

Appendix A
Fiscal Year 2015-2016

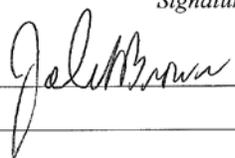
COUNTY HUMAN SERVICES PLAN

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 Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	John A. Brown, County Executive	Date: <u>6/10/15</u>
		Date:
		Date:

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Introduction

The County of Northampton is once again pleased to submit its Human Services Block Grant plan for the fiscal year 2015-2016 Human Services Block Grant Program (HSBG). As a Block Grant county, Northampton County continues to examine its current programs in the interest of using the flexibility afforded by the HSBG to maximize the categorical funding. This flexibility allows the County to provide much needed services to the Department of Human Services consumers in Northampton County.

Northampton County is one of two counties that make up the Lehigh Valley, the third most populous region in Pennsylvania. Northampton County has approximately 300,654 residents who reside in the cities of Bethlehem and Easton, as well as surrounding suburban and rural areas. Northampton County is a third class county with an Executive-Council form of government. Northampton County, although not part of a local collaborative arrangement, regularly works closely with the surrounding counties, most prominently Lehigh County, to facilitate the provision of comprehensive services to consumers.

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

The County continues to operate the entire Department of Human Services in one central Human Services building which has allowed for greater interdisciplinary collaboration as well as provides one central location for residents of Northampton County to access services.

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

County Planning Process

The Fiscal Year 2015-2016 planning team for the HSBG plan consisted of a group of DHS senior administrative staff from each program office with categorical funding included in the block grant (i.e., Children, Youth, and Families; Department of Human Services Administration; Drug & Alcohol; and Mental Health, Early Intervention, and Developmental Programs). To continue to complete a comprehensive plan, other County divisions such as the Area Agency on Aging, HealthChoices, Information Referral and Emergency Services (IRES), Gracedale Nursing Home, and Veterans Affairs were included in the planning process where appropriate.

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

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

Another key piece to the 2015-2016 planning process is the public hearings that were held in June 2015. In addition to community members, all contracted providers for the Department of Human Services were given notice of the hearings. At the Northampton County Council meeting, the Block Grant public hearings were also discussed so all of those in attendance were notified and invited to attend. On June 11, 2015, the Director of Human Services shared the public hearing information with local Legislators who attended the Northampton County Legislative Breakfast. The public hearings were held in two separate parts of Northampton County to prevent any barriers to attending. This year's hearings saw a decrease in attendance from last year but did have representation from the community and the Department of Human Services. Critical stakeholders shared what they saw as barriers to treatment for consumers as well as discussed what they would like to see as far as programming funded by Block Grant

funds. Stakeholders also shared how consumers they work with have benefited from the programming funded through the Block Grant in FY 14/15.

In the upcoming fiscal year, the County will continue to focus on our HSBG goals by using HSBG funds to augment existing prevention and housing programs in all divisions. The County continues to explore the possibilities that are afforded to the County through the flexibility of the HSBG. In FY 14/15, HSBG funds were utilized to add additional programming in several divisions within Human Services. In FY 15/16, Northampton County has committed to continuing some of the programs such as a Recovery Support Services program in Drug and Alcohol and a Life Skills program at a local shelter that will benefit clients from several divisions. Northampton County Department of Human Services strives to provide services to its consumers in the least restrictive setting possible. To do this, each client is individually assessed to establish their needs and the appropriate level of care is determined. Services are constantly evaluated to ensure that they are appropriate for the client and their current needs. The ultimate goal is to provide services to each client in the least restrictive setting. The divisions within the Department of Human Services are now more easily able to interact with each other to ensure that a client is receiving a comprehensive level of care.

Advisory Board Agenda/Minutes/Attendance

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



COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

Drug & Alcohol Division

520 East Broad Street • Bethlehem, PA 18018-6395

Phone: (610) 997-5800 Fax: (610) 997-5859

Tiffany Rossanese
ADMINISTRATOR

Advisory Board Meeting March 27, 2015

Introductions

Minutes from January meeting – review/approval

SCA Activity:

Grant Updates

Human Services Block Grant

Drug Court update

Budget Update

Quarterly budget update

Roundtable Discussion

Courtesy of the Floor

Next Meeting: May 15, 2015

Northampton County Drug & Alcohol Advisory Board Meeting Minutes
March 27, 2015

In Attendance: John Judd, Andrea McCarthy, Tiffany Rossanese, Mary Tirell

Guests: Daniel Keen, Brianna Hetrick (intern), Allison Frantz, Pat Diluzio, Tim Munsch, John Dillensnyder, Lucy Napper

John Judd brought the meeting to order and the minutes from the last meeting were approved.

Tiffany Rossanese updated the Board by providing the following information:

Gaming Grant The grant proposal was presented to the Gaming Authority March 23, 2015. She felt confident with the proposal and hopeful the department will be awarded some, if not all, of the requested grant award, which will fund transitional housing, gambling treatment services, gambling education services in the community and the jail, and increased use of the SOGS at the local treatment providers' offices.

The **TCAP** grant is due next week and is in process.

The **Human Services Block Grant** (HSGB) was explained by Allison Frantz, Director of Human Services. Allison asked for everyone to think about where the gaps are and where the funding is needed and to relay their thoughts and concerns back to her or to Tiffany. Tiffany also informed the group that public hearings will be held as well to garner the public's thoughts and concerns about funding. They will be advertised.

The HSBG allows for flexible spending throughout the department of Human Services, which was not allowable in years' past. This flexibility in spending allowed for Drug & Alcohol to reach additional people and increased funding to providers, including prevention providers, recovery centers, and additional funding for transitional housing.

Drug Court In coordination with the Courts, the division is assessing potential clients for the Drug Court, which is going live April 2, 2015. The Honorable Judge Craig Dally is presiding over these matters.

Budget The RFP's were sent out and the Division awaits return of proposals from providers. DDAP is in the process of writing the next five year grant agreement with the SCA's; therefore, the contract process may be delayed to some degree as County contract language must be changed as a result.

The Governor's proposed budget has been announced. SCA's are hopeful the 10% cut that occurred in the past will be given back to the counties incrementally over a three year period. Initiatives that are considered key include Overdose and the use of Naloxone by emergency responders as well as prescription drug addiction. Additional funding is proposed to support these initiatives.

Round Table Discussion

In order to gauge the needs in the Jail, the group asked Director of Corrections Daniel Keen for his thoughts on this topic.

Director Keen indicated that the jail will not be contracting out for programs in the jail. They are considering combining the "case manager" positions with the "classifications specialist" positions and creating a new position, the "treatment specialist". Currently, there are 2 case managers and 6 classification specialists managing up to 1100 inmates. He is asking Administration for two additional positions to accomplish this goal. He plans to implement this change by the end of the summer.

Director Keen's goal is to implement Moral Recognition Therapy (MRT) in the jail to instill moral reasoning and a new atmosphere of accountability and responsibility in the jail population.

He also explained that the jail needs a true Needs/Risk Assessment and he plans to implement a new assessment in the near future. Director Keen is also considering a day reporting center. This is similar to work release, but the person is checking in daily and residing at home.

There are 425 Volunteers who come into the jail to perform some type of service (whether they are paid or unpaid, they are considered volunteer since the jail is not paying for the service). An example of a volunteer is Positive Changes, a gambling education program in the jail funded by the Drug & Alcohol Division. Director Keen also discussed briefly that a mentor program through the faith based community is underway at the jail.

Director Keen applied for a Department of Labor & Industry Grant for \$500,000 over 2 years which, if awarded, would pay for Career Link to provide training and certifications (i.e., fork lift operator) so that upon re-entering the community, the incarcerated individual has some job skills and is more employable. Safe Serve certification for restaurant employees is already provided as a job related program at the jail.

Tim Munsch (Lehigh Valley Drug and Alcohol Intake Unit) discussed readiness for treatment groups in the jail. He believes that individuals who attend these groups come out of jail "ready" to engage in treatment. They have acknowledged they have a problem that requires treatment and are receptive to entering treatment. They review their drug and or alcohol use/abuse history as well as their criminal history. The client begins to see the correlation between the two. The initial phase of outpatient treatment is more focused as the client has already accepted that he or she needs help and understands

a lifestyle change is needed at this time. John Dillensnyder (Treatment Trends) agreed that the readiness factor is positively correlated to the client's level of motivation in treatment.

Work Release and being provided windows for treatment and 12 step meetings was reviewed and discussed with Director Keen. He is open to reviewing many of the jail policies that appear to be dated. He also suggested work be done to target adolescents and to look at the "front end". The prevention programs, SADD, and SAP was discussed. School based issues were discussed, such as the need for parental permission and how can hamper a student's ability to be assessed. It was explained that the student can always opt to privately attend treatment despite having insurance under the parent. Andrea explained from her perspective how a parent's denial plays an integral role in the treatment options for adolescents. Parent education and parenting programs at the jail were suggested.

Pat Diluzio (Victory House) believes the community integration is key to maintaining sobriety. People in recovery need to attend meetings and obtain a sponsor. He is conducting after care visits once people leave the shelter but the funding is not available for him to conduct this after care as thoroughly as he would like.

Peer Recovery Specialists were discussed and making a referral once an inmate is released was preferred. The goal is to engage people in all steps of the recovery process. LV D&A Intake will roll this program out March 30, 2015. They have hired a peer and a supervisor for the program.

Fred Brown (North East Treatment Services) expressed concern for the dually diagnosed client. He indicated that collaborative communication is needed in this area – between criminal justice and mental health programs.

A brief discussion was held regarding Advisory Board membership. The Board needs new members. Some of the guests were invited to consider serving as a Board member.

The meeting was adjourned.



COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

Drug & Alcohol Division

520 East Broad Street • Bethlehem, PA 18018-6395

Phone: (610) 997-5800 Fax: (610) 997-5859

Tiffany Rossanese
ADMINISTRATOR

Advisory Board Meeting May 15, 2015

Introductions

Minutes from March meeting – review/approval

SCA Activity:

Grant Updates

Human Services Block Grant Update

Drug Court update

Billboard Campaign

Budget Update

Quarterly budget update

Membership Update

Courtesy of the Floor

Next Meeting: July 17, 2015

Northampton County Drug & Alcohol Advisory Board Meeting Minutes
May 15, 2015

In Attendance: John Judd, Andrea McCarthy, Tiffany Rossanese, Terrance Miller; Chaplain Santos

Guests: Allison Frantz, Lucy Napper, Elizabeth Miller, Mary Ellen Jackson

John Judd brought the meeting to order and the minutes from the last meeting were approved.

Tiffany Rossanese updated the Board by providing the following information:

Gaming Grant The grant proposal was accepted by the Gaming Authority at their April meeting. The funds will be used to fund transitional housing, gambling treatment services, gambling education services in the community and the jail, and increased use of the SOGS at the local treatment providers' offices. The focus has changed to more education in the community. Chaplain Santos inquired about services for those in the jail who speak Chinese. He said they are seeing a large number who are being incarcerated for crimes related to the Sands (ex. Loitering). Mary Ellen Jackson from the Center for Humanistic Change will look into the possibility of a Chinese speaking facilitator for programs.

The **TCAP** grant was submitted. We are awaiting word from PCCD to see if we are getting the grant. We will continue to provide the TCAP program while we await the decision. PCCD sometimes takes a bit to award the grants.

Compulsive Gambling grant was submitted through DDAP. The State will make their decisions based on budgets and the amount of requests. This is a two year grant. This grant will fund gambling education as well as SOGS being completed by outpatient providers and our Intake unit.

Hep C grant- Northampton County is one of four counties in the state that receive this grant. New Directions is the contracted provider who does the outreach. They are currently going to 6 different sites to educate and test. DDAP has stated that there will be funding for this program again next year.

Human Services Block Grant (HSBG)- Highlighted some of the things the SCA was able to accomplish with HSBG funds including the startup of a Certified Recovery Specialist program. This program connects a recovery peer with our clients. The peer helps them navigate all things necessary for success in their recovery. We also have been able to provide housing supports for many clients that we serve. Additional funding was given to prevention efforts such as the HOPE program. HOPE stands for Heroin Opioid Prevention Education. This program has been viewed by over 5,000 people since it started. Most were in Lehigh County so the SCA is excited to see it spread to this county. It shows the impact that heroin addiction has not only on the individual but their family. There will be a showing on May 26th at LVH Cedar Crest. MH has been able to fund an anti-stigma campaign with the local chapter of NAMI. D&A will also be funding a billboard campaign focused on heroin and prescription drugs. This will run in the month of June. SCA is looking to expand it and asked the board to send any suggestions or ideas to Beth Miller. Some suggestions at the meeting were to have the boards in English and Spanish; use data from the Northampton County PAYS survey; reference Drug take back boxes and their locations.

HSBG public hearings are also schedule for June 24th at 9 am at Human Services Building and on June 25th at 2 pm at the Slate Belt Senior Center. This is an opportunity for the public to share what they see as gaps in service and areas of need in Northampton County.

Drug Court In coordination with the Courts, the division continues to assess potential clients for the Drug Court. The Honorable Judge Craig Dally is presiding over these matters. It is going well so far. Discussed what a treatment team looks like. Court occurs after the treatment team meeting. Reviewed the process for Court and how sanctions and incentives look. The goal of the Court is for clients to comply and be invested in their recovery. The team is there to support them with resources through the entire process. Goal is to get to 25 individuals in the program. Everything is documented through a State system that the Administrative Coordinator of the 2 courts uses. Will see what types of reports are available from this system.

