

Appendix A  
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LEHIGH

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

Signatures

Please Print



Thomas Mulhern

Date: 7/8/16

Date:

Date:

## **Appendix B County Human Services Plan Template**

**The County Human Services Plan is to be submitted using the Template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.**

### **PART I: COUNTY PLANNING PROCESS**

**Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:**

- 1. Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems;**

Lehigh County utilizes an on-going planning process through the Systems of Care Leadership Team and the Advisory Boards of each Human Services Agency, those being Aging and Adult Services, Children and Youth, Drug and Alcohol, and Mental Health/Intellectual Disabilities/Early Intervention. The various agency Advisory Boards have members representing the provider community as well as stakeholders, families and consumers, and general citizens interested in the wellbeing of others. In addition, many organizations meet regularly, among them the Community Healthcare Alliance, the Consumer Supports Program, and the Criminal Justice Advisory Board, as well as county, city, and local organizations working with social concerns such as homelessness, etc.. All items of concern and/or interest from these are rolled into general discussion with all Agency Directors in the Human Services Department.

- 2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;**

At each meeting of these Boards opportunity exists to discuss issues and topics concerning needs, services available, and future opportunities and the agency Director and the Director of Human Services are present to hear these comments. In addition, all agency directors attend a monthly planning meeting for the Department of Human Services and have the opportunity to discuss needs and concerns, both internally and as put forth by the individual Advisory Boards.

In addition, monthly communication with HealthChoices and the Managed Care Organization occurs with representation from MH, D&A, ID, and CMHU along with the Director of Human Services. This allows for information on needs and findings to pass along from the perspective of that group. Meetings of the Community Healthcare Alliance (CHA) enable more input from consumers, families, and professionals, and these results and concerns are put forward to the group by the HealthChoices Administrator.

The Systems of Care Leadership group has the required representation of youth, families, professionals, and county staff. Each Advisory Board is set forth as dictated by

regulation and/or By-Laws, and all have representation by professionals in the field, concerned citizens, past and/or present service recipients or families, and county staff.

- 3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. For those counties participating in the County Human Services Block Grant, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;**

While in the past funding has been shifted to the Drug and Alcohol and Intellectual Disabilities programs based on historic need and utilization, we have not done that for the current year. Lehigh County has been, for the past two years, very proactive in transferring Drug and Alcohol clients into the HealthChoices system. Funds have been shifted to Adult Services. This has been the case in Lehigh County in the prior three years of the Human Services Block Grant. As final numbers for FY 2015-2016 become available Lehigh County intends to move additional funding into HSS in order to address the Aging wait list for Homemaker Services for county consumers.

Historically, Lehigh County has always maintained a philosophical and programmatic approach toward least restrictive setting for all consumers, regardless of the program or its involvement in the Human Services Block Grant. As part of the reporting to Advisory Boards and the presentations in the Public Hearings, the expenditure budgeting of the full department was rolled out. Expenditures were detailed in three classifications, those being Personnel, Operating, and Purchased Services. Overall budgeting for the year fell into 15.6% Personnel, 1.1% Operating, and 83.3% Purchased Services. Planning participants were very pleased to learn of Lehigh County's concentration on services expenditures, and focus on Community Based/In Home services for consumers.

- 4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.**

There is no substantial new programming planned for FY 2016-2017. Plans were halted in the last year due to the budget impasse and the uncertainty surrounding the first seven months of the past Fiscal Year. The individual agencies and categoricals are continuing their improved practice and service strategies as detailed in each of the following sections below.

- 5. Representation from all counties if participants of a Local Collaborative Arrangement (LCA).**

N/A

## **PART II: PUBLIC HEARING NOTICE**

**Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.**

**Please provide the following:**

- 1. Proof of publication;**
  - a. Actual newspaper ad**
  - b. Date of publication**

Please refer to Appendix E

- 2. A summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing)**

Please refer to Appendix F for a copy of the sign-in sheets.

The date and times of the two Public Hearings were advertised in the local newspaper and on the County Website. In addition, notification went out via email to various agency consumer groups and list serves. The first hearing had 17 people in attendance; the second had eight.

Both meetings opened with a review of County revenues and spending. The presentation then moved into what has been accomplished so far, and what is seen as unmet or undermet needs in the community, and suggestions for services and program creation and/or expansion and enhancement. Suggestions at the first meeting were more collaboration with agencies and providers, including physical health care, increased services and opportunities for ASD, and services for young adults with SMI. Increased programs utilizing peer supports were mentioned, as well as the onset of Community HealthChoices and concerns with that program.

