts with outpatient programs to provide a screening of all clients, and then schedules outpatient treatment if clinically appropriate. If at the time of the screening it becomes apparent that the client is in need of emergent care or a higher level of treatment, they are directed to the local hospital, Emergency Services, Lehigh Valley Intake Unit, or the SCA in order to access that care, depending on the nature of their needs. Lehigh Valley Intake has been able to respond within the DDAP required timelines, and also offer stand by or walk in appointments if the client is anxious to access treatment. If at any time they are unable to meet demand, the SCA staff can accommodate this need, and after hours emergency services unit will respond.

Act 152 & Behavioral Health Services Initiative (BHSI)

The Division plans to utilize the Act 152 funding allocation for financially needy individuals in residential treatment facilities. The allocation of these funds will include an administrative allowance due to the extensive work involved in assisting in the medical assistance application process; the SCA confirms completion of the application, follows up with providers to assure the submission of the Department of Public Welfare Form 1672, tracks medical assistance eligibility and categorical determination, as well as the required reporting by individuals. During Fiscal Year 2012- 2013, the SCA served 148 clients with Act 152 funds. The division estimates serving a similar amount of clients during Fiscal Year 2013-2014.

The Behavioral Health Services Initiative funds, supplemented with Drug & Alcohol categorical funds and County funding, will be used for the continuum of care services for clients who are uninsured. Historically this has been used for inpatient and outpatient treatment, as well as transitional housing and recovery support services. The allocation for Fiscal Year 2012-2013 partially funded about 511 clients. We expect the Fiscal Year 2013-2014 allocation of funding to serve about the same amount of clients.

The difference between BHSI and Act 152 expenditures is due to the fact that Act 152 funds can only be authorized for those individuals meeting specific criteria. Currently, Act 152 funds are specified for individuals eligible for medical assistance who need inpatient non-hospital treatment. Act 152 funds require individuals to complete the medical assistance application

process. However, BHSI funds allow individuals with financial need access to an array of clinically appropriate treatment and support services. Additionally, BHSI funds can be allocated for the full continuum of treatment, case management and recovery services for those individuals who are unable to cover these costs but are not eligible for Medical Assistance. Individuals funded through BHSI receive drug and alcohol services which reduce the likelihood of the need for Medicaid funded services in the future.

The requirements for BHSI and Act 152 funds highlight the importance of the block grant program. With the new flexibility of funding the SCA can better serve the unique needs of Northampton County. BHSI can be used to fund the full continuum of care which allows for great flexibility to use the funding in the most needs areas like transitional housing. Act 152 funds can only be used for treatment. The flexibility of the block grant will be useful because it allows for the possibility of adding funds to the Act 152 and BHSI cost centers funds from other divisions within the HSBG program, if available.

Though the fiscal flexibility afforded through the Block Grant will still require individuals with financial need to apply for medical assistance, their acceptance into the medical assistance program will no longer prescribe their treatment plan. Streamlining the process will make it easier for consumers to use the County's SCA services and allow for expedited admission to treatment as well as eliminate the excessive administration burden for the utilization of Act 152 funds. The flexibility afforded within the Human Services Block Grant Program will undeniably help those in need of Drug and Alcohol services by eliminating some of the barriers to accessing Act 152 and BHSI funding. It is worth noting that in light of an increase in request for treatment only half way through the 2013-2014 fiscal year, all Act 152 and BHSI funds will be spent before June, 30 2014.

Older Adults

In an effort to make services to the most vulnerable residents of Northampton County more comprehensive, the SCA has teamed up with the Area Agency on Aging to provide onsite gambling awareness at senior centers throughout the Slate Belt region of Northampton County. Also, through two separate gambling grants from DDAP and the local Gaming Revenue Authority, Northampton County is able to provide the community with education and treatment for gambling addiction.

Adult Recovery-Oriented Services

In addition to the more traditional treatment services described above, Northampton County currently has two recovery centers that service adults of all ages. Recovery centers provide community based informal peer support. The County understands that the core principle of recovery is that one retains recovery through ongoing support of others in recovery. Thus, the recovery centers are an integral part of a comprehensive Drug and Alcohol program in Northampton County. Recovery centers in Northampton County are funded through Drug and Alcohol county fines and fees as a result of Driving Under the Influence legislation. The centers host 12 step meetings and allow consumers to walk in or call for support. Volunteers and paid staff are available on the phone and in person to assist those in need to access service and

treatment. The recovery center in Easton is co-located in a homeless shelter and is open 7 days a week. With the support of volunteers, the Bethlehem recovery center is open every day as well, where there are also youth meetings available.