Mental Health Court- MH Court is continuing to assess clients for their court. MH is a diversionary court which differs from Drug Court. D&A is now a part of their treatment team as many clients are presenting as dual diagnosed clients.

Budget The RFP's have been received from providers and will be reviewed to see what programs will be funded for next year. DDAP is in the process of writing the next five year grant agreement with the SCA's; therefore, the contract process may be delayed to some degree as County contract language must be changed as a result. Allison Frantz commended the D&A staff for their ability to know in "real time" where the SCA is at fiscally at any given moment.

Membership Update- Chaplain Santos and Terrance Miller have submitted letters to request another term on the D&A Advisory Board. They were thanked for their continued service. Lucy Napper has submitted a letter of interest to become a member of the board. The board is very excited to have her. Dr. McIntosh submitted a letter of resignation. The Board agreed to do something to show their appreciation for his service since this board began. We need to locate new members.

Courtesy of the floor- John Judd provided an update on the Bethlehem Recovery Center. They have remodeled the center and it looks great. They host 5 AA meetings during the week. They are also offering Yoga. PRO-A is sponsoring a certified recovery specialist training. It is free. The courses are every 2 weeks. Certification process follows the courses. John is going to take the courses but will not be going for the test. Bethlehem Recovery Center is also showing The Anonymous People on June 17th. Tiffany will send the flyer with the minutes. Tiffany explained to the new members that we help fund 3 recovery centers in Northampton County. A Clean Slate is doing a new program with art therapy as well as yoga and meetings. Easton Recovery Center is in a state of change as the acting executive director of Safe Harbor passed away over the weekend.

Next meeting will be held at Lehigh Valley Hospital on July 17, 2015.

Motion to adjourn made by John Judd. Seconded by Chaplain Santos

**NORTHAMPTON COUNTY
MENTAL HEALTH, EARLY INTERVENTION, DEVELOPMENTAL PROGRAMS
(MH/EI/DP)
ADVISORY BOARD MINUTES (DRAFT)
June 9, 2015**

Members/Staff Present: Donna Thorman, Vice Chair, John Pearce, Bonnie Pearce, Stephanie Ruggiero, Kerri Miller, Greg Linder, Andrew Grossman, MH/EI/DP Administrator, Allison Frantz, Director of Human Services, Brian Watson, MH Deputy Administrator, Jessica Weitknecht, EI Program Specialist, Mirka Picone, DP Program Specialist; and Wally Barnett, Fiscal Officer

Members/Staff Not Present: Cheryl Dougan, Chair, Colin McShane, Seth Vaughn, Michael Kaufmann, Sonia Thorman; and Wendy Novak, DP Deputy Administrator

Advisory Board Meeting

Meeting called to order by Vice Chair, Donna Thorman. No guests present.

Staff Reports

Fiscal Report – Wally Barnett reported on the following:

- Wally explained the handout (attached) which is a historical view of the last several years. Mentioned that the Governor would like to work towards reinstating the 10% Mental Health cut from 3 years ago. Since 2011 it's been pretty stable. Both MH and DP are well within their budget and are part of the block grant. EI safe with funding from State. 2015-16 still in the planning stages.
- Question: How does Northampton County compare with other counties? Does Northampton County ever get exposure to their finances and is the way the money is allocated universal across the board when there is a cut? Wally answered no, but the finances are public and if NC gets a 10% cut, all the counties will get the same 10% cut or if 10% is to be restored, all the counties get 10% restored.

MH/EI/DP Report – Andy Grossman reported on the following:

- Block Grant: Two public hearings are scheduled and all are invited to partake in either or both of them. One is on June 24th at 9:00 a.m. in this building in conference room 3 and the other one is on June 25th at 2:00 p.m. at the Slate Belt Senior Center, 707 American Bangor Road, Bangor. Great opportunity to listen and share your thoughts on the Block Grant. This provides tremendous flexibility in our budgeting.
- As a committee, we'd like your feedback on any area or opportunity that you see a need of efficiency that we can funnel money or use money to help address.
- Discussion held on Slate area being forgotten and glad that a hearing is being held there. Providers are needed in that area as people need to drive to Bethlehem, Allentown or Poconos for services.

- The two main areas that have been identified historically have been housing and preventative services.
- Allison also commented that housing may be something to look at. Discussion ensued on empty buildings and the possibility of using them.
- Andy commented that different opportunities are being looked at for recreational and summer activities.

MH Report – Brian Watson reported the following:

- MH filled the Caseworker 3 Housing Specialist position. The caseworker will be trained by the retired Caseworker for a period of time.
- Interviews will be held this week for a vacant Caseworker 2 position. MH hopes to be up to full staff by the end of the summer.
- It has been very busy with the budget meetings.
- MH Court is proceeding with numerous changes but getting the handle on things.
- Question asked re the conditions with the correctional facilities. Has anything been done to change things around? Brian replied that a class of 12 P.Os., and another class of 14 will be hired. The new director is intent on getting people in there. Things are improving and trainings are scheduled.
- Question asked on treatment. There are two social workers and they do over 400 counseling sessions per month. Looking to bring in more workers.
- Further discussion ensued on MH issues and group sessions.

EI Report– Jessica Weitknecht reported the following:

- EI is fully staffed and still training a new caseworker.
- Provider reviews and audits are coming up.
- State money was received and amendments are in the process of being paid.
- Self-verification was completed for this year. Will be working on all the enhanceables and anything that wasn't achieved last year.
- Discussion on the two boards Jessica is involved with, as well as trainings and EI surveys were discussed.
- Training was held on medical assistance, waivers and documents families need. It was a very positive and informative training.
- One new contract was opened this year. They have two bilingual therapists.

DP Report – Mirka reported the following for Wendy Novak:

- Being the end of the Fiscal Year, all plans need to be completed so DP is working on that amongst other end of year items.
- DDTT is up and running with three individuals.
- Question was asked if there have been any early results on that team. Mirka replied not at this point as it went live last week.
 - o Andy commented on other counties up north that do this that had phenomenal outcomes and discussed decrease in DP hospitalization, remaining within in their homes and increased quality of care.

- Discussion on 911 calls and center.
- No word on the 2015/2016 Waiver Initiatives as far as our graduates or additional waivers at this point.
- DP is fully staffed as of yesterday!
- Coordinated with Aging and had a full day conference on June 5th re addressing challenging behaviors with MH, DP and Aging individuals. It was very successful and about 150 people attended.
- Discussion and explanation of the attached handouts.

Legislative/Public Action

- Allison had nothing to report.

Board Membership

- Membership currently consists of 11 board members. Guests are always welcome.

MH Presentation will be presented by Brian at the next meeting

- Brian handed out the attached to be reviewed before the next meeting.

HealthChoices Advisory Board Report

- Donna Thorman had nothing to report, did not attend the meeting. Donna contacted Debbie Nunes and will email everyone any information she receives.

Self-Advocates

- Discussion on the several ways to get the message out on NAMI
- Anti-Stigma Campaign
 - o 4 NAMI bill boards are throughout the Lehigh Valley
 - o several buses
 - o PSA by representative Schlossberg
 - o Sponsored at the Iron Pigs Game
 - o Go into Churches and talk about support for individuals and families
- July 1st picnic – ASH Closure picnic

Adjournment

- Meeting adjourned by motion offered by Vice Chair, Donna Thorman.

Please note next meeting dates:

August 4, 2015 @ 12:00 P.M.

October 6, 2015 @ 12:00 P.M.

December 1, 2015 @ 12:00 P.M.

*Meeting recorded and minutes typed by
Carmen Huertas, Clerical Supervisor II (610) 829-4816*

Gracedale Advisory Board
June 11, 2015
Minutes

Members Present: Paul Brunswick; Reverend David H. DeRemer; Susan L. Lawrence; Maryann Schmoyer; Kenneth Sun, MD; Ann Terres; Honorable Robert Werner

Members Absent: Deborah Jean DeNardo, J.D; Rosemarie Fehr; James Irwin; MaryAnn McEvoy

Public Present: Sally Ferraro, Paul Wozniak

Staff Present: D. Freeman, Allison Frantz, Cathy Allen, Jennie Repsher, Jennifer Stewart-King

Call to Order/Welcome:

The meeting was called to order by P. Brunswick, Chair. He extended a welcome to the visitors, and congratulated Maryann Schmoyer on being the newest member of the Advisory Board.

Approval of May's Minutes:

A motion was made by A. Terres to accept the minutes from the May meeting. Motion carried.

Courtesy of the Floor:

By Guests

It was mentioned that the public is in an uproar regarding the raises given to some Gracedale employees. D. Freeman explained that the raises were given due to promotions; they were not outright raises. D. Freeman also stated that Gracedale is far below industry standards in regards to nursing administration pay scales. It was noted that the over-inflated numbers were used to sell newspapers. An audit was completed and showed that most raises were warranted. It was advised that if members of the public have questions, they should contact County Council or the Controller's Office. D. Freeman also noted that the raises will be addressed by County Council next week.

It was noted that there is a resident in the facility who is making other residents on the same unit feel afraid and that they are not receiving the proper care because so much time is devoted to this one resident. D. Freeman stated that we are working with the resident's doctors and the hospital. We cannot physically or medically restrain the resident. The staff on the unit has been trained in working with residents with this particular ailment. D. Freeman stated that if there are residents on the unit who express distress, they do have the option to move off of the unit.

There were also complaints that the cell phone policy is not being enforced, and that a family member in particular had a complaint regarding dirty incontinence products. D. Freeman stated that if there are issues with staff, Administration should be contacted immediately so the problems can be addressed in real time.

By Committee Members: None.

Director of Human Services Report:

Legislative Breakfast

The Human Services legislative breakfast was very successful. The Department of Human Services hosts the breakfast annually. Local state representatives and senators are invited, and the DHS division heads exchange information with them. This helps the legislators make informed decisions during the state budget process. The important topics of discussion included: continuation of the Human Services Block Grant, increases in Human Services spending to recover what was decreased three years ago, a raise in the Medicare rate, and House Bill 1062.

It was noted that it was a humbling meeting; there are so many issues to address at so many levels. Not all the people want help. Each division is working together to address the same concerns.

Human Services Block Grant

The Human Services Block Grant requires stakeholder involvement to address the various needs within the community. The first meeting will be on Wednesday, June 24 at 9:00am at the Human Services Building. The second meeting will be on Thursday, June 25 at 2:00pm at the Slate Belt Senior Center (also known as the Blue Valley Farm Show Arena).

House Bill 1062

D. Freeman stated that if House Bill 1062 passes, it will add \$20 million to the Pennsylvania Human Services budget. It does not mean that the money would be going to Gracedale, or any nursing homes. The governor and legislator will decide where to allocate the funds. Even though the money came from a county nursing home tax, the money can be spent anywhere within Human Services.

It was asked if the bill passes, will future reimbursements increase. D. Freeman stated that no, it would only eliminate a tax that county nursing homes pay.

It was noted that the first step is to get the bill passed and the tax repealed. The next step is to get the money back to the county homes.

Gracedale Asst. Administrator's Report:

Operational Dashboard

The average daily census has dwindled; the customer flow sheet shows that the number of deaths and discharges have outpaced the number of admissions. Our short term rehab unit has a quicker turnover rate, and many of the hospitals are also dealing with a low census at the moment.

It was announced that we will not be a preferred provider for Lehigh Valley Health Network's Accountable Care Organization. Lehigh Valley Hospital just opened their own acute rehab center, which will unfavorably impact our short term rehab unit. We are still working to be included on St. Luke's preferred provider list.

Advertising/Admissions

D. Freeman stated that we will be advertising on placemats in area diners, including: Gap Diner, Doughboys, Valley View Diner, Borderline Restaurant, and the Oasis Family Restaurant. We plan on doing a 30-second television commercial on WFMZ. We are also starting to speak with area civic groups to dispel common misunderstandings about Gracedale, i.e.: we accept

commercial insurance, we accept private pay residents, and we have a short term rehab unit. It was noted that if a patient requests to go to a specific facility, the resident can go there, even if the facility is not an ACO preferred provider.

It was noted that when other area nursing homes ran similar ads, a different phone number was placed on the ad so that the referral source could be tracked. D. Freeman stated that we would have our Admissions Department start asking those who call about where they heard about Gracedale.

D. Freeman noted that he would like to do more with the various civic organizations. He would like one to hold their annual or monthly meetings at Gracedale.

It was asked if the facility really only has five residents that are private pay. D. Freeman stated that the customer flow sheet lists a resident's status on the day of admission. When first admitted, most have Medicare as the payer, once those days run out they could convert to a private pay resident. In reality, there are about 35 residents who are private pay.

It was mentioned that the Lehigh Valley Chamber of Commerce should be made aware of the new marketing initiatives. The members of the LVCC work with organizations in Allentown who are interested in this and would like to hear more about Gracedale.

J. Stewart-King stated that the Admissions Department is currently working with Monroe County because they do not have a large facility to refer people to. St. Luke's is going to break ground in Tannersville, but we would like to make our way into Monroe County.

Accountable Care Organizations

D. Freeman recently spoke at St. Luke's Hospital about Gracedale's success in implementing Interact Tools in preparation for the ACO's. Last year, Gracedale was the last nursing home on the list of preferred providers for St. Luke's; by the end of December Gracedale was third on the list out of all nursing homes in the area. St. Luke's wanted to understand our methods of preparing for new way of doing care.

CMS Star Rating

After our deficiency-free survey, we had four stars in regulatory compliance and three stars in staffing. Soon, we will be able to submit staffing data quarterly, which will update our staffing numbers on the CMS website automatically. This should help increase our star rating in staffing.