The second meeting had discussion on mental health and collaboration with Aging for consumers and services. A need for greater networking was expressed and County was able to share many resources available in the community, including county staff. The benefits and programs of the PA Link program were discussed at length. Participants had the opportunity to personally meet and talk with county staff in agencies with whom they were not familiar.

Attendees at both meetings were told that planning goes on continually in Lehigh County Human Services, and were encouraged to send in their thoughts and concerns at any time for consideration.

**PART III: MINIMUM EXPENDITURE LEVEL**  
**(Applicable only to Block Grant Counties)**

**For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.**

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

**The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.**

#### **a) Program Highlights:**

**Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.**

Lehigh County has worked has worked diligently over the past year with persons in recovery, the local advocacy community and the provider community to develop a system that is truly recovery and resiliency focused. Our goal was to ensure that appropriate systems were in place for people residing in the community as well as those returning to the community from Wernersville State Hospital or from the county jail or state prison. We recognize that we are supporting people and that this takes a community, not a program. To this end, the mental health office has worked at developing connections and working relationships with community partners. This includes individuals in recovery, families, the faith based community, advocates, other governmental entities, police departments, elected officials, hospitals, providers, HealthChoices/Magellan (the County's BH-MCO), schools, and community members. Two examples of the community working together are:

The Mental Health Office was contacted by advocates in the community that a man, FB, who was living at a local hotel/rooming house, was at risk of eviction. His room smelled of urine, his physical condition was deteriorating, he was not getting treatment, etc. He was over 60 and eligible for aging services but continually rebuffed the efforts of the aging worker to assist him. He reportedly had a mental health diagnosis but there was no documentation supporting this. He did not fit neatly into any of the silos of services offered but staff in the mental health office stepped up to address his needs. The AAA office was contacted to arrange meals on wheels and a BCM took on the role of a "Pathways to Treatment" caseworker to connect FB to physical and behavioral health services. The hotel agreed not to evict FB, averting his being vulnerable and homeless and his health and behavioral needs were addressed. All insurances and benefits were obtained and he will be referred to an ongoing case manager to work with him.

The State Department of Corrections contacted the mental health office looking for assistance in arranging for services for a returning citizen. The man, LY, was maxing out on a Saturday of a Holiday weekend. He was assessed as being personal care home eligible but due to his being a Megan's Law/Adam Walsh sex offender, it was not possible to find a personal care home to accept him. Additionally, he has COPD, is on oxygen, has a script for a wheel chair, is an insulin dependent diabetic, has diabetic neuropathy, has a history of drug and alcohol abuse, and is diagnosed with major depression with psychosis. He was being discharged with his medications and a glucometer, had is MA scheduled to be active the day prior to discharge but had no nebulizer for his breathing treatments and had no money. Because of his history as an offender, he was not eligible for the Rescue Mission.

Because LY is insulin dependent, his insulin needs to be refrigerated but the room has no refrigerator. Because meals on wheels couldn't start until the following week, he had no money and couldn't walk to a soup kitchen, he had no access to food. The room also had no microwave, sheets, towels, toilet paper, etc. With the inevitability of his being released and returned to Lehigh County on the day of his max out from the SCI, the mental health office contacted community partners to assist. An ACT provider was able to work with him and meals on wheels could be arranged to start providing meals but, due to it being a holiday weekend, neither could work with him until the week after his release. A local food pantry provided food, a microwave, mini refrigerator, sheets, towels, and paper goods were donated by the faith based community and other community members and the Parish Nurses donated toiletries. The crisis office was contacted to arrange for daily visits until ACT could start working with him. The county found a room in a local hotel/rooming house and arranged for the rent to be paid. These efforts resulted in a man with significant mental health and physical problems not being homeless and at risk for serious and possibly fatal health problems.

While the Mental Health Office has a "whatever it takes" philosophy and thinks outside of the box to support people who do not neatly fit into siloes of services, the office also provides traditional services. Below are some of the other highlights of the work our office and community accomplished.