Adolescents

The SCA contracts with several providers that offer inpatient and outpatient services for adolescents. Local recovery centers also provide a “Young People’s” group on the weekends. Recovery Revolution also provides treatment services at Colonial Academy, which is an alternative school. The Colonial Academy provided basic drug and alcohol awareness education as well as additional services that include assessment, individual and group counseling sessions, and referrals to higher levels of care when necessary.

The division also contracts with two prevention providers who provide a myriad of services in all of the schools in Northampton County. They work with the local chapters of Students Against Destructive Decisions (SADD) in the schools. They also play an integral role in the Student Assistance Programs (SAP) within the schools.

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

Individuals with Co-Occurring disorders

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

Northampton County’s Treatment Continuum Alternative to Prison (TCAP)

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

County TCAP assessor to determine the appropriateness and necessity of treatment. If approved without objection by the Judge and/or District Attorney, the offender may be diverted from incarceration to intensive drug and alcohol treatment.

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

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

RIP/TCAP Eligibility

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

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

Lastly, during the coming years, the County's Drug and Alcohol Division hopes to do more in the area of service integration. Although a great deal has been accomplished over the years, much more remains to be done in developing even stronger relationships with the County prison, the Northampton County Court of Common Pleas, adult and juvenile probation, the behavioral health managed care organization (which is currently Magellan Behavioral Health) and the County's Mental Health division. There is also room for improvement in developing healthy affordable housing opportunities for people in recovery. Of course, the key to all of these efforts is money, and, unfortunately, the funding is being reduced at a time when need is ever increasing.

Human Services and Supports/Human Services Development Fund

Northampton County has a long history of using the Human Services Development Fund (HSDF) to fill in service gaps and meet unmet needs, typically for consumers between the ages of 19 and 59. Though the County's 2013-2014 allocation remained the same as last year, it is still operating without services due to cuts from previous years. Most notably, during the 2004-2005

fiscal year, Northampton County received a HSDF allocation of \$642,164; this year, the allocation will be \$203,008, which is a reduction of 68 percent.

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

	Actual Individuals served in Fiscal Year 2012-2013	Projected Individuals served in Fiscal Year 2013-2014
Adult Services	87	84
Aging Services		300
Generic Services	2485	2803
Specialized Services		

Adult Services

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

HSDF funding allocated to Meals on Wheels of Northampton County supports the independent living of people who are disabled by providing nutritious meals and the friendly smile of a delivery volunteer. For fiscal year 2013-2014 there will be no notable changes to this program. However, it is worth noting that the needs of the target population for Meals on Wheels Services outpaced its HSDF allocation during fiscal year 2012-2013. For fiscal year 2012-2013 the County decided to set some of the limited HSDF funding aside in anticipation of a categorical funding shortage due to cuts. Towards the end of fiscal year 2012-2013 the need of clients utilizing Meals on Wheels services outpaced their HSDF allocation thus the organization was allotted additional available HSDF funding. It is important to note that should Meals on Wheels or any other of the HSDF allocated services, needs outpace its funding during fiscal year 2013-2014 there are no additional funds to fulfill those needs.

The County also allocates funds to Family Answers through HSDF to provide homemaker-home health aide services to the target population, 18 to 59 year old home bound individuals. Homemaker Services consists of activities provided to eligible persons in their homes by a trained, supervised caretaker when there is no family member or other responsible informal caregiver available or capable of providing such services, or to provide the occasional relief to the person/persons regularly providing care. Services include cleaning, cooking, laundry, shopping, instructional assistance and personal care. This service is rendered in the homes of clients. Within the current HSDF budget allocation Family Answers is able to serve about 40 individuals in need of service. The organization has stressed that they would like to, and have the

capacity to serve more residents of Northampton County who are disabled if funding would allow them to do so.

Aging Services

For fiscal year 2013-2014 the County plans to use \$50,000 of its HSDf funding to support the Area Agency on Aging. Aging will use its HSDf funding to help pay for the transportation of older adults, specifically, transportation that supports the operation of the agency's network of eleven senior centers. The senior centers are locations where older people can go recreate, socialize and enjoy a hot meal at lunch time. The agency provides no-charge transportation to assist people in getting back and forth to the center. The Area Agency on Aging has been chief among the recipients of HSDf funds over the past several years. This is due to the fact that Aging has not received meaningful cost of living increase over the past decade. Thus, the size and scope of the current program, necessary to provide a range of services to the number of older adults that the agency serves requires the infusion of funds from outside of Aging. The County decided to use some of its HSDf allocation to support the agency in order to uphold the purpose of the funding stream; to help senior citizens stay healthy, keep people out of institutions, and nurture children, youth and families. HSDf funds needed to be diverted into this funding stream to continue essential services to Northampton County residents. HSDf funding for Aging Services will assist approximately 300 clients.