When the star rating was reconfigured, our quality measures decreased from four stars to one. Pain was a large issue, and we are implementing procedures to fix this. Unplanned weight loss also increased, but after looking at the data, we went from having ten residents on hospice to have 55 residents on hospice. We have created a niche for doing hospice care, and those residents do tend to lose weight. The unplanned weight loss was clearly linked to the number of hospice residents. It was suggested that D. Freeman add an asterisk and track how many of the residents are on hospice. D. Freeman stated that the numbers come directly off of the CMS website.

501c3 Foundation Status

It was noted that Congressman Matt Cartwright's office is now involved in writing the 501c3

foundation document for Gracedale. The whole process will take at least a year to go through with the IRS paperwork.

Building Access

We recently held a meeting with Information Services, Operations and Maintenance, County Administration and the local police. We will be installing duress buttons at every nurse's station and at other key areas throughout the facility. We will also be adding more video camera, which will now be monitored by the 911 Center. The whole building will be on lockdown, except for the main Tower entrance, and card readers will be installed at six doors for employees to come and go. Some families feel mildly inconvenienced, but are willing to put up with it because of the additional protection. C. Allen stated that first the card readers will be installed, then the cameras and finally the duress buttons. We are hoping to be finished by the fall.

It was suggested that a desk be put in the lobby so that someone could sit there and check in visitors. D. Freeman stated that a new air curtain was installed above the Tower doors, which will keep the lobby warm in the winter. We do plan to move somebody out there.

It was asked if the scales that are used to weight residents have been recalibrated; D. Freeman replied that they have. It was also noted that the parking lot is really bad. D. Freeman stated that parking lot repairs have been on the capital list for many years, but it is a lot of money to fix.

NTT Data

All billing is in and reconciled for the end of the month and the trust fund account is up. Three nursing units are running with eMars (electronic medication administration records) and the pharmacy interface is working. Every three weeks, two more units are going live on the system. We are addressing emergency backup systems.

Generators

There will be a Capital Improvements Committee meeting on June 16, at 6:30pm regarding the generators. We are hoping that the new generators will be installed before winter. We will have three new generators that will be able to power the entire campus, and will keep the old generators as a backup to the backup.

The new generators will be located by the boiler house, and the flooding issues there will be addressed as well. We will also have a high volt generator, so in the middle of August the electric company is at capacity, we could go off-grid and use our generators, giving us a discount and allowing us to save money on our utilities.

Contracts

We are always working on contracting with new insurance plans, such as Health Partners and Optum. We are also working on renewing our contract with Lehigh Valley Muhlenberg Primary Care.

It was noted that one of Gracedale's biggest issues is awareness and that we need to change the perspective. D. Freeman stated that he recently discussed visiting secondary referrals: doctors, eldercare attorneys, financial advisors, etc. We are just now starting to reach out to them. We also want to start faxing our advertisements to doctors' offices. J. Stewart-King stated that some offices state they are affiliated with other nursing homes. It was noted that most doctor offices

will leave the decision to the hospital, but if both the doctor and the hospital are recommending the same long term care facility, the family will most likely choose that facility.

It was suggested that the Advisory Board see what Gracedale plans to fax to the doctors' offices.

D. Freeman stated that he does not believe the short term rehab unit is the most important thing to push in our advertising. J. Stewart-King stated that we design our advertisements to address our needs and that we go to all the senior fairs. D. Freeman stated that previously, Gracedale never did any advertising, marketing or branding.

It was mentioned that from a hospital perspective, Gracedale used to be unresponsive to referrals. You actual performance is the best sales pitch you can have. D. Freeman stated that we need to also focus on the patients' stories.

It was asked if we could have permission from the Department of Aging to use their distribution list to send out postcards and other marketing materials about Gracedale. A. Frantz stated that would be fine.

Next Meeting:

P. Brunswick reminded Advisory Board members that the next meeting will be held on July 9, 2015, at 4:30 PM.

Meeting adjourned at 5:55 pm.

Respectfully submitted,

Jennie R. Repsher

Northampton County Children, Youth and Families Division Advisory Board Minutes-April 14, 2015

Present: Alan Musselman, Matthew Krauss, Tracy Prazza, Rodney Freyman Pat Hunter, Dave Goss, Terri and Penny VanTassel

Staff: Kevin Dolan

Start meeting: 5:32 P.M

Guest Speakers: Legal Services

Paralegals work with case workers to prepare court cases. Anyone accuse of child abuse may appeal child abuse status.

Alan motioned to approve February's minutes seconded by Matt. February Minutes were approved as written.

Advisory Board Members are to email their nomination for officers before the June meeting to prepare a Slate of Officers. Please email nomination to Matthew Krauss.

1. Placement Report

There has been an increase in placement as compared to last year \$15,200 in 2014 and \$19,087.01 in 2015.

2. Budget

The agency is experiencing a balanced budget due to 19 job vacancies.

Kevin discussed the Block Grant and requested a board member to attend one of the Public Hearings. The federal Community Development Block Grant (CDBG) program allows Northampton County to help develop viable communities by funding a wide range of activities that provide decent housing, suitable living environments, and expanded economic opportunities. Projects funded by CDBG must meet all local, state, and federal laws.

Kevin has asked each member to pass out flyer for the Tortoise & Hare fundraiser. All proceeds go for special grant request to help abused children.

Our next meeting will be before the 49th Annual Dinner Meeting on June 9th which will start at 4:30 PM at Hanoverville Roadhouse, 5001 Hanoverville Road, Bethlehem, PA 18017.

The advisory Board will elect officers at that time.

Motion to Adjourn- 7:15 PM

Next meeting Tuesday, June 9, 2015, 4:30 PM, at Hanoverville Roadhouse

Respectfully Submitted

Penny S. VanTassel, Secretary

NORTHAMPTON COUNTY AREA AGENCY ON AGING
ADVISORY COUNCIL

MINUTES OF MEETING HELD MARCH 10, 2015

9:30 A.M.

HUMAN SERVICES BUILDING
2801 EMRICK BLVD.
BETHLEHEM, PA. 18020

PRESENT: Frances Greene, Gilbert Greene, Joanne Hoodmaker, Mary Jane McAteer,
Thomas Miller, Gretchen Parseghian, Eileen Segal, Wesley Smith, Ann Terres,
Staff: John R. Mehler

NOT PRESENT: Vivian Gualberti, Pauline Hunter, Mary Jane Long, David Perrusso,
Ruth Reiter, Freda Scarpa.

Vice President Gretchen Parseghian called the meeting to order at 9:35 a.m. Ms. Francis Greene and Mr. Gilbert Greene were welcomed as newly-appointed members. They are residents of the Highlands. All Advisory Council members introduced themselves.

The minutes of the November 13, 2014 meeting were approved on a motion made by Ann Terres, seconded by Joanne Hoodmaker.

Gretchen Parseghian shared an announcement from Advisory Council President Mary Jane Long regarding a Legislative Breakfast being sponsored by the United Way's Alliance on Aging on Friday, May 29, 2015. There is no cost to attend, but reservations are required. If interested, please call Priscilla Rosado at 610-807-5731.

COMMITTEE REPORTS:

By-Laws: No report

Centenarian Celebration: From Mary Jane Long- Prices were obtained from Blue, (\$30.00 per person), and from Green Pond Country Club (\$19.00 per person), and a reservation was made at Green Pond for September 29, 2015. Eileen Segal reported that a disk was obtained from the Elections Office. There are names of one hundred and fifty-two centenarians on it. This list may not be up-to-date, the County Coroner's Office was contacted, and they will try to update the list. There may be more attendees this year. After some discussion about the ability of Green Pond Country Club to accommodate more people, (reportedly not a problem), and costs of a larger function, Ann Terres made a motion to charge \$25.00 for anyone other than one guest accompanying the centenarian. After further discussion, it was recommended that the committee make this determination.

Center Services: No report, snowed out in February.

Education: Needs a chairperson

Nominating: Three (3) nominations were presented to the Advisory Council. On a motion by Ann Terres, seconded by Tom Miller, the names of Ms. Sandi Meuir and Mr. Dick Schmidt

were selected to be forwarded to the County Executive for consideration. Ms. Meuir is from the Northampton area, and Mr. Schmidt is from Bethlehem. The remaining candidate is from Palmer Township, which currently has adequate representation on the Advisory Council.

Outstanding Senior Awards: Ann Terres re-distributed the timeline for this event. It was determined that she, Tom Miller, and Frances and Gil Greene would meet on March 27th to review nominations and make selections of those to be honored. Ruth Reiter and Gil Greene will serve as writers of the essays to be presented at the event. It was decided that nominees should not be informed that they have been nominated until after the committee makes its' selections. Honorees will be notified then.

PCOA REPORT: Pennsylvania Council on Aging reports for November 2014 and February 2015 were distributed.

HUMAN SERVICES BLOCK GRANT: John Mehler led a discussion on the Human Services Block Grant , its' purposes and resources available for possible human services program expansion. Advisory Council members present identified drug abuse prevention, need for strong neighborhood associations, in-school services through Children, Youth and Families, community wrap-around programs, and housing modifications as worthy of development and support.

ADMINISTRATOR'S REPORT: John Mehler informed the Advisory Council members present that the new center in Forks Township is operating and has been well-received thus far. The anticipated effects of the Governor's proposed 2015-2015 budget as regards the Aging program were discussed. The additional funding contained in the 2013-14 and 2014-15 budgets is projected to continue. Gracedale Nursing Home will hold a Health Fair on March 25 from 10:00 a.m. to 4:00 p.m., all are invited to attend.

UNFINISHED BUSINESS: Eileen Segal discussed the need for additional members on the Education Committee. This group has responsibility for the newsletter, among other endeavors.

John Mehler noted that, after the County Executive appoints the new members of the Advisory Council, and Northampton County Council confirms these appointments, an orientation will be scheduled for any interested Advisory Council members.

ADJOURNMENT: There being no further business, the meeting was adjourned by common consent.

Respectfully Submitted,

John R. Mehler

Public Hearing Notice

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

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

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

Wednesday, June 24, 2015 at 9:00 A.M.
Human Services Building
2801 Emrick Boulevard
Bethlehem, PA 18020

Thursday, June 25, 2015 at 2:00 P.M.
Slate Belt Senior Center
707 American Bangor Road
Bangor, PA 18013

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Public Notices

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PUBLIC HEARING NORTHAMPTON COUNTY DEPARTMENT OF HUMAN

PUBLIC HEARING NORTHAMPTON COUNTY DEPARTMENT OF HUMAN SERVICES Human Services Block Grant Plan Pennsylvania's Act 80 of 2012 requires counties to submit a human services block grant plan. As part of the planning process, counties are required to hold two public hearings. The County of Northampton will hold its public hearings on the dates, times and locations listed below. Interested citizens are encouraged to attend. Consumers of Northampton County-funded services and service providers are especially encouraged to attend. Input from the public meetings will be used to guide current and future efforts. The plan is to cover the use of the seven state-only funded allocations, which are the: Mental Health Community Base Funding, Behavioral Health Services Initiative (Mental Health and Drug and Alcohol), Intellectual Disabilities Base Funding, Child Welfare Special Grants, Act 152 Funding (Drug and Alcohol), Human Services Development Fund, and Homeless Assistance Program. Wednesday, June 24, 2015 at 9:00 A.M. Human Services Building 2801 Emrick Boulevard Bethlehem, PA 18020 Thursday, June 25, 2015 at 2:00 P.M. Slate Belt Senior Center 707 American Bangor Road Bangor, PA 18013

Appeared in: *The Express-Times* on Monday, 06/15/2015

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Public Hearing Northampton County

Public Hearing Northampton County Department of Human Services Human Services Block Grant Plan Pennsylvania's Act 80 of 2012 requires counties to submit a human services block grant plan. As part of the planning process, counties are required to hold two public hearings. The County of Northampton will hold its public hearings on the dates, times and locations listed below. Interested citizens are encouraged to attend. Consumers of Northampton County-funded services and service providers are especially encouraged to attend. Input from the public meetings will be used to guide current and future efforts. The plan is to cover the use of the seven state-only funded allocations, which are the: Mental Health Community Base Funding, Behavioral Health Services Initiative (Mental Health and Drug and Alcohol), Intellectual Disabilities Base Funding, Child Welfare Special Grants, Act 152 Funding (Drug and Alcohol), Human Services Development Fund, and Homeless Assistance Program. Wednesday, June 24, 2015 at 9:00 A.M. Human Services Building 2801 Emrick Boulevard Bethlehem, PA 18020 Thursday, June 25, 2015 at 2:00 P.M. Slate Belt Senior Center 707 American Bangor Road Bangor, PA 18013 3351174 06/15/2015 18042

Additional Information

Posted: 1 week, 1 day, 19 hours ago

Category: Public & Legal Notices

Public Comment Summary

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

June 24th and 25th, 2015

- Housing and prevention were priority issues at this year's public hearing. Housing continues to be an issue throughout all of the Human Services' division. Prevention also has multiple dimensions. Treatment services are also needed.
- Tiffany Rossanese, Drug and Alcohol Administrator, reported that Block Grant money was used for additional prevention services and education on heroin overdose. They were also able to assist many people with housing, rental assistance and utilities, as well as to add a certified peer recovery specialist. Without the Block Grant money, they would not have been able to implement these programs.
- Representatives from NAMI Lehigh Valley thanked Northampton County for funding for the anti-stigma campaign, which is going very well. They were also thrilled with the new Mental Health Court and CIT programs.
- The need for better availability to psychiatric care was discussed. Once a person decides they need help, it can take up to six months to receive treatment. NAMI representatives asked if something could be done at the state level to assist with insurance reimbursements for psychiatric treatment, which is not reimbursed at the same levels as health care. They suggested some type of assistance with student loans if the person agrees to practice in the Lehigh Valley for a specific number of years.
- NAMI representatives also said there are issues with available beds and availability to group homes. They said there are empty beds at Wernersville and think it would be money well spent to fix these and open more rooms for consumers. Allison Frantz said the Olmstead Act does not allow people with mental illness to live in one area. States are not allowed to use one building to house all mental health consumers.
- NAMI representatives said they are very supportive of The Lodge in Bethlehem and would like to see more places like this.