- Lehigh County worked with Sacred Heart Hospital in developing a base-funded contract for their hospital-based EAC to support consumers who are receiving services in a traditional acute care setting and are determined to be in need of extended hospitalization and who do not have Magellan/managed care funding.
- Over 2,300 unduplicated county residents received county-funded mental health services.
- Seven individuals who all resided in the State Hospital system for extended periods, six of whom were at Allentown State Hospital and then Wernersville State Hospital when Allentown closed, were moved to the community. One person had been in the State Hospital seven years, one eight years, four 13 years, and one 16 years. This was a major undertaking and is part of Lehigh County's commitment to have County residents receive supports in the community.
- The Lehigh County Mental Health Court Team is conducting all commitment hearings for individuals at Wernersville State Hospital via teleconference, allowing for one more connection with the local community.
- Due to the number of people who are homeless and as a result do not receive adequate mental health treatment, the County has started having a case manager located in a soup kitchen two days a week. This has allowed for people who would otherwise not have come to the Government Center to initiate mental health treatment to have their liabilities completed, be referred to the appropriate level of services and being able to apply online for State benefits, including Medicaid. It has also provided people with linkages in getting permanent housing.
- A tracking system has been developed to better follow inmates who have a mental illness and have been admitted to the Lehigh County Jail. The system allows for identifying people who have been incarcerated and have been involved with mental health services in the community. When there is a current service provider, they are notified of the incarceration so that they can become involved with planning in the jail and at the time of reentry.

Individuals who are not currently receiving services but are assessed for their need of treatment upon returning to the community are assessed for and referred to the appropriate treatment. People who will be returning to the community and are at risk of homelessness are identified early in order to put the necessary supports in place.

- Through a partnership with Haven House, a system has been developed to have individuals being released from the jail with only three days of medications see a nurse practitioner to have prescriptions written/samples provided pending the completion of the Initial Psychiatric Examination. By doing this, returning citizens are able to stay on their medications upon release from the jail.
- 18 police officers, representing 9 departments in the County, were trained as Crisis Intervention Team (CIT) officers
- The Fairweather Lodge is operating at full capacity and has allowed people to progress in their recovery by living independently as active members of the community.
- The SPORE Unit served 220 people with a recidivism rate for new charges of under 8%
- 24 people were diverted from going to Wernersville State Hospital by being effectively supported in the community with case management and residential supports
- County residents who are in need of inpatient hospitalization continue to be quickly returned to the community, generally within the timeframe of their commitment. As a result, the unnecessary utilization of inpatient hospital beds and the burden this places on the community system is avoided
- The Blended Case Management program (BCM) provides case management to 140 adults on an ongoing basis. The program has reduced inpatient hospitalizations and homelessness while improving community independence and quality of life. The average length in the program before being successfully connected with community supports has been reduced to an average of two years
- The Lehigh County mental health sub-committee of the County's MH/ID Committee has at least a 50% representation of people in recovery as members/participants at all meetings. The committee meets two out of three months to address County specific topics and meets the third month in conjunction with the Northampton County committee to address matters that cross over both counties.
- The Consumer Family Satisfaction Team surveys continue to be completed and are reviewed on a monthly basis at an accountability meeting and corrective action is quickly implemented to address any areas of concern
- Two trainings were held in conjunction with the County's AAA regarding staff better understanding the psychiatric issues in older adults. The first training was held jointly with Northampton County and the second was for Lehigh County providers and staff.

**b) Strengths and Needs:**

**Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:**

- **Older Adults (ages 60 and above)**
  - **Strengths:**
    - The County Mental Health and Aging offices have built a successful collaboration in addressing the needs of senior citizens who are

experiencing a mental illness. This is evidenced by the two trainings that were developed and implemented by the two offices and by the close relationship that is maintained to effectively operate the Medically Fragile Persons (MFP) program.