Generic Services

Northampton County contracts with Safe Harbor of Easton, The United Way of Lancaster and The Hispanic Center of the Lehigh Valley to provide generic services to residents in need. For fiscal year 2013-2014 Safe Harbor will be providing social rehabilitation/day programming to homeless or near homeless residents of Northampton County. This service includes breakfast, lunch and related dining social skills teachings. It also includes case management and referral services, Alcoholics and Narcotics Anonymous, daily living skills teaching and relationship building groups.

HSDf funds are also used to continue the County's support of the regional information and referral service. For many years, that service was provided by Valley Wide Help, a program of the Lehigh Valley Chapter of the American Red Cross. With the inception of the state wide 211 network, Valley Wide help has ceased operations, and so the funding will now support the regional 211 network, which is administered by the United Way of Lancaster County. During FY 12-13 the United Way of Lancaster County was able to provide 1,785 people with the information necessary for them to access essential services in Northampton County.

HSDf funding is allocated to the Hispanic Center of the Lehigh Valley which provides case management and information referral to its clients. The Hispanic Center's case management program;

- (a) Assists clients in identifying and obtaining basic services needed for independent living;
- (b) Identifies and makes referrals to a variety of public and community agencies providing food, shelter, clothing, medical, educational and other services;

- (c) Advocates for the client in obtaining services;
- (d) Counsels clients on available resources, barriers to employment, independent living skills and other areas involving defined problems or concerns by explaining procedures, rights and responsibilities; and
- (e) Assists seniors with doctor appoints by arranging transportation, medical refills and translation.

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

Overall, \$153,008 in HSDF funding was allocated to aging, adult and generic services. The remaining \$50,000 will be used to assist the categorical grants in meeting needs left unmet by the latest round of budget reductions. Northampton County's Mental Health division requested the remaining \$50,000 of HSDF funding for targeted case management and outpatient management for its consumer run respite service. This will help the division make up for the loss of over one million dollars in its fiscal year 2012-2013 budget that carried over into its fiscal year 2013-2014 allocation. As per the instructions received from the Pennsylvania Department of Public Welfare, \$50,000 has been added to the Mental Health outpatient counseling and targeted case management line item and the same amount has been subtracted from the HSDF total.

Lastly, due to funding shortages in the Area Agency on Aging and the Mental Health division, and the addition of Safe Harbor, and the Hispanic Center of the Lehigh Valley to the HSDF funding stream, there are no remaining HSDF funds for interagency coordination. Though there are no specific funds allocated to interagency coordination through HSDF the county's divisions will continue to work together to coordinate services that holistically address the needs of its consumers using the most efficient and appropriate methods of service delivery. This includes coordination through the County's own Information and Referral office whose caseworkers work to understand each client's complex needs and then refers them based on those needs to the most appropriate services.

Fiscal Year 2013-2014 Appendix- BG Budget

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	53		487,184			
Administrator's Office	3,655		614,882		31,409	
Administrative Management	3,655		1,535,658		103,047	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	22		279,076		1,820	
Community Residential Services	112		4,627,260		9,498	
Community Services	703		212,318		762	
Consumer Driven Services	135		371,224			
Crisis Intervention	765		419,894			
Emergency Services	668		48,965		5,441	
Facility Based Vocational Rehab	47		138,544			
Family Based Services						
Family Support Services	35		72,323		22	
Housing Support	55		860,288		3,899	
Other						
Outpatient	1,834		693,042		57,913	
Partial Hospitalization	18		175,839			
Peer Support						
Psychiatric Inpatient Hospitalization	1		2,000			
Psychiatric Rehabilitation	11		59,475			
Social Rehab Services	362		306,946			
Targeted Case Management	127		251,804			
Transitional and Community Integration						
TOTAL MH SERVICES	12,258	11,156,722	11,156,722		213,811	0

INTELLECTUAL DISABILITIES SERVICES

Admin Office	945		1,132,528		27,050	
Case Management	461		120,000		13,333	
Community Residential Services	18		680,241			
Community Based Services	259		1,276,898		109,521	
Other			0			
TOTAL ID SERVICES	1,683	3,209,667	3,209,667		149,904	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	34		169,531			
Case Management	1,310		107,759			
Rental Assistance	49		40,134			
Emergency Shelter	30		2,000			
Other Housing Supports						
TOTAL HAP SERVICES	1,423	319,424	319,424		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	215		391,598		20,610	
Promising Practice	0		0		0	
Alternatives to Truancy	915		113,895		12,655	
Housing	45		45,900		8,100	
TOTAL C & Y SERVICES	1,175	551,393	551,393		41,365	0