NAMI Lehigh Valley

Lehigh Valley's Voice on Mental Illness

June 23, 2015

Ms. Allison E. Frantz
2801 Emrick Blvd
Bethlehem, PA 18020

Dear Ms. Frantz,

RECEIVED

JUN 24 2015

**NORTHAMPTON COUNTY
DEPT. OF HUMAN SERVICES**

I want to thank to take this opportunity to thank you for the generous support NAMI-LV has received this past year from Northampton County. We appreciate your confidence in our programs and hope we can continue this close partnership through the coming years.

We do realize that Northampton County has established and maintained some innovative programs to those with a mental health disorder. We are very pleased that Northampton County has established mental health courts. However, as we both know, there is still much to be done. The following is a list of some of the issues about which NAMI is concerned:

There is still a need for housing for individuals with a mental illness who cannot live alone or with family members.

Trying to navigate the mental health care system is difficult at best. We need advocates that can assist individuals with a mental health issue to stand up for their rights. This is especially vital in the minority communities.

The CIT training is invaluable and should be continued. Any organization that may need to interact with someone that is in a crisis situation due to a mental health disorder should have a few of their members trained.

A needs assessment should be done in regards to the availability of psychiatric treatment. Many individuals are required to wait more than 6 months for treatment.

Janet Bandics
Director
NAMI-LV

802 WEST BROAD STREET • BETHLEHEM, PA 18018 • PHONE 610-882-2102 • FAX 610-882-0440
E-mail info@namipalehighvalley.org Web Site www.namipalehighvalley.org

Waiver

Northampton County will not be seeking a waiver in the Fiscal Year 2015-2016 Human Services Block Grant plan.

Human Services Narrative

Mental Health Services

Program Highlights:

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.

NCMH operates with the following objectives:

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

Access to services is through our Information Referral and Emergency Services (IRES) unit. When a person calls into this unit, he/she will speak with an information and referral specialist who will review the caller's concerns and service needs and make a referral to the program that can best meet their particular needs. Depending upon the information provided, the caller may be scheduled to meet with an intake specialist; NCMH has 4 full-time intake specialists, or may be referred directly to non-county treatment resources. The latter may occur if the caller qualifies for services provided elsewhere and/or if their insurance coverage requires them to use a specific provider network. The IRES division also provides emergency services for NCMH as well as for all of the other divisions within the Department. Its emergency services include a 24-hour crisis hotline, walk-in crisis management, and a mobile crisis service that provides counseling to the mental health community. Overall, the IRES division and its six caseworkers respond to about 500 emergency services and 1000 information and referral calls per month. In recent years IRES has experienced a spike in mental health consumers who need County mental health services due to a loss in their medical assistance. This year they have experienced a significant increase in Child Welfare reports due to over 20 changes in the CPS laws that were amended as of January 2015.

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.

As of the 6th of January, 2015, Northampton County Mental Health Treatment Court has operated involving NCMH and the Criminal Justice System. NC D&A also participates on the treatment team as there are cases involving consumers who are dual diagnosed with SMI and substance abuse issues. This is a diversionary court focused on keeping MH consumers out of the Criminal Justice system by eliminating their record upon successful completion. It also provides significant levels of treatment with the focus being on recovery to the point that they are stable and not becoming re-involved in the CJ system.

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. This past May marked the first annual Spring Into Employment conference focused on specific areas of employment needs in the valley.

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 Coalition is in charge of implementing the County-wide strategic plan focused on reducing the overall rate of recidivism.

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 nine 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 years 2013-2014, 2014-2015. The county continues to struggle to meet all of the needs of the individuals we serve due to the budget cuts. NCMH is dedicated to serving individuals in mental health recovery despite this financial set back. NCMH plans to continue to supplement Mental Health base dollars with other funding sources, including grants.

It is the vision of NCMH that the recovery journey for all individuals with mental illness and co-occurring disorders will embrace each individual's hopes and dreams for the future and

encourage individual empowerment and independence. Further, it is a goal that 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. Wherever possible, Northampton County Mental Health will work to help coordinate these services and ensure seamless services and continuity of care, not only with outside providers, but also with internal services such as the Criminal Justice System, D&A, DP, Aging and Children, Youth and Families. This past year has evidenced closer collaboration amongst departments, and this is a trend that will only get stronger.

Older Adults (ages 60 and above)

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

Within NCMH, there is an Older Adult and Crisis Residential Outreach Worker. This worker provides outreach to senior centers and support to individuals who are age 55 or older and have mental health issues. The outreach provided to senior centers helps older adults access services through the behavioral health system in Northampton County that could potentially prevent or lessen the severity of a mental health crisis. The older adult outreach worker is funded through OMHSAS and County Match funding. This MH service provides support to people that may not meet the criteria for Intensive Case Management (ICM) services as described below, but are clearly in need of increased support. Older adults are not excluded from any services offered to adults in Northampton County. The Older Adult Outreach worker and his partnership with the Area Office on Aging of Northampton County is a strength. With this partnership we plan to continue to work together to develop joint programs with Aging. The HSBG will allow us to collaborate and develop programs for this special and growing population.

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

Adults (ages 18 and above)

Strengths: Northampton County consumers that qualify, currently have access to two Assertive Community Treatment Teams (ACT). ACT teams provide targeted case management to state prioritized consumers with the highest level of needs. ACT teams use a collaborative approach that includes a psychiatrist, psychiatric nurse, therapists, case managers, and peers to fully meet the needs of the consumers in this group. This service is funded by the Behavioral Health

Managed Care Organization (BHMCO) and County base dollars. No liability is charged to individuals in need of this level of care, regardless of income level. The County believes that this would be a barrier to treatment if a liability were to be imposed on these particular individuals. It is worth noting that although these services are described within the adults (aged 18 and above) section, older adults and transition-age youth are allowed access to this service. In the last year, referrals for ACT services have risen again and NCMH is now forced to put people needing ACT on a wait list or provide a level of care lower than that which they need. Those who are base-funded are the consumers who are most affected by this as there is not enough money in the budget to cover those on Medicare. This is a significant area of need.

Northampton County base-funded individuals have access to four Intensive/Blended Case Management (ICM/BCM) providers. The Community Hospital Integration Project Program (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. In the last year, referrals for ICM/BCM services have risen. Base-funded consumers are most affected by this as there is not enough money in the budget to cover those on Medicare. ICM and BCM providers have been over budget for the entire fiscal year due to an overall increase in the need of ICM/BCM services; this is another significant area of need.

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

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

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

the County's recovery oriented goal behavioral health system goals. NCMH's employment task force is exploring ways to increase employment opportunities for MH clients.

Transition-age Youth (ages 18-26)

Strengths: 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. NCMH funds mobile psychiatric rehabilitation services, CRR beds, supportive employment opportunities and affirmative employment to assist transition age youth.

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

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

Children (under 18)

Strengths: 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.

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

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

Strengths for this population include a complete and comprehensive system including a graduated system of services from Residential to Provider 50 services and school based services which are readily available. Funding is strong in this age group as children with MH needs qualify for Medical Assistance and therefore funding is secure either through DPW or through Children, Youth and Families.

Needs: A need that was identified by the Community Services Planning committee was that more and earlier education needs to be provided to younger children (K-6 grade) regarding mental health awareness and suicide prevention. This was identified as a large gap and area of need in our schools for this population.

Special/Underserved Populations

Individuals Transitioning out of State Hospitals

Strengths: NCMH has successfully demonstrated its commitment to the Olmstead Plan by admitting only a few individuals to Wernersville State Hospital (WeSH) since the closure of Allentown State Hospital (ASH) in 2010. Currently, Northampton County has 9 individuals at Wernersville State Hospital. One bed was added f/y 2013-2014, and one will be added f/y 2014-2015. There have been individuals with high acuity waiting for months at a time to enter into State Hospital level of care. OMHSAS agreed to allow NC 2 more beds. Active discharge planning remains in place for all individuals placed in the state hospital. It is the NCMH commitment that no one from Northampton County will be “left behind” at WeSH. However, it must be mentioned that the fiscal year 2012-2013 ten percent budget reduction received from OMHSAS seriously affected 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. In fiscal year 2014-2015, funding remained flat. We have been able to utilize HSBG monies to restore some programs such as housing at Safe Harbor which is a shelter that serves our population coming out of Jail, as well as other mental health consumers. We were also able to establish talks to contract with a new outpatient provider that would add Psychiatrist availability for the first time in a number of years as our financial picture came into clearer focus. Finally, as the budget year wound down we continued to assess where our monies were and were able to restore a drop-in center to help those in need of additional supports.

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

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

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

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

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

In summary, strengths in this area include continue support, tracking and involvement with this population through NC CHIPP unit in MH. Through oversight, continued tracking and a continuum of services, NCMH has been able to move many individuals who are in the CHIPP program through various levels of care successfully. Individuals are achieving and better quality of life and are more fulfilled and happy. Most of our programs support volunteerism in which

consumers are giving back to their community. Some are living more independently and are gaining employment.

Needs: Most identified needs are financial and programmatic. As more individuals present to NCMH with serious and persistent mental illness, often in need of higher and more intense levels of care, the services available are more limited. Behavioral Health units at local Hospitals have seen increasing lengths of stay on AIP units because appropriate discharge resources are often unavailable for immediate access. Continued availability of intensive housing and mental health treatment programs for individuals with SMI are needed. Because of the intensity of these types of programs, they are often rather costly. Proper budgeting and appropriate funding are essential to keep the programs active.

The growing Forensic population of MH consumers in the Criminal Justice system and the addition of the Northampton County Mental Health Treatment Court have also presented more intensive demands on the system as well.

Co-occurring Mental Health/Substance Abuse

Strengths: This shared population can be difficult to accommodate, due to self-medication vs. Doctor-prescribed issues. It is also difficult to address both issues simultaneously as they are so intertwined. Whether the drugs are masking symptoms or creating them, it is imperative to determine which to treat first to allow for the best overall treatment regimen.

Between the MH and D&A divisions in the County, we work in close collaboration to determine which is the dominant issue to be addressed with an individual. For example, individuals accepted in to the County's MH Diversionary Court sometimes need to receive detox/rehabilitation services prior to their MH symptomology being addressed. Once they have stabilized, then their MH symptomology can be addressed. The whole person is treated as opposed to separating the physical health care needs from the mental health or substance abuse needs. There are local hospital inpatient units that are capable of assessing and addressing these issues.

Typically the individual will receive both a D&A evaluation and a psychiatric evaluation. The area of higher significance is addressed first, whether that means an inpatient stay to address the substance issue or an appointment with a psychiatrist for a medication evaluation.

The two divisions also work closely together so that the individual does not have to be served by only one division at a time. This allows for a flow of treatment to continue in both areas.

Needs: One identified need is a local recovery center wherein the needs of people who are dually diagnosed can be addressed. A single site that offers support, mentoring, as well as education and employment readiness for people with mental illness and substance abuse would be beneficial. The Mental Health Division would like to collaborate with the DA division to satisfy this need. County residents who do experience a mental health issue along with a substance abuse issue are welcome at the three drug and alcohol recovery centers in the County, but a center geared toward people with dual diagnosis would be ideal.

Justice-Involved Individuals

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

The County Mental Health, Early Intervention and Developmental Programs Administrator and MH Deputy Administrator 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 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.

Needs: A need for this population, as is a need across most divisions, is housing for those who are re-entering the community following incarceration.

Veterans

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

Needs: To expand services on an ongoing basis determined by needs that arise through our experience with this population.

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

Strengths: Northampton County is committed to ensuring that all members have equal and appropriate access to its mental health services. In insuring that consumer needs are specifically

addressed, the County has sent some of its MH staff to sensitivity training that specifically addressed some needs of LGBTQI consumers. Magellan partners with the OMHSAS to host one day trainings specifically geared towards helping providers understand and hopefully become more astute at addressing the diverse needs of the LGBTQI community. The MH divisions as well as its providers embrace the culturally competent model set forth in the bulletin from the Office of Mental Health and Substance Abuse Services.

Needs: Ongoing development

Racial/Ethnic/Linguistic minorities

Strengths: 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.

Needs: Ongoing development

Recovery-Oriented Systems Transformation

While NCMH believes that all individuals are capable of recovery, what that recovery looks like will be different for each individual. The ability to progress in one's Recovery journey is contingent upon several factors, some of which are internal to the individual, and many of which are external. For those factors that are external to the individual, it is a priority of NCMH to address those needs and do everything within our control to eradicate barriers that may be preventing progress. Several of those barriers were highlighted within the previous parts of this document and will be addressed below. There is a strong emphasis that all services offered should be Recovery focused and offer the individual the best opportunity to flourish. Services and providers are constantly being reviewed for their Recovery focus and through several meetings and committees they have the opportunity to highlight how they are using Recovery Principles to inform the care they provide.