- Peer mentors continue to be utilized to support individuals over 60 with a mental illness, some of who are residing in skilled nursing facilities.
- On an ongoing basis, a little more than half of the people living at the two Enhanced Personal Care Homes and slightly less than 50% of the people living in the All Inclusive Residential (AIR) programs are age 60 and over.
- As was mentioned above, training on the psychiatric complications of aging was provided to staff in the mental health office as well as to staff of personal care homes and skilled nursing facilities in the county.
- Lehigh County continues to operate an effective Medically Fragile Persons (MFP) program for six individuals age 60 and above, who qualify for a skilled nursing level of care and are eligible for the aging waiver
- Peer mentors continue to be utilized to support people living in Cedarbrook, the County nursing home.
- 
- **Needs:**
  - There is a need to find personal care homes that are willing to support individuals who have a severe and persistent mental illness and that accept the Medicaid supplement.
  - Individuals with only Medicare must have more timely access to outpatient treatment
  - While the County has been successful in conducting trainings for staff in PCH's and skilled nursing facilities, there is a continued need to provide these trainings in the future.
- **Adults (ages 18 and above)**
  - **Strengths:** Lehigh County provides numerous programs to meet the needs of adults living with a significant mental illness in the county. These include:
    - Peer Support Services are available for individuals needing this service
    - Consumer Family Satisfaction Team (CFST) is an organization authorized by Lehigh County to provide consumer satisfaction services. CFST was created out of the need for a reliable method of monitoring and reporting satisfaction within the mental health system.
    - Assertive Community Treatment Teams (ACT) Lehigh County works with three ACT Teams to provide services to Lehigh County residents 18 who are diagnosed with serious and persistent mental illness. Services are targeted for those individuals who have experienced a poor outcome with more traditional outpatient services, have not been effectively served by traditional mental health services, have had frequent use of crisis services, are at risk for long term placement at a State Hospital, and those who would continue to experience hospitalization, incarceration, psychiatric emergencies, and/or homelessness without team services;

- *Psychiatric Rehabilitation Programs Individuals* requiring more intensive treatment are referred to one of two Psychiatric Rehabilitation Programs operated in Lehigh County. These programs teach skill development and provide structured activities that assist individuals in their recovery process in areas of life skills, education, vocational training, and socialization
  - Outpatient Mental Health Services Lehigh Valley Hospital Mental Health Clinic, Hispanic American Organization Counseling Services, Haven Behavioral Health, and Cedar Point Family Services all contract with Lehigh County in providing out-patient mental treatment
  - Extended Acute Care (EAC) Sacred Heart Hospital operates a hospital-based EAC to support individuals in need of extended hospitalization who were receiving services in a traditional acute care setting. The EAC promotes interdependence and affords cooperative and collaborative interactions with individuals, families, staff and community groups. Services are provided to assist individuals develop, enhance, and/ or retain emotional and behavioral well-being, physical and mental health wellness, social quality of life, and community re-integration
  - All Inclusive Residential Program (AIR) is provided by two agencies each operating residential sites for six individuals with serious mental illness and co-occurring substance abuse disorders who were discharged from a State Hospital. These programs support individuals in their recovery by equipping them for independent living in the community setting of their choice
  - CRR services. Lehigh County contracts with two providers to support a total seventy-two (72) individuals in Community Residential Rehabilitation settings
  - A Fairweather Lodge Program was developed to replace the former 8<sup>th</sup> St CRR. This program follows the model developed by Dr. George Fairweather and serves as an affordable residence for eight people who all share in running the home.
  - A Consumer run Drop-in Center that provides a stress-free atmosphere for persons 18 and older who have experienced mental health issues
  - NAMI of the Lehigh Valley provides a Family-to-Family Education Program. This is a free 12-week course for families of individuals with a mental illness that is taught by trained family members;
- **Needs:**
    - The two greatest needs are for there to be quicker access to psychiatric care and for there to be safe and affordable housing.
- **Transition-age Youth (ages 18-26)**
    - **Strengths:**
      - A transition age work group that consists of community members, mental health provider agencies, community organizations and agencies, and the faith based community was created.

- Two Certified Peer Specialists, who are in their late twenties, have been identified to work with this population
- The county has partnered with The Synergy Project and the Chew St landing to promote a Thursday night transition age drop in center
- The county actively participates with the MY LIFE program, which is made up of youth between the ages of 13 and 23 who have experience with mental health, Substance abuse, Juvenile justice, Foster care.
- Lehigh County Children's Mental Health office works with transitional age youth who have complex situations and needs and who are transitioning to the adult system. This case management service is provided by a program specialist from the Children's' Mental Health Office who works in conjunction with the Adult Mental Health Unit's CHIPPs supervisor and BSU program specialist to facilitate case consultation services, participation in Individualized Educational Plans, treatment planning meetings, and referrals to housing and ancillary resources.
- In addition to case management, psych rehab and outpatient mental health services, Lehigh County HealthChoices in conjunction with Magellan under a contract with Access Services provides the Transition to Independence Process (TIP) for young adults between 16-26 years old. TIP is an empirically supported, youth driven, model developed to work with young adults experiencing emotional and/or behavioral difficulties. TIP works to engage and support young adults in their own future planning process across five transition domains: Educational Opportunities, Living Situation, Employment and Career, Community Life Functioning, and Personal Effectiveness and Wellbeing.
- Transitional-age youth are a target population for Lehigh County's High Fidelity Wraparound initiative and have representation on the Youth System of Care Leadership Team.
- **Needs:**
  - There is a need for more independent living, and supportive housing programs for this population
- **Children (under 18). Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.**
  - **Strengths:**
    - Lehigh is a System of Care county. System of care is a national strategy developed to improve the systems and supports for children with serious emotional disturbances. Lehigh County focuses on the needs of children and youth up to age 21 who have significant emotional challenges or a behavioral health diagnosis and involvement in Child Welfare and/or Juvenile Justice. The system of care framework consists of a set of core values and principles that guides efforts to improve access, quality, and coordination of community service systems. System of care is defined as "a broad array of effective services and supports for children and adolescents with behavioral health disorders and their families that is organized into a

coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery, management, and policy levels.”

- In order to implement the System of Care initiative in 2012, Lehigh County restructured existing offices to form a new division called Integrated Services, and created a System of Care Leadership Team. The Integrated Services Unit was created to support our System of Care initiative and to increase collaboration on multi-system involved cases. The Integrated Services Unit includes Information & Referral, Children’s Mental Health, CASSP, and Crisis Intervention. The Integrated Services Unit supports all DHS offices and probation with mental health case consultation, coordination, and support for individuals involved in multiple systems. The Leadership Team guides System of Care planning, implementation, and insures youth and family voice in the process. The team consists of Youth and Family Partners and leaders from all human service offices, juvenile justice, representatives from school districts, and mental health service providers.
- Youth Cross System Team is made up of management level representatives from all DHS offices and Juvenile Probation. The team has met on a weekly basis for over 4 years to review complex multi-system cases, facilitate coordination between offices, reduce duplication of effort, enhance continuity of care, and maximize fiscal and staff resources. The process is supported by a caseworker who ensures coordination, makes referrals, conducts outreach, and provides advocacy on behalf of consumers. The Youth Cross System team review process has assisted in utilization of community and natural supports, worked to prevent out of home placements, prevent homelessness, divert youth from adjudication, and to refer cases to youth and family driven planning processes such as High Fidelity Wraparound, CASSP, Family Group Conferencing, Family Finding, Transition to Independence Process (TIP) and other community based interventions.
- One of the key components of our System of Care is provision of High Fidelity Wraparound (HFW) services to children & youth with mental health issues between the ages of 8 – 21 years old. The age range for this service was expanded in 2013 to include younger children. Lehigh County has funded HFW through HealthChoices reinvestment since 2009. We continue to promote this program in the community and recommend it for children involved in Children & Youth and/or Juvenile Probation. The Lehigh County HFW program fidelity scores are above the national mean and are the highest in Pennsylvania. Our consumer satisfaction mean score at transition is 88.9% which is above the national mean of 80%. We have also had very positive outcomes for youth: 93% have not had a new placement in an institution, 91.5% have not been treated in an emergency room due to a mental health condition, and 97.2% have not been suspended or expelled from school.

- Another resource of the Integrated Services Unit is CASSP Coordination services. Any child recommended for out-of-home mental health treatment is required to have a CASSP Meeting to ensure that all possible community services have been considered prior to submission of authorization request. CASSP coordination is also available to all children within the county struggling with mental health, behavioral, or development challenges. The CASSP Coordinator participates in meetings to determine the effectiveness of current services as well as to identify gaps and limitations within children's system. The coordinator also works with youth and families to identify natural supports and community resources. Over the past year, we've had an increase in CASSP referrals, in the complexity of cases referred, and in time spent per family. Some of the most common themes have been identifying services/supports and increasing system collaboration for children with Autism Spectrum Disorder, truancy, and housing issues for transitional age youth.
- Lehigh County sponsored a Youth Mental Health First Aid (YMHFA) instructor training for 28 people including representatives from 5 school districts, our Intermediate Unit, county Mental Health, Juvenile Probation and community agencies. Since our instructor training, approximately 700 people have completed the class. This includes parents, teachers, faith communities, school resource and security officers, principals, counselors, probation officers, Children & Youth caseworkers, and more. Our goals for YMHFA is to increase awareness of mental health issues, decrease stigma, increase early intervention and connection to treatment, and to increase the number of adults who can effectively support youth in crisis and non-crisis situations. We also partnered with the local chapters of National Alliance on Mental Health (NAMI) and the American Foundation for Suicide Prevention (AFSP) to bring Kevin Hines to the Lehigh Valley. Mr. Hines is an award-winning global speaker and author on suicide prevention and mental health. The presentation was held at a local high school and was attended by over 600 people and youth from 26 schools.
- Student Assistance Programs (SAP) are active in all middle and high schools and are supported by a liaison from a community provider. Information about our SAP program is also in the D&A section. Lehigh County sponsored SAP training for school staff at the elementary level. While all middle and high schools in the county have active SAP teams, there were far fewer teams at the elementary level. By building up SAP teams at the elementary level, we believe there will be more opportunities for early identification and referral for services. We also sponsored a training for elementary SAP team members on trauma, brain development, and mindfulness. On June 29<sup>th</sup> and July 11 of 2016, we are sponsoring a Trauma Sensitive Schools training for all county school districts. This training is a train-the-trainer model giving participants the tools to share the information with their school community.
- Lehigh County offers two options of in-home respite services for children ages 3 through 18 (18 through 21 if still in school). One option is provided through a contracted agency that coordinates the service and provides