DRUG AND ALCOHOL SERVICES

Inpatient non hospital	175		526,462			
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Inpatient Hospital	2		3,332			
Partial Hospitalization						
Outpatient/IOP	76		53,313			
Medication Assisted Therapy						
Recovery Support Services	345		59,977			
Case/Care Management	58		23,324			
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	656	754,774	666,408		0	0

HUMAN SERVICES AND SUPPORTS

Adult Services	84		55,000			
Aging Services	300		50,000			
Generic Services	2,803		48,008			
Specialized Services						
Interagency Coordination						
TOTAL HUMAN SERVICES AND SUPPORTS	3,187	153,008	153,008		0	0

COUNTY BLOCK GRANT ADMINISTRATION			88366		0	
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GRAND TOTAL	20,382	16,144,988	16,144,988	0	405,080	0
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*\$50,000 of HSDF funds have been moved to Mental Health Services – Outpatient

Additional information received from Northampton County in response to questions from the Plan review by the Department:

D&A

-Please clarify how the fiscal flexibility afforded through the Block Grant will apply to 152 and BHSI funding to improve services.

Though the fiscal flexibility afforded through the Block Grant will still require individuals with financial need to apply for medical assistance, their acceptance into the medical assistance program will no longer prescribe their treatment plan. Streamlining the process will make it easier for consumers to use the County's SCA services and allow for expedited admission to treatment as well as eliminate the excessive administration burden for the utilization of Act 152 funds. The flexibility afforded within the Human Services Block Grant Program will undeniably help those in need of Drug and Alcohol services by eliminating some of the barriers to accessing Act 152 and BHSI funding. It is worth noting that in light of an increase in request for treatment only half way through the 2013-2014 fiscal year, all Act 152 and BHSI funds will be spent before June, 30 2014.

Mental Health

-Please identify the data used in the plan development

Northampton County strongly values input from local stakeholders in order to continuously improve the existing behavioral health system and promote system change as needed. In order to create the Mental Health portion of the Human Services Block grant, the County's planning team used the data from the recently completed Mental Health five year plan. Since the 2013-2017 Mental Health Plan is only one year into its implementation the County felt that it was appropriate to use the data within the Mental Health plan to create the Human Services Block grant plan. The County is well positioned to use the Human Services Block Grant in conjunction with the Mental Health five year plan in order to, if possible, fill the gaps in MH services caused by a lack of funding as outlined in the later portions of this plan. However, since Northampton County is in its first year of the Human Services Block Grant program, the County's planning team has decided that all expenditures will continue as outlined in the HSBG funded divisions original fiscal year 2013-2014 budgets.

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

Monthly provider meetings also provided the qualitative data used in the construction of the HSBG plan. At these meetings providers are encouraged to share new program information, discuss

issues, and as a group decide on the type of education/presentations needed for the groups to better serve Northampton County residents. The County's CHIPP Coordinator meets

quarterly with crisis residential programs, ACT teams, residential programs, drop-in centers, clubhouses and the Consumer/Family Satisfaction Team for quality improvement suggestions. Overall, in the development of the Mental Health portion of Human Services Block Grant plan the County used the data from its recently completed Mental Health plan that outlined the goals of the Mental Health division for the next five years. Since this is the County's first year in the Human Services Block Grant program, the County's planning team will explore ways to use the flexibility afforded by the program to better serve the needs of the Northampton County community based on data that is collected during the first year of the HSBG program.

-Please clearly identify county-level measures.

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

-Please address unmet needs for Older Adults and Adults (per Appendix B, attached to this email).

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

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

Unmet needs for Older Adults

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

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

-There is no allocation for Psychiatric Inpatient Hospitalization and Partial Hospitalization. Please clarify how this service will be provided for the non-MA population.

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

-Identify timelines, funding mechanisms, resources needed, and a method to track outcomes for all identified systems priorities as outlined in Appendix B.

Listed below are the funding strategies that the County's planning team has for the 2013-2014 fiscal year:

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

Since the County was selected for admittance into the block grant program well into the 2013-2014 fiscal year, the County's planning team will use this fiscal year to explore funding mechanisms that would help maximize the use of the HSBG program.

NCMH is a part of the operations committee with Health Choices. This committee reviews recidivism rates for inpatient residential programs and service trends. Continuous Quality Improvement (CQI) reports are also used to track the census of programs. NCMH uses CQI

reports to identify levels of use as well as users who return to the various county MH programs. As a means of collecting qualitative community data, the Consumer Family Satisfaction team uses surveys and interviews that allow those who are involved with targeted case management the opportunity to provide feedback.

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