Our fiscal team continually assesses funding streams as well as overall spending to maintain a clear picture of the most efficient use of our funds. We partner with our BHMCO and Health Choices to ensure that our programs are providing desired outcomes as well as to ensure that we are current on trending needs. In addition we are constantly looking for grants to assist with current and future needs in the community. This year we have maintained a grant from the PCCD to fund CIT training to multiple first responders, we acquired an extension for our Local Municipality Gaming Grant to continue to fund trainings on Employment Transformation and Education as well as on Gambling addictions. Finally, we were awarded a new grant to fund housing for justice-involved MH consumers.

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

The County also works closely with stakeholders and partners to assess priorities for the coming year. This includes a meeting of the Northampton County Mental Health Advisory Board, who meet every other month and get reports as to what is happening with the Block Grant, what priorities are being addressed, etc. Each population above has differing and unique perspective as to what is a priority, but there are also some commonalities amongst the populations. Amongst several of the populations, affordable and appropriate housing is a need that surfaces, but the type of housing varies based on the unique needs of the population.

Older Adults:

While the Older Adult population has the Area Agency on Aging to help assess, evaluate and provide services, there are still needs that go unmet because of the unique challenges presented by this population. It is not uncommon for an older adult who is dealing with Mental Health issues to become aggressive or violent, differing from the symptoms of dementia related illnesses. Many skilled nursing facilities are not equipped to handle this presentation and they won't accept them. Creating a wing for those with Mental Health issues can create an institutionalized setting that goes against the Olmstead Act. A priority for NCMH this year is to identify appropriate housing options and make them available for those who meet this description. Another option being considered is the ability to offer supportive services that can work in conjunction with services already in place to provide support to the individual and the caretakers. While the latter of the two is an idea in the making, the idea of housing is constantly being assessed and evaluated. Within calendar year 2016, Northampton County will be reviewing our current housing continuum, identifying opportunities to adapt some housing resources to better meet the needs of the older adult population, and also explore the viability of creating a support service that can assist providers when working with some of the challenges this population can bring with it. At this time, the cost of such a resource is unknown, as it is a new concept first being explored. The tracking mechanism in place will be determined as the concept is further explored.

Adults:

There are currently many positive Recovery Focused services in place, including ACT teams, Blended Case Management Teams, Certified Peer Specialist, Drop in Centers, and the like, there are still needs in the community to further support adults with Mental Health issues. We encourage all of our residential providers to have Certified Peer Specialists employed in each program and have also challenged each provider to encourage that each resident develop a WRAP plan. One priority for this year is providing affordable transportation that will help individuals utilize these services. Some strides were made in this area, including the purchase of bus passes and ensuring that services are on the bus route. Another positive is the van transportation that is available at the Drop-In Center to bring people in for services. Another priority, besides transportation is the availability of appropriate levels of care for those with severe and persistent mental health issues. Often, there is a "log jam" and the necessary and appropriate services are full with limited ability for people to work through the continuum, simply because there are not enough beds for all in need. This is constantly being reviewed, not only in terms of the ability for people to move throughout the continuum, but also in terms of the need for more beds at one level or another. This log-jam extends throughout the continuum from hospitalization to affordable independent housing for individuals with mental health issues.

Whether they have a forensic background or not, finding available appropriate housing can present challenges. Northampton County will closely monitor and track which programs have CPS on staff, and which don't. We will also track length of stay (LOS) at each program to determine which programs are successfully graduating individuals and which are less inclined to show the progression. Data will be reviewed to determine if there is any correlation between having CPS on staff and progression through the different levels of care. Knowing that creating additional resources is a necessary and costly option, we will track exactly where the "log jams" are, and consider additional resources when possible. This will be reviewed throughout the remainder of FY15/16.

Transition Aged Youth

Because of the dynamics that this age group brings, it is imperative that the correct programs and options are in place for those that need them. Because this is often when the mental health issues present for the first time for many people, it is important to have services and programs in place that are sensitive to this fact. Putting a young adult into a program with someone who is much older and having dealt with their illness for many, many years, the relate ability of the young adult is completely lost. So while there are many wonderful programs including employment, psych rehab, IOP, PHP, ACT and so many others available, it is important to remain sensitive to the mix of people within those programs. A priority for this year is to explore the need to create specialized services for this age group wherein they can be with people who are not only close in age, but also close in relation to experience with their illness. Northampton County Mental Health with spend the remainder of FY15/16 tracking the numbers of transitional aged youth being served, and by which program. The Administrator currently sits on a Statewide workgroup wherein Certified Peer Services for this age group are being explored. Fiscal resources to further address this are unknown at this time, as there is no data to reflect numbers of Transitional Aged Youth served or which programs they are attending as of yet. Through tracking and monitoring, the County will be better positioned to determine which services are needed, and what the cost would be.

Children (under 18)

The greatest "strength" with this age group is that approximately 95-99% of all children receive MA to pay for their treatment. In addition, there are many different services that are available for children, including Student Assistance Program (SAP) where they can receive support right in their schools. That said, a priority this year is to provide more early education about Mental Health awareness and suicide prevention. Act 71 in Pennsylvania specifically requires school entities to: (1) adopt a youth suicide awareness and prevention policy; and (2) provide ongoing professional development in youth suicide awareness and prevention for professional educators in building serving students in grades 6-12. Northampton County will continue to explore resources such as the Aevium program wherein children will not only learn about suicide and prevention, but also build tools to support one another. Because schools don't need to follow the recommendation of the County in terms of education and prevention, there is often a lot of dialogue and discussion about different options and which one(s) to implement. Ultimately, the schools will utilize whichever tools they determine to be the most effective and appropriate, but the County will continue to work within this partnership to help make suggestions. Because Northampton County has helped support several anti-stigma efforts, some of those efforts will be

directed at school-aged children in an age-appropriate manner. Northampton County will continue to monitor the number of children we are supporting and track the level of care within which they are being served. We will monitor progression as well as recidivism, and determine if there are additional resources needed to support them.

Special/Underserved Population

Because of Northampton County's commitment to the Olmstead Act and strong belief in Recovery principles, we have very few State Hospital beds available. Instead, we accepted CHIPP dollars to create community programs that are in place to help individuals divert State Hospitalization and progress through a continuum of programs. These programs are often designed to offer an individual a safe place within the community wherein they can learn about their illness and develop the strategies needed to live successfully in the community without the need for long-term State Hospitalization. While individuals are often very successful while they are in those programs, transitioning to the next level can often present challenges. Some of these challenges are reflective of the jump in level of care, where a person might go from a highly structured, locked EAC unit to a CRR which is less structured and unlocked. The newly found down-time and lack of structure often leads to old behaviors and/or habits and ultimately decompensation. Because of the "log-jam" mentioned throughout this report, the next, most appropriate step down program might not be available or become available, so other options are explored. A priority this year is to review all of the residential programs and their structures, as well as clientele who are currently there to determine if the right people are in the most appropriate programs, and where we can make changes. This not only includes the individuals within the program, but also the structure of the programs available. Because of the cut to mental health funding 3 years ago, several support programs were cut or discontinued as necessitated by the decrease in dollars. Another priority this year is to determine the fall-out to the program closures and the possibility of reinstating those programs or alternative programs meant to serve a similar function. Through careful monitoring and tracking of the current "as-is" in terms of placements, we will review to make sure that we are maximizing opportunities and serving people as best we can. Because of the many, many pieces in play, it might take the entire year (or longer) to transition people from where they are to where they might be better served. Moving one person might necessitate the movement of several other people as there are currently more people than spaces available. It is difficult to put a price tag on this, as the scope is unknown, as is the magnitude of the moves.

Individuals with co-occurring disorders (MH/DA)

This past year has seen an increasing working partnership between Mental Health and Substance Abuse Services. This is an important partnership because of all of the individuals who present with both Mental Health issues and Substance Abuse/Misuse issues. Both services also opened court diversion programs aimed at helping their individuals who have forensic involvement. Their support of each other and sharing of lessons learned has helped each court program grow and improve. Because of this enhanced partnership, many individuals are receiving both Mental Health evaluations as well as Substance Abuse/Misuse assessments. This allows the two divisions to determine which issue is more prominent and which should be prioritized. A shared priority for this year is to explore a Recovery Center for the County wherein those who are dually diagnosed can treat both areas as indicated by the treatment team. While the current

recovery centers will work with people with Mental Health issues, their primary focus is on the Substance Use/Abuse. As we are in the exploratory phase of this endeavor, the cost to implement is unknown. We will track the number of individuals served and determine the need as well as the cost to create such resources within the calendar year 2016.

Justice Involved Individuals

Northampton County views Justice Involved individuals as a high priority this year. There are far too many individuals in the criminal justice system because their mental health issues were either a catalyst to or a causal factor in criminal (or criminal-like) behavior. NCMH has two case workers that work closely with this population, helping them secure services outside of the jail/prison. There are many services and groups within the county that also provide support to justice involved individuals, including CJAB, re-entry committee, Forensic Advocacy Collaboration Team (FACT) and Mental Health Court. One priority that continually surfaces is affordable and secure housing for people with forensic involvement. There are currently programs in place including an initiative within Health Choices wherein individuals are offered subsidized housing opportunities, including some contingency money for essentials. These types of programs are few and far between, so throughout the year, we will continue to explore options and opportunities for development. There are already talks with some current providers about changing some programmatic structures to better allow them to work with this population. This priority will be reviewed continually throughout the 2016 year as we track the number of Mental Health Court candidates, the number of inmates with mental health issues, and the need for services for those with a forensic involvement. The County has already allocated approximately \$100K for additional ACT services to help serve the population, both in Mental Health Court and those currently incarcerated. As additional necessary resources are identified, we will continue to explore the financial resources needed to implement those services. As mentioned previously, there is also a current housing provider who recognizes the need to offer supportive housing to those being released from jail, and this will be a collaborative effort with the County.

Veterans:

Northampton County currently has a Veterans Department assigned to work with Veterans and some of the unique issues they face. Targeted Case Management is a service that is often utilized to help the Veterans navigate their benefits, their doctors and any other entitlements for which they might be eligible. This is a separate division and is not provided through NCMH. That said, there is a need to expand the breadth of services available to Veterans, as there are currently expansive gaps. With the number of Veterans who struggle upon their return stateside, it is a priority to explore other options and ways to bridge those gaps. Northampton County is in the process of capturing Veteran status on all intakes through the Intake and Referral department. As we progress through this calendar year, we will continue to track number of Veteran's whose needs fall beyond the scope of the Veterans' Department. With that data we will explore a more collaborative approach with the Veteran's Department as well as resources that Mental Health can offer beyond that which is afforded to them through the Veterans' Department.

LGBTQI:

Northampton County is committed to equality to all of its residents and does not discriminate based on any criteria including sexuality. NCMH has partnered with our local BHMCO to provide trainings around working with this population. While trainings can help provide awareness, more needs to be done to offer those who are struggling with their own identity, as this is a population that has proven very vulnerable in the past. Even in some of the most accepting of situations, there can be an inner turmoil for the person who is dealing with identity issues, which can result in any number of things, including attempts to take one's own life. Throughout this year, a priority will be to explore resources including specialized programs where people can safely discuss any internal struggle or a place to go where one can feel accepted and be amongst others who have had similar challenges or struggles. Without concrete data, it is impossible to accurately depict the needs for specialized services. This calendar year, through sensitive questions, we will look to alter the way we are capturing this information in order to help determine the need for these specialized services. Without knowing how great the need is, it would be difficult to know how much such services would be to implement and run.

With all of the above priorities, focus will also remain on the current Recovery-Oriented infrastructure that we have in place, including the services listed below:

Treatment Services

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

Crisis Intervention

NCMH offers Telephone, Walk-In and Mobile Crisis Services along with Crisis Residential Services. There is also a 24 hour, seven day a week crisis component to all ACT Teams and ICM/BCM programs. As mentioned earlier, the IRES division is an integral part of the County's crisis intervention services. The IRES division is typically the County's first contact with individuals in need of mental health services. These remaining services are ongoing throughout the year with frequent monitoring and collaboration with providers.

NC Crisis Intervention Team (CIT) Advisory Board continues to meet in the County. This group is chaired by the Deputy Mental Health Administrator and consists of law enforcement, emergency medical services (EMS) staff, family members, and 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. Through a regional CIT grant funded by PCCD, in conjunction with Carbon, Monroe and Pike counties, regional trainings are now being provided.

In total, the county CIT program is responsible for training close to 300 officers, sheriffs and correctional officers, to date.

Rehabilitation

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

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

Prevention Services

As mentioned previously in this document, whole health is becoming a high priority for NCMH. As such, all services offered by NCMH have a wellness/prevention component built in.

Sharing Life, a program developed through the “I am the Evidence” campaign and a group of truly dedicated individuals partnered with St. Marks Church to offer a monthly event. This event/program has expanded greatly throughout the last 4 years. 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.

Employment services remain a priority for NCMH. As such, prevention services are provided 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. Café the Lodge employs folks with mental illness to work in the Café, a program through RHD developed through the Allentown State Hospital Closure/CHIPP Project. When people have employment opportunities, this often goes a long way in allowing them to feel important, productive and a part of something.

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 continues to work on an education campaign to promote this beneficial program. The future of this program is still unknown due to Health Choices expansion; MAWD may no longer exist. MAWD allows Pennsylvanians with disabilities to take a fulfilling job, earn more money and still maintain full medical coverage. Through a sub-committee, Northampton County had an employment conference in the Spring, and plan to make it an annual event. At this event, there was training on various areas of employment including discussion on programs such as OVR, WIPA, and Wrap for Work. The conference was very well received. There was no cost for this conference.