respite care staff and the other option is Family Driven. In the Family Driven option, the family chooses the caretakers and manages the schedule. In-home respite provides specialized childcare for children who have been identified with a DSM diagnosis, including the Autism Spectrum Disorder, and/or pending or receiving behavioral health services. In-home respite works in conjunction with the child's behavioral health therapy. The objective is to provide respite in the family's home in order to maintain stability for the family, identified child or children, and to prevent the need for a temporary out-of-home placement.

▪ **Needs:**

- Continue to Increase community awareness of mental health issues and resources. There is a need for more child psychiatrists to meet the current need.
- While much work has been done to engage the transition age population, few individuals in this age group have chosen to participate in the programs that were developed. Work needs to be done to determine what the barriers are to effectively serving these young adults.

**Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.**

• **Individuals transitioning out of state hospitals**

**Strengths:**

- Lehigh County identified seven individuals who were residents of the state hospital system for extended periods of time and supported them in returning to the community.
- Lehigh County is prepared and looking forward to the opportunity to support additional individuals with a long tenure in the state hospital system in returning to the community when CHIPP funding is again available. In the meantime, the County will continue to work on discharging people to the community in existing programs and through the utilization of previous CHIPP project funds.
- Lehigh County's state hospital liaison focuses on individuals who have been in Wernersville State Hospital (WeSH) longer than two consecutive years and coordinates with county housing and community staff to ensure these individuals experience a successful transition into the community. Lehigh County has an effective CSP process to ensure individuals receive the most appropriate supports when they return to the community.
- As part of the diversion process, the CHIPP Coordinator works with community resources, in particular the EAC and ACT services, to divert people from going to WeSH. Not only has this been successful in keeping people out of a state hospital and Lehigh County under their bed cap at WeSH, it has also resulted in individuals having stays in community hospitals of thirty days or less.

**Needs:**

- Lehigh County has identified an individual with a significant reputation who has lived in the state hospital system for over twenty years. The seriousness of his background has prevented the County from locating an appropriate community placement for him. Additionally, there will be no CHIPP funding this year, which may add to the challenge of supporting him in the community. The county needs to be creative in working with this man in securing a discharge into the community.

- **Co-occurring Mental Health/Substance Abuse**

- **Strengths:**

- The Weil Street CRR serves eight people with a focus of working with people who have co-occurring disorders. As part of the treatment in the home, support groups (AA and NA) that are led by the individuals living in the home are held on a weekly basis.
- The Lehigh County Mental Health office and the county D&A office have established a close working relationship to address the needs of people experiencing co-occurring issues.
- Outpatient providers in the community have been identified that specialize in working with people experiencing a co-occurring disorder.
- The PATH program provides case management, screening, and referral to individuals with mental illness and/or substance abuse disorders who are homeless or in danger of becoming homeless.

- **Needs:**

- More residential treatment opportunities for people with a mental health diagnosis and drug and alcohol dependence disorder are needed.

- **Justice-involved individuals**

- **Strengths:**

- The County's MH/ID/EI&D&A administrator participates on the County's Criminal Justice Advisory Board (CJAB).
- The mental health office participates on the CJAB subcommittee on Mental Illness and Substance Abuse (MISA)(Mental Illness Substance Abuse) continues to meet weekly to identify defendants with a significant mental health diagnosis to divert them from prison and or to secure their release into treatment programs when appropriate.
- S.P.O.R.E-Special Program for Offenders in Rehabilitation and Education provides services for offenders with a mental illness. Probation officers and mental health workers jointly supervise clients. A psychiatrist and psychologist are available for consultation and evaluations.

- **Needs:**

- Safe and affordable housing is needed for individuals who are justice involved.

- **Veterans:**

- **Strengths:**

- Lehigh County's Veteran Mentor's Program is a mentoring program where veterans are recruited to help other veterans who are in the criminal justice system. The mentors have the unique ability to understand the trauma of deployment and re-entry into the community. The team of county and VA staff meet weekly to review the status of the program participants and to ensure they are connected to appropriate community services.
- The County's Director of Veteran's Affairs has worked with local, State and national representatives of the Veterans' Administration to reduce and almost eliminate homeless for Veterans in the County.

**Needs:**

- Continued facilitation of effective communication between VA treatment providers and the county MH system is needed.

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

**Strengths:**

- Lehigh County has worked at meeting with various groups representing the LGBT community and makes information pertaining to general mental health services as well. This includes participating in the Lehigh County Pride in the Park and the William Allen High School Gay Straight Alliance meetings.

**Needs:**

- Flyers and brochures specific to the mental health needs of the LGBT community would be beneficial.
- Training for staff on working with people who identify as transgender and/or queer

• **Racial/Ethnic/Linguistic minorities**

**Strengths:**

- Lehigh County has bi-lingual staff (Spanish/English) available in all of our units within the mental health office and a language line that is available to support individuals who are limited or non-English speaking. A diversity training is also being mandated for all staff.

**Needs:**

- With over one hundred Syrian refugees being relocated to Lehigh County, staff would benefit from cultural sensitivity training related to being of Syrian descent and being of the Muslim faith.

• **Other, if any (please specify)**

**Strengths:**

**Needs:**

c) **Recovery-Oriented Systems Transformation:**

**Based on the strengths and needs reported above, identify the top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017. For each transformation priority, provide:**

- **A brief narrative description of the priority**
- **A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.**
- **Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).**
- **A plan/mechanism for tracking implementation of priorities.**

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

As was the case last year, the greatest need continues to be for safe, appropriate and affordable housing that is permanent. Through the work that was done as part of last year's plan, the County has identified a program, Lazarus House, that presently is designed to support people who are forensically involved and may or may not have a mental illness. In discussions with the Lehigh Conference of Churches, the provider of the service, it is believed the program can be duplicated to work with people with a mental illness and no forensic involvement.

Additionally, staff from the mental health office continue to be active participants on the Allentown/Lehigh County commission to end chronic homelessness, the RHAB, County homeless planning committee, and homeless sheltering committee.

The County has been looking at the work other counties are doing to solve the problem of homelessness for people living with a mental illness. In particular, the work of Your Way Home in Montgomery County is being reviewed and evaluated to determine which elements of the program can be successfully duplicated in Lehigh County.

**The measurement of outcomes** is based on data collected from the Point In Time (PIT) Counts as well as data collected at the winter warming station.

**A time line to accomplish the transformation priorities** Addressing homelessness will be a goal for many years. Our initial goal will be to see a reduction in the number of people who are identified in the PIT count who self-disclose as having a mental illness as well as those using the winter warming station. Additionally, we have a goal of not having anyone who used the winter warming station in 2015 use it again in 2016.

**Information on the fiscal and other resources needed to implement the priorities** -The effective eradication of homelessness among people living with a severe and persistent mental illness is dependent on a partnership between city/municipal government, county government, philanthropic organizations, local hospitals, faith-based communities, and community members and businesses. The operation of the warming station alone is around \$160,000 per year, and this is simply a safe place for people to go in the cold and does not address permanent housing.

**A plan/mechanism for tracking implementation of priorities** - The homeless outreach caseworker will tabulate the data from the PIT count as well as working with the Conference of Churches in reviewing the lists who utilize the warming station during the 16-17 FY.

## **2. Expand Forensic Services/ Collaboration with Criminal Justice**

Dr. Patty Griffin, from SAMHSA's Gains Center for Behavioral Health and Justice Transformation, worked with a cross section of County staff in developing a local map using the Sequential Intercept Model. As a result of this process, it was determined that work needs to be done to better **track** and **support** individuals who are incarcerated and have a mental illness. We will be measuring how many people return to the community from the jail with housing and treatment in place. The County mental health system is working in conjunction with Magellan to provide forensic peer services for people returning to the community. We both recognize that the key times of engagement are three days pre-release and three hours post-release. In order to accomplish this, peers must start engaging individuals when they are incarcerated and must be available when they are released.