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, Mental Health First Aid 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. The County meets with these groups and committees on regular basis to review trends, quality improvement initiatives, and necessity for continuation.

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

Self Help

The local Consumer/Family Satisfaction Team (C/FST) in collaboration with NCMH and Emergency Services developed a survey to be administered after mobile crisis visits and telephone crisis contacts. The results of the surveys are used by Emergency Services to improve the quality of services delivered, pinpoint areas for needed training and assess the desire or need for CPS workers to be involved in mobile crisis visits. NAMI Lehigh Valley, CPS/Peer Mentors, the drop-in centers, Depression and Bipolar Alliance, stakeholder groups, Emotions Anonymous and the Community Assessment Team are all currently available to NCMH consumers. Please note that Warmline, a long-time addition to the County's self- help services, was defunded in fiscal year 2012-2013 due to the ten percent budget reduction. Recovery Partnership now provides a peer-run help line. It operates during business hours and has expanded to all hours since the addition of RP peer-run 24-hour support program (Reflections). It will remain a 24-hour hotline for the 2015-2016 fiscal year.

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. This past May marked the first annual Spring Into Employment conference focused on specific areas of employment needs in the valley.

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

Local Collaborative Agreements and Partnership

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

Intellectual Disability Services

Northampton County’s Developmental (Intellectual Disabilities) Program (NCDP) maintains the standard of providing consumer service(s) in the least restrictive setting that is appropriate to meet their needs. The Program has 989 registered participants. Of this number, 304 individuals receive base funded services and the remainder receives services through Medicaid Waiver or Medical Assistance fee-for-service funding.

	Estimated/Actual Individuals served in FY 14-15	Projected Individuals to be served FY 15-16
Supported Employment	27	31
Sheltered Workshop	12	10
Adult Training Facility	10	12
Base Funded Supports Coordination	130 (changes from month to month)	100
Residential (6400)	3	3
Life Sharing (6500)	3	5
PDS/AWC	27	30
PDS/VF	0	0
Family Driven Family Support Services	233	233

Supported Employment

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. Individuals participating in the Employment Pilot can continue to use this funding after age 26 if the employment supports are still needed. The funding for the job pilot is utilized to assist with job finding and job support services.

To assure our ongoing commitment to community employment and Pennsylvania’s commitment to “Employment First”, the Northampton County Administrative Entity has designated a staff member to act as Employment/Transition Specialist. This specialist is responsible for participating in the Local Employment Coalition, which has started biannual parent seminars to promote employment. This Specialist also participates in the Leadership Committee and Transition Council as well as being the contact person for the Office of Vocational Rehabilitation. Outreach to elementary and middle schools is planned for the future. An

additional member of the AE staff is also being assigned to assist the Employment/Transition Specialist.

Base Funded Supports Coordination

Base Funded Supports Coordination is used to locate, coordinate, and monitor services for individuals receiving base funding. These services include home and community habilitation, respite, and companion. The Supports Coordinator Organizations (SCOs) assist families in identifying services based upon the individual's needs, coordinating with provider agencies, and monitoring the services being provided. This enhances the caregiver's ability to maintain the individual in his or her natural home environment as long as possible. Based Funded Supports Coordination assists in ensuring that individuals 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.

Also, it is worth noting that all individuals are served by the SCO of their choice. Currently there are 3 SCOs providing service in Northampton County. Quality Progressions and Service Access & Management provide service throughout the entire county. Carbon/Monroe/Pike SCO services the Slate Belt area of Northampton County. If an individual decides that he/she is no longer happy with the current SCO selection, the individual is given the opportunity to switch to a different SCO; thus upholding the County's commitment to positive participant outcomes and satisfaction with services. There are no additional changes proposed for FY 15/16.

Life Sharing Options

When an individual's needs are no longer able to be met in his/her natural home, Life Sharing is the first option explored. If it is expected that this will be a long-term arrangement and no Waiver funds are available, base funding is utilized. Requests for Emergency Waiver Funding can be made to the Pennsylvania Office of Developmental Programs (ODP) for a Consolidated Waiver if Base Funding is not available to meet the residential need. Currently 34 individuals are on the Prioritization of Urgency of Need for Services (PUNS) list for Life Sharing. In addition 3 consumers are base funded in Life Sharing. For these individuals, contracts are held between providers and the County. The majority of individuals in the Life Sharing program are authorized via Waiver funds. Those contracts are between the Office of Developmental Programs and the providers. Providers of services for those consumers in a Waiver have a provider agreement with ODP and bill ODP directly for those services.

Northampton County Administrative Entity has and continues to be a leader in promoting Life Sharing, currently 28% of individuals in residential placements are in Life Sharing. This is due to the ongoing training to Support Coordination Organizations to explore Life Sharing as the first option and the Life Sharing objectives in the Quality Management Plan. Over the past year the AE has noticed a decrease in the number of individuals participating in Life Sharing. This decrease is being addressed by having the SCOs focus on Life Sharing as part of the monitoring process and Individual Support Plan. The AE is also addressing the decrease by having a Quality Management objective to have individuals in group homes view a Life Sharing video and tour a Life Sharing home within the next 2 years.

Cross Systems Communications and Training

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

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

Emergency Supports

During Fiscal Year 2015-2016 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 as needed.

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

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

Administrative Funding

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

Presently, the Administrative Entity (AE) has four full time positions. In addition, percentages of staff functions of four additional staff complete the AE. The staff includes a Fiscal Officer II, DP Accountant, Budget Analyst and Mental Health/ Early Intervention/ 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, and Payroll Data Collection.

The Deputy DP Administrator oversees the Administrative Entity's efforts to maintain its compliance with the AEOA. In addition, the Deputy Administrator, along with the Fiscal Officer, oversees the fiscal management of base funded services. The Deputy DP Administrator also acts as the primary contact for families, consumers, providers and contracted Supports Coordination Organizations (SCOs) when there are questions and conflicts regarding funding and services.

Finally, the Deputy DP 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: level of care redeterminations, review and approval of Waiver Individual Service Plans (ISPs), Waiver enrollment, maintenance of Waiver documents, completion of requests for Supplemental Habilitation and Additional Individualized Staffing, monitoring of the Pennhurst Plaintiff Class Members, and service reviews. All aspects of base funding are coordinated by staff including review and approval of all base ISPs, management of Family Driven/Family Support Services (FD/FSS) funding, participation in the employment pilot and transition planning for students, and offering service preference to all individuals enrolled with the Northampton County Administrative Entity.

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

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

The Administrative Entity staff develops and implements an annual Quality Management Plan. The Northampton County Quality Management Plan for 2015-2016 Focus Areas are Participant Safeguards and Participant Outcomes & Satisfaction.

Overall, the NCDP continues in its efforts to see that individuals are actively involved in the development of the ISPs and that individuals are afforded the opportunity to choose with whom they live and where they live. In addition, the NCDP ensures that individuals 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 individuals 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 individuals with an intellectual disability will need a lifetime of service.

Homeless Assistance Services

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

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

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

Each of our providers is responsible for their own implementation of the HMIS System. All of them are at various stages. ProJeCt of Easton regularly utilizes HMIS when working with an individual or family who are homeless and they are assisting with rental assistance. Upon intake, ProJeCt of Easton immediately turns to HMIS to determine if the household members have been entered into the system. If they are not, they enter them and if they are, they read all the notes and contact previous service providers for information. Safe Harbor of Easton is working out the details/problems with Community Action Committee of the Lehigh Valley, when it comes to submitting numbers. Easton Area Neighborhood Center does not have access or knowledge regarding the HMIS system. They provide client data to the County on a quarterly basis.

	Estimated/Actual Individuals served in FY 14/15	Projected Individuals to be served in FY 15/16
Bridge Housing	50	52
Case Management	3800	3572
Rental Assistance	57	115
Emergency Shelter	36	65
Other Housing Supports	0	0

Bridge Housing

Bridge Housing is the transitional service that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. 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 and families who are homeless or near homeless. A family is defined as a unit consisting of at least (1) adult and (1) child. Individuals and families are eligible for this service if:

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

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

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

- (a) To assist program participants to achieve their maximum level of independence by providing necessary services such as supportive counseling, pre-and post-employment monitoring, educational and life skill training;
- (b) To assist program participants to re-enter the community into safe, affordable housing; and

- (c) To facilitate connecting program participants with services such as those provided by Northampton County’s Department of Human Services and other community agencies creating a comprehensive network of support. Such support enables the client to access resources improving chances for a successful outcome.

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

The County will evaluate the efficacy of the services through quarterly reports from vendors and starting a data base for longitudinal tracking of permanent housing and decreased shelter use. There are no proposed changes for fiscal year 15-16.

Case Management

The County of Northampton contracts with the Easton Area Neighborhood Center, 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, health needs, financial management, parenting skills, home maintenance, job preparation skills, and /or employment skills. In order to receive bridge housing or rental assistance, consumers must actively participate in case management services. Case Management service activities include the following:

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

Each organization that provides case management does so in conjunction with their other Homeless Assistance Program initiatives. The County will again evaluate the efficacy of case management using quarterly reports and a data base for longitudinal tracking. There are no proposed changes for this service for fiscal year 15 – 16.

Rental Assistance

Northampton County contracts with ProJeCt of Easton and the Easton Area Neighborhood Center 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 24 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, \$1,000 or for households with children, \$1,500 within the past 24 months.

The County has no proposed changes for this service for fiscal year 15-16. Northampton County will again evaluate the efficacy of this service through quarterly reporting and a data base for longitudinal tracking.

Emergency Shelter

Northampton County contracts with ProJeCt of Easton to provide emergency shelter through the Homeless Assistance Program. Through their ASSIST program, ProJeCt of Easton provides emergency shelter, refuge, and care, as well as case management to persons who are in immediate need of emergency housing. ProJeCt of Easton 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. It is only when all shelter beds are full, that temporary shelter may be provided by local hotels with the use of vouchers. No fee is charged to the client for emergency shelter.

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

Other Housing Supports

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

Children and Youth Services

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

appropriate, and that, if placement outside of the parental home is necessary, permanency is achieved in a timely manner.

Outcomes

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

	<p>issues/circumstances arise)</p> <p>Risk Assessments (during initial assessment of a case, for cases accepted for services, at 6 month intervals in correlation with the Family Service Plan, when issues or concerns arise to prompt changing a risk level of a case, and at case closure)</p> <p>All agency staff will be required to attend trainings and remain up-to-date on the regulation/law changes of the Child Protective Services Law</p>	
<p>Continuity of family relationships and connections if preserved for children.</p>	<p>Diligent searches for any missing parents at initial referral of case and every 6 months in correlation to Family Service Plan</p> <p>Act 55 being conducted on all cases accepted for services on an annual basis to assist with identifying extended relatives and kin who may be willing to support children and families entering the child welfare system.</p> <p>Families are offered Family Group Decision Making, which empowers the family to develop a guided plan on</p>	<p>Family Group Decision Making (various contracted providers)</p> <p>Case Management</p> <p>State Wide Adoption Network (SWAN)/Legal Services Initiative (LSI)</p>

	<p>the direction of their case, while the agency and/or vendors assist the family to achieve established goals (ongoing)</p> <p>Fostering Connections letters are sent within 30 days of a child being placed outside the parental home to any persons having been associated with the biological parents to the 5th degree</p> <p>Expanding the Northampton County Foster Care program to encourage more of a “mentoring” approach to fostering, in correlation to involvement with the biological family (in progress)</p> <p>Family Finding – locating additional family and/or placement resources from the onset of the case in the event a child needs to be placed outside the parental home (ongoing)</p> <p>Seek out kinship resources (whether formal or informal) prior to the placement of a child in a more restrictive setting (ongoing)</p>	
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<p>Families have enhanced capacity to provide for their children's needs.</p>	<p>Families are offered Family Group Decision Making, which empowers the family to develop a guided plan on the direction of their case, while the agency and/or vendors assist the family to achieve established goals (ongoing)</p> <p>Should the family require additional support, in-home services are referred to assist the family with additional needs while remaining in the home environment (ongoing)</p> <p>Referrals to community based programs in the family's own environment (ongoing)</p>	<p>Family Group Decision Making (various contracted providers)</p> <p>In-Home Services (various contracted providers)</p> <p>Community Based Programs (vary by location/county)</p>
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Programs

Program Name:	Multi-Systemic Therapy
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Status	Enter Y or N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	Y	New	Continuing	Expanding
				X

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

Additional funding in the amount of \$11,000 is being provided to MST for FY 15-16 through the Needs Based Plan and Budget Special Grants to accommodate increased funding costs for the population being served.

	FY 14-15	FY 15-16
Description of Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	31	33
# Successfully completing program	4	6
Cost per year	\$52,185	\$55,552
Per Diem Cost/Program funded amount	\$60.94	\$60.94
Name of provider	Community Solutions	Community Solutions

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

MST was underspent by \$154.00, which is approximately 2 ½ hours of the contracted per diem amount for this program. Northampton County CYF anticipates additional usage of MST to help in maintaining children in their natural environment and reduce out of home placement.

Program Name:	Functional Family Therapy (FFT)
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Status	Enter Y or N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	Y	New	Continuing	Expanding
				x

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

Additional funding in the amount of \$29,735 is being provided to FFT for FY15-16 through the Needs Based Plan & Budget Special Grants to accommodate increased funding costs for the population being served. Northampton County was overspent by \$27,451 for FY14-15 and those additional funds were provided through Human Services Block Grant funding not utilized from Treatment Foster Care Oregon.

	FY 14-15	FY 15-16
Description of Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	181	183
# Successfully completing program	64	67
Cost per year	\$265,741	\$269,893
Per Diem Cost/Program funded amount	\$145.68	\$145.68

Name of provider	Valley Youth House	Valley Youth House
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Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

N/A

Program Name:	Multidimensional Treatment Foster Care (MTFC) now known as Treatment Foster Care Oregon (TFCO)
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Status	Enter Y or N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016	Y			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		New	Continuing	Expanding

Multidimensional Treatment Foster Care (MTFC), now known as Treatment Foster Care Oregon (TFCO) is provided to children who are in need of both placement and medically necessary mental health treatment. MTFC/TFCO 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.

Children's Home of Reading had previously contracted with Northampton County Children, Youth and Families Division for Multidimensional Treatment Foster Care (MTFC) services; however, their program went on a hold for any new referrals in February 2013. The agency has continued to seek out additional providers who would be able to offer this service for the CYF/JPO youth population, to no avail. Due to no providers being able to offer this level of service for quite some time and it appears that there may be no providers to offer this service any time soon, Northampton County will not be seeking continued funding for TFCO. The funds received in the past for MTFC/TFCO were reallocated to Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT).

	FY 14-15	FY 15-16
Description of Target Population	CYF/JPO children & youth	CYF/JPO children & youth
# of Referrals	0	0
# Successfully completing program	0	0

Cost per year	\$0.00	\$0.00
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	N/A	N/A

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Due to no providers being able to offer this level of service for quite some time and it appears that there may be no providers to offer this service any time soon, Northampton County will not be seeking continued funding for TFCO. The funds received in the past for MTFC/TFCO were reallocated to Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT).

Program Name:	Family Group Decision Making
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Status	Enter Y or N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	Y	New	Continuing	Expanding
			x	

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 FGDM fosters cooperation, communication and a positive partnership between families and professionals. Lehigh Valley Families Together, KidsPeace, Justice Works, Youth Advocate and Methodist Services provide FGDM services for Northampton County residents. Special Grant Initiative funds will be expended among all of the providers listed above.

There is no additional funding being provided for Family Group Decision Making for FY15-16 through the Needs Based Plan & Budget Special Grants. The agency has designated specific

cases that are referred for FGDM, in addition to referring families that may benefit from the service.

	FY 14-15	FY15-16
Description of Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	42	42
# Successfully completing program	27	27
Cost per year	\$25,326	\$25,326
Per Diem Cost/Program funded amount	<i>Lehigh Valley Families Together</i> -\$56.00/hour <i>Justice Works</i> -\$60.50/hour <i>KidsPeace</i> -\$64.20/hour <i>Youth Advocate</i> -\$58.09/hour <i>Methodist Services</i> -\$56.00/hour <i>Northampton County Children, Youth and Families</i>	<i>Lehigh Valley Families Together</i> -\$56.00/hour <i>Justice Works</i> -\$60.50/hour <i>KidsPeace</i> -\$64.20/hour <i>Youth Advocate</i> -\$58.09/hour <i>Methodist Services</i> -\$56.00/hour <i>Northampton County Children, Youth, and Families</i>
Name of provider	Listed Above	Listed Above

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Family Group Decision Making was underspent by \$47,419 due to the majority of referrals being managed through the agency's own Family Group Decision Making program, thus reducing the costs of having to use contracted vendors. The agency will continue to utilize contracted providers, especially if a family is already receiving a service through the vendor to assist with the ease of transitioning and working with the family. Additionally, if in the agency's own program becomes inundated with referrals; there will be a need to utilize the contracted vendors.

Program Name:	Housing Initiative
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Status	Enter Y or N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	Y	New	Continuing	Expanding
			X	

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

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

Additional funding in the amount of \$15,000 is being provided to the Housing Initiative for FY15-16 through the Needs Based Plan & Budget Special Grants to accommodate increased funding costs for the population being served. Northampton County was overspent by \$17,301 for FY14-15 and those additional funds were provided through Human Services Block Grant funding not utilized from Treatment Foster Care Oregon. In Northampton County, homelessness was the main factor contributing the most amount of youth who were placed outside of their natural home in FY14-15. Thus, the continuation of this program is vital in the effort to keep children in their natural homes. Furthermore, the agency has begun subsidizing older youth who wish to remain under the agency's care to better help assist and prepare them better for transitioning into independence. The agency anticipates the number of youth receiving subsidies will increase as youth continue to remain in care, in addition of youth who chose to re-enter care.

	FY 14-15	FY 15-16
Description of Target Population	CYF families & 18-21 yr. old youth	CYF families & 18-21 yr. old youth
# of Referrals	47	55
# Successfully completing program	44 & 5 youths served	50 & 8 youths served
Cost per year	\$64,484	\$53,550

Per Diem Cost/Program funded amount	\$1600 maximum for 2 months' rent	\$1600 maximum for 2 months' rent
Name of provider	Northampton County Children, Youth, and Families	Northampton County Children, Youth, and Families

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

N/A

Program Name:	Alternatives to Truancy Prevention (ATP)
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Status	Enter Y or N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	Y	New	Continuing	Expanding
				X

Northampton County's CYF division 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.

There is no additional funding being provided for the Alternatives to Truancy Prevention (ATP) program for FY15-16 through the Needs Based Plan & Budget Special Grants. Northampton County was overspent by \$10,114 for FY14-15 and those additional funds were provided through the Human Service Block Grant funding not utilized from Family Group Decision Making and Treatment Foster Care Oregon.

	FY 14-15	FY 15-16
Description of Target Population	School aged children and youth	School aged children and youth
# of Referrals	any truant youth (several hundred) 8 school districts	any truant youth (several hundred) 8 school districts
# Successfully completing program	712 youths served	811 youths served
Cost per year	\$129,179	\$147,072
Per Diem Cost/Program funded amount	\$129,179	\$147,072
Name of provider	Colonial IU 20	Colonial IU 20

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

N/A

Children & Youth Human Services Block Response Questions

- 1) Please ensure that the estimated individuals reported in the narrative match those in the budget for EBP and housing programs.
 Changed were made to reflect the updates.

- 2) Please describe how more clients will be served with slightly less money for FFT when the service rate remains the same.
 The narrative charts were amended to reflect adequate funding to support additional clients being served.

- 3) The cost for FGDM has more than doubled, with only 5 additional families being served and the same service rates are listed as last FY. There was also a large amount of underspending and the same contracts are continuing. Please explain how the underspending will be minimized and why only five additional families will be served with the increase in spending.
 The narrative charts were amended to reflect the appropriate amount of clients being served through FGDM in addition to amending the budget. Being able to utilize the agency's in-house program has lessened the need to make referrals to contracted vendors, thus reducing some costs. However, if a family being referred for FGDM is already working with one of the contracted vendors,

referrals are made to those vendors to conduct the family group conference, as the family may feel more comfortable with the provider and the provider understands the needs of the family.

Drug & Alcohol Services

The Northampton County Division of Drug and Alcohol Services is a Single County Authority (SCA) that operates under the Public Executive model, with an Advisory Board that meets at least bi-monthly. The Division has a full-time staff of seven, which includes two managers (a Division Administrator and an Assistant Administrator), three Drug and Alcohol Case Management Specialists, a fiscal officer and a clerical support person.

The SCA is responsible for providing screening, assessment, referrals, treatment, case management and recovery support services in Northampton County for the uninsured and underinsured. Individuals in need of the full continuum of care can find support as they move from detoxification to inpatient rehabilitation to halfway house to intensive outpatient counseling to outpatient counseling, supplemented by recovery supports. The supports include three recovery centers, 3 transitional housing sites as well as 12-step programs and other natural supports. A recovery model is utilized to engage clients. The division interacts with all divisions in the Department of Human Services as well as with the Criminal Justice divisions. The division is now providing drug and alcohol assessments for Children and Youth clients who do not have insurance or are underinsured.

In addition to drug and alcohol treatment services, the county funds a variety of prevention services for Northampton County. Prevention services are provided in all of the school districts in Northampton County as well as in the community. Programs are developed using evidence based curriculum. Last fiscal year, Northampton County added additional funding to support a heroin overdose prevention program in response to the growing heroin epidemic in the state of Pennsylvania. This fiscal year, Northampton County will focus HSBG funds on increasing the prevention efforts in the County.

The data for Northampton County clients show some significant trends. Alcohol and heroin tend to be the drug of choice for a majority of clients seeking treatment at the SCA. Clients age 25 and younger tend to choose marijuana as their drug of choice, while older clients, over 40 years of age, tend to choose alcohol or cocaine. Middle age clients, 26 through 39 years of age, tend to use heroin at a significantly higher rate than any other age. According to the Pennsylvania Coroner's Report for 2014, there were 28 reported heroin overdoses in Northampton County.

Another trend noted is the increasing amount of clients who self-report using synthetic marijuana. Several overdose deaths related to the use of Synthetic Marijuana, or K2, have occurred in the County in recent months. Synthetic marijuana is becoming a popular drug of choice in the United States among adolescents which makes it an important trend to watch among the population served by the Northampton County SCA.

Outpatient treatment saw the highest number of referrals in FY 2014-2015. The division also saw an increase in the number of requests for housing assistance in FY 14-15. Referrals are received from the community and the criminal justice system. The numbers of referrals from the

criminal justice system continues to increase each year. In this past fiscal year, 72% of clients accessing treatment have been referred from the criminal justice system. Inpatient treatment is the most expensive level of care that the drug and alcohol division provides. If a client is not MA eligible, the county is taxed with funding the entire course of treatment. The division has worked with the local County Assistance Office and Magellan to help efficiently enroll those who are eligible into Medical Assistance. This has increased funding availability for those who are not Medical Assistance eligible.

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

Clients who require a higher level of care are referred to one of our 10 contracted inpatient providers for treatment. At these facilities, the client can receive detoxification services as well as short or long term inpatient drug and alcohol treatment. Clients are then stepped down to lower levels of care as clinically recommended by the Pennsylvania Client Placement Criteria (PCPC). If clients are clinically recommended to halfway house, the SCA funds this level of care. It is the belief of Northampton County Drug and Alcohol, that all clients who are engaged in treatment be funded for their entire continuum of care.

The SCA also funds Methadone maintenance and outpatient treatment through New Directions Treatment Services in Bethlehem. This service is highly utilized. Clients can receive Methadone services funded by the SCA for up to five years. While clients receive this service, they are simultaneously expected to participate in and are funded for additional outpatient services (i.e., individual and group and/or family counseling) as part of their treatment. All clients are required to apply for Medical Assistance when they come for treatment.

Throughout the process, the client has the support of a county case manager to assist with linkages to community resources, such as referral information regarding 12 step meetings and the Recovery Centers. If a client is engaged in treatment and in need of housing supports, the county will assist with funding for clients to reside at one of our three contracted transitional housing sites. At one transitional housing site in Easton, a Life Skills Program is offered to residents. The program helps residents learn crucial life skills, such as job searching, problem resolution, resume building, relationship skills, budgeting skills, etc. The county also works with local landlords to support clients with their security deposits and/or first month's rent. Transitional

Housing is mainly funded through a local grant from the Northampton County Gaming Revenue and Economic Redevelopment Authority as well as with BHSI funds.

The SCA has a limitation policy to best serve the clients in Northampton County. If a client leaves a treatment facility against facility advice, then there may be a 6 month waiting period before that client can again access funding for treatment. Similarly, if a client is therapeutically discharged from treatment for breaking the rules of the program, there may be a 6 month waiting period that client can again access funding for treatment. If a client successfully completes treatment and does not follow through with recommended aftercare, there may be a 90 day waiting period before funding for treatment would be authorized. The funding limitations policy indicates that funding for treatment may be limited to the following course of treatment: Two (2) Intensive Outpatient episodes which comprises 12 weeks of individual and group and/or family counseling; and two (2) Outpatient episode, which comprises eight months of individual and group and/or family counseling; two (2) treatment periods in five (5) years. Pregnant women are not subject to any of the funding restrictions and in fact are considered a priority population to be served with immediacy. The limitations can be waived depending upon availability of funding and case by case determinations.

At this time, there are no waiting lists for services, however, if the division's entire allocation is spent and there are no additional funds available, the county will notify the state Division of Drug and Alcohol programs that services will temporarily cease until more funding becomes available.

Act 152 & Behavioral Health Services Initiative (BHSI)

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

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

The requirements for BHSI and Act 152 funds highlight the importance of the block grant program. With the flexibility of HSBG funding the SCA can better serve the unique needs of Northampton County. BHSI funds allows for greater flexibility while Act 152 funds can only be

used for inpatient treatment. The flexibility of the block grant will be useful because it allows for the possibility of adding funds to the Act 152 and BHSI cost centers with funds from other divisions within the HSBG program, if available.

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

Older Adults (ages 60 and above)

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

Adults (ages 18 and above)

In addition to the more traditional treatment services described above, Northampton County currently has three 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 County fines and fees as a result of Driving Under the Influence legislation. The centers host 12 step meeting and allow consumers to walk in or call for support. Volunteers and paid staff are available on the phone and in person to assist those in need to access service and treatment. The recovery center in Easton is co-located within a homeless shelter and is open 7 days a week. With the support of volunteers, the Bethlehem recovery center is open every day as well. Meetings are hosted often at the center and various special population groups are held regularly (i.e., Saturday nights a young persons' meeting is held). The SCA recognized a need for recovery supports in the Slate Belt region last year and the goal came to fruition with the September 2014 opening of "A Clean Slate", the recovery center in Bangor.