**Timeline to Accomplish the Transformation Priorities and related Activities** - While the tracking form has been developed, it needs to be fully implemented in conjunction with the County Jail. The initial implementation will be completed by September 1, 2016. It will then be reviewed and used as a tool to assess the needs of inmates with a mental illness at monthly reentry planning meetings. Mental Health and Jail staff will be able to recommend changes to the form to improve its usefulness to ensure it adequately addresses the planning needs of the individuals. Magellan funded individuals will be able to be supported starting at the end of July or early August 2016. The County has been in discussions with the forensic peer provider, Peerstar, and is hoping to have a contract in place by September 1, 2016.

**Fiscal and other Resources Needed to Address the Goals and Sources of Funding** - Because this is an internal tool, there will not be any costs associated with its implementation and utilization. The County mental health system will be using base dollars to pay for peer support while people are incarcerated and will pay for the initial period of post-release until the person's Magellan becomes active. Magellan funds will be used to pay the ongoing costs associated with forensic peer services.

**Quality Management Plan for Tracking Implementation/Outcomes** - Magellan, Peerstar and the County MH Office will be assessing individuals entering the program based on the criteria established in the Wisconsin Department of Corrections Assessment of Client Risk. His assessment will then be used after six months and again annually to determine the individual's success in living successfully in the community.

### **3. Improvement of services and supports for Lesbian/ Gay/ Bisexual/ Transgender/ Questioning/Intersex (LGBTQI) consumers**

The needs that were identified related to the work the mental health office does for individuals who are part of the LGBTQI community is

#### **Needs:**

- Flyers and brochures specific to the mental health needs of the LGBT community would be beneficial.
- Training for staff on working with people who identify as transgender and/or queer

To address these needs, the mental health office will expand its knowledge of and referral information available for LGBT-friendly professional service services or providers in the Lehigh County area.

**Specifically, staff will participate in a cultural & linguistic competency training.** That is designed to meet the specific needs of the organization and will include the following information:

- Review definitions, language and symbols important to the LGBT community
- Understanding current legal context for LGBT Americans / LGBT Pennsylvanians
- Discussion of usage of pronouns and language with regard to same-sex couples, LGBT families and Transgender individuals
- Understanding privilege and minority stress
- Discussion of best practices for diversity and inclusion

Referral forms will be reviewed to ensure they have LGBTQI friendly language that shows acceptance of all people. Waiting areas and meeting rooms that are open to the public will contain LGBTQI welcoming materials.

#### **The measurement of outcomes**

1. Staff training will be measured by having all staff complete the training by June 30, 2016
2. All brochures and meeting areas will be reviewed by members of the CFST to ensure they meet the expected goal of inclusion.

#### **A time line to accomplish the transformation priorities**

Both goals will be completed by June 30, 2017

**Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).**

Training and brochures, referral material and forms will be implemented out of existing budgets

#### **A plan/mechanism for tracking implementation of priorities**

The QA case manager will review the implementation of the goal and will make quarterly reports on the progress.

#### **4. Improve staff's understanding of and ability to effectively support Racial/Ethnic/Linguistic minorities**

The need that was identified for working with Racial/Ethnic/Linguistic minorities

- With over one hundred Syrian refugees being relocated to Lehigh County, staff would benefit from cultural sensitivity training related to being of Syrian descent and being of the Muslim faith.

- To address this need, all staff in the mental health office will be trained in cultural competency through a training entitled, “This is your Brain on Diversity”. The desired outcomes/goals are:

Goals:

- Participants will value the importance of a strongly affirming multicultural environment to achieve the department’s mission statement
- Participants will value the importance of multicultural competency to achieve one’s personal and professional goals
- Participants will value the importance of accuracy over political correctness
- Participants will gain awareness into the nature of bias as a universal, human experience and practices to reduce it

Outcomes:

- Participants will be able to define multicultural competence
- Participants will be able to differentiate between a hostile, welcoming, and affirming environment
- Participants will be able to identify at least one area of personal bias towards a specific group

### **The measurement of outcomes**

A pre-test and posttest will be utilized

### **A time line to accomplish the transformation priorities**

All staff will be trained by June 30, 2017

**Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).**

The training will be paid for out of the existing training budget for the department

### **A plan/