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

Adolescents are a priority population in Northampton County. The SCA funds screening and assessment services and then contracts with several providers that offer inpatient and outpatient services for adolescents and transition age youth. Services are provided based on the clinical need derived from evaluation and the PCPC3 and/or the ASAM recommended level of care. Local recovery centers provide for a “Young People’s” meeting on the weekends. At Colonial Academy, an alternative school, students are provided basic drug and alcohol awareness education as well as additional services that include assessment, individual and group counseling sessions, and referrals to higher levels of care when necessary. This service is completed by one of the SCA’s contracted outpatient providers, Recovery Revolution.

The division also contracts with two prevention providers, Valley Youth House and the Center for Humanistic Change, who provide a myriad of services in all of the schools in Northampton County. They work with the local chapters of Students Against Destructive Decisions (SADD) in the schools. They also play an integral role in the Student Assistance Programs (SAP) within the schools. Due to the growing number of clients addicted to heroin and the heroin overdose epidemic, the county determined that education and prevention efforts in this area are necessary. The SCA has collaborated with two the contracted prevention providers to spearhead this education and prevention effort and include this in their programming for fiscal year 2015-2016. Specially designed programming to educate the community about the heroin epidemic specifically has been implemented as well this year. The prevention providers reach thousands of citizens of Northampton County as they provide continual county wide, community-based and school-based programming all year.

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

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

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

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

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

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

Criminal Justice Involved Individuals

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

The County also received last fiscal year, a grant from Pennsylvania Commission on Crime and Delinquency (PCCD) to continue the Northampton County's Treatment Continuum Alternative to Prison (TCAP) program. Since 1997, Pennsylvania's Sentencing Guidelines include a mechanism by which the sentencing court may consider the use of treatment based Restrictive Intermediate Punishment (RIP) as an alternative to incarceration for non-violent offenders assessed to be dependent on drugs and/or alcohol. Treatment Continuum Alternative to Prison (TCAP) is a grant from the Pennsylvania Commission on Crime and Delinquency, and is a funding source for RIP in Northampton County. The TCAP program represents a collaborative effort between the SCA and the prison to benefit the residents of Northampton County. When an offender is identified as a potential candidate for TCAP, a comprehensive diagnostic assessment is conducted by the Northampton County TCAP assessor to determine the appropriateness and necessity of treatment. If approved without objection by the Judge and/or District Attorney, the offender may receive a split sentence that will divert the client from long term incarceration to intensive drug and alcohol treatment.

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

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

RIP/TCAP Eligibility

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

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

In collaboration with Adult Probation, the county has again applied for and was awarded the PCCD grant to maintain the TCAP program for fiscal year 2015-2016.

For the past several years, the Re-Entry Coalition, a multidisciplinary team tasked with the goal of reducing recidivism and supporting family reunification for those recently released from jail/prison, has been meeting to help this population make a successful transition into the family and community. The idea of a Drug Court was discussed, but seemed to involve such insurmountable hurdles. With great enthusiasm, the Northampton County Court of Common Pleas along with the Adult Probation and Human Services Departments, established two specialty courts to serve those individuals who are involved with the criminal justice system as a result of either (or both) mental illness and/or substance abuse. In April 2015, the SCA in conjunction with Adult Probation and the Court, heard the first case in the Northampton County Drug Court. The Drug Court in Northampton County is a post-sentencing court. Offenders are referred by Adult Probation due to violating their probation or parole.

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

Veterans

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

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

Recovery-Oriented Services

In addition to the more traditional treatment services described above, Northampton County currently has three recovery centers that service adults of all ages. These centers provide community based informal peer support. The core philosophy of recovery is that one retains recovery through ongoing support of others in recovery. The centers host 12 step meetings and allow clients to walk in or call for support. Volunteers and paid staff are available on the phone or in person to assist those in need to access services and treatment. The Bethlehem and Easton Recovery Centers are open 7 days a week and on holidays. The Easton Recovery Center is now providing an employment center to help those in need locate a job. The newly established recovery center in Bangor is open 5 days a week. Special programs, such as yoga and art inspired programming is offered as well traditional 12 step meetings, resume writing assistance, job searching and use of state of the art computers. These centers are funded through county fines and fees as a result of Driving Under the Influence legislation.

A new initiative this year has been the implementation of the Peer Recovery Support Services whereby a client is referred to a peer recovery specialist, a specially trained and certified peer to offer hands on direct care support to a person entering recovery. The Certified Recovery Specialist works directly with the client to formulate a written recovery plan. The peer can attend events, meetings, and any other activity with the client to help acclimate him or her to the road to recovery. Certified peers will also support the client in accessing Medical Assistance, Community Service opportunities, employment, and/or GED classes if needed.

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

Human Services and Supports/Human Services Development Fund

Northampton County has a long history of using the Human Services Development Fund (HSDF) to fill in service gaps and meet unmet needs, typically for consumers between the ages of 18 and 59. Though the County's 2015-2016 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 remain at \$203,008, which is a reduction of 68 percent.

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

	Estimated Actual Individuals served in Fiscal Year 2014-2015	Projected Individuals served in Fiscal Year 2015-2016
Adult Services	348	305
Aging Services	101	0
Children and Youth Services	270	0
Generic Services	1458	1740
Specialized Services	250	196

Adult Services

Northampton County contracts with Meals on Wheels, Hispanic Center Lehigh Valley, Easton Area Community Center, and Pinebrook 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 60 who meet the eligibility requirements of the Department of Public Welfare, and who are not eligible for services provided by existing County categorical programs.

Program Name: 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.

Changes in Service Delivery from Previous Year: None

Specific Service: Home Delivered Meals

Planned Expenditures: \$82,000

Program Name: Hispanic Center of the Lehigh Valley provides job readiness education. Job readiness skills are skills to help individuals learn the basic tools of obtaining employment to suit their particular skills and talents.

Changes in Service Delivery from Previous Year: None

Specific Service: Employment

Planned Expenditures: \$11,000

Program Name: Hispanic Center of the Lehigh Valley provides life skills education. Life skills provide practical education and training to individuals or groups, either formal or informal classes in the skills needed to perform the necessary activities of daily living.

Changes in Service Delivery from Previous Year: None

Specific Service: Life Skills

Planned Expenditures: \$11,100

Program Name: Easton Area Community Center offers life skills education in their programs entitled Parents Who Care, Walk the Line and Health Living.

Changes in Service Delivery from Previous Year: None

Specific Service: Life Skills

Planned Expenditures: \$14,667

Program Name: Pinebrook Family Answers provides homemaker services to the target population, 18 to 59 year olds who are home bound. 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.

Changes in Service Delivery from Previous Year: None

Specific Service: Homemaker

Planned Expenditures: \$5,000

Aging Services

At the present time we do not anticipate the need for Aging Services to be funded through the Human Services Block Grant. The Aging Block Grant allocation should be able to meet the needs of the Aging population. We will revisit this during the fiscal year if the need arises.

Children and Youth Services

At the present time we do not anticipate the need for additional Children and Youth Services to be funded through the Human Services Block Grant. The Act 148 increase allocation should be able to meet the needs of the Children, Youth and Families Division. We will revisit this during the fiscal year if the need arises.

Generic Services

Program Name: Safe Harbor of Easton provides case management and referral services to residents in need.

Changes in Service Delivery from Previous Year: None

Specific Service: Service Planning/Case Management

Planned Expenditures: \$25,000

Program Name: The United Way of Lancaster provides support of the regional information and referral service (211 Network).

Changes in Service Delivery from Previous Year: None

Specific Service: Centralized Information and Referral

Planned Expenditures: \$15,000

Program Name: The Hispanic Center of the Lehigh Valley provides information and referral services regarding community resources and, when requested, making referral to specific services resources.

Changes in Service Delivery from Previous Year: None
Specific Service: Centralized Information and Referral
Planned Expenditures: \$12,900

Specialized Services

Program Name: ProJeCT of Easton will provide adult basic education, general education development, English as a second language and parenting education.

Changes in Service Delivery from Previous Year: None
Specific Service: Specialized
Planned Expenditures: \$23,341

Program Name: Northampton County Flex Fund

Changes in Service Delivery from Previous Year: New Service. The County would like to develop a Flex Fund service for all ages and all divisions within Northampton County Department of Human Services. The Flex Fund would allow caseworkers to access additional financial assistance for clients in an emergency situation. The County will purchase the services and will not provide the funding directly to the client.

Northampton County is aware of the unique needs of children and others within the community, which may be outside of the traditional funding streams. The Flex Fund will be used to fill services gaps on a case by case basis and will compliment other programs and funding sources. Northampton County is aware of and will adhere to all HSDF policies, procedures and regulations.

The services that may be included in the Flex Fund, but are not limited to, include:

- Pest Control and Prevention
- Summer Camps/Recreation Programs
- Short-term energy assistance (not to exceed \$200)
- Child Safety Equipment
- Children monitors
- Smoke alarms
- Carbon monoxide detectors
- Car seats
- Pack – N – Plays

Specific Service: Specialized
Planned Expenditures: \$3,000

Interagency Coordination

Overall, \$203,008 in HSDF funding was allocated to adult, specialized and generic services. Though there are no specific funds allocated to interagency coordination through HSDF the county's divisions will continue to work together to coordinate services that holistically address the needs of its consumers using the most efficient and appropriate methods of service delivery. This includes coordination through the County's own Information and Referral office whose

caseworkers work to understand each client's complex needs and then refers them based on those needs to the most appropriate services.

If at the end of the fiscal year there is available funding, a portion of those funds would be used to offset the County's interagency coordination costs.

FY 2015-2016 Appendix C-1 Human Services Proposed Budget & Service Recipients Spreadsheet

See Attached Spreadsheet

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

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

- 1). Estimated Individuals** – Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
- 2). HSBG Allocation** - Please enter the county's **total** state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).
- 3). HSBG Planned Expenditures** – Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation **must equal**.
- 4). Non-Block Grant Expenditures** – Please enter the county's planned expenditures (**MH& ID only**) that are **not** associated with HSBG funds in the applicable cost centers. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.
- 5). County Match** - Please enter the county's planned match amount in the applicable cost centers.
- 6). Other Planned Expenditures** – Please enter in the applicable cost centers, the county's planned expenditures not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.). *(Completion of this column is optional.)*
- 7). County Block Grant Administration** - Please provide an estimate of the county's administrative costs for services **not included** in MH or ID Services.

NOTE: Fields that are grayed out are to be left blank.

***Please use FY 14-15 Primary Allocations for completion of the budget.**

***If your county received a supplemental CHIPP allocation in FY 14-15, include the annualized amount in your FY 15-16 budget.**

***The Department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 2015/16 are significantly different than FY 2014/15. In addition, the county should submit a revised budget if and when it determines, at any point in the fiscal year, that expenditures in any cost centers/service categories will change by more than 20 percent.**

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	53		465,272		9,447	
Administrative Management	3,227		1,612,274		32,736	
Administrator's Office			638,702		12,968	
Adult Developmental Training - Adult Day Care						
Children's Evidence Based Practices						
Children's Psychosocial Rehabilitation Services						
Community Employment & Emplmt Rel Svcs	20		266,245		5,406	
Community Residential Services	106		4,918,532		99,866	
Community Services	705		305,084		6,194	
Consumer-Driven Services	121		240,476		4,883	
Emergency Services	738		504,276		10,239	
Facility Based Vocational Rehabilitation	421		81,086		1,646	
Family Based Mental Health Services	20		147,015		2,985	
Family Support Services						
Housing Support Services	34		80,991		1,644	
Mental Health Crisis Intervention	80		899,760		18,269	
Other						
Outpatient	1,739		620,682		12,602	
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	10		58,972		1,197	
Social Rehabilitation Services	664		300,121		6,094	
Targeted Case Management	115		177,234		3,599	
Transitional and Community Integration						
TOTAL MH SERVICES	8,053	11,316,722	11,316,722	0	229,775	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			1,139,500		23,136	
Case Management	450		230,000		4,670	
Community-Based Services	12		451,733		9,172	
Community Residential Services	249		1,388,434		28,191	
Other						
TOTAL ID SERVICES	711	3,209,667	3,209,667	0	65,169	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	52		176,813			
Case Management	3,572		103,995			
Rental Assistance	115		36,616			
Emergency Shelter	65		2,000			
Other Housing Supports	0		0			
TOTAL HAP SERVICES	3,804	319,424	319,424		0	0

CHILD WELFARE SPECIAL GRANT SERVICES

Evidence Based Services	258		350,771		0	
Promising Practice	0		0		0	
Alternatives to Truancy	811		147,072		4,313	
Housing	55		53,550		0	
TOTAL CWSG SERVICES	1,124	551,393	551,393		4,313	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

<i>County:</i>	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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DRUG AND ALCOHOL SERVICES

Case/Care Management						
Inpatient Hospital	250		495,180		10,055	
Inpatient Non-Hospital	25		63,707		1,294	
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	8,875		48,367		963	
Recovery Support Services	5,585		61,154		1,217	
TOTAL DRUG AND ALCOHOL SERVICES	14,735	754,774	668,408		13,529	0

HUMAN SERVICES AND SUPPORTS

Adult Services	305		123,767			
Aging Services	0		0			
Children and Youth Services	0		0			
Generic Services	1,740		52,900			
Specialized Services	196		26,341			
Interagency Coordination			0			
TOTAL HUMAN SERVICES AND SUPPORTS	2,241	203,008	203,008		0	0

7. COUNTY BLOCK GRANT ADMINISTRATION			86,366		19287	
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GRAND TOTAL	30,668	16,354,988	16,354,988	0	332,073	0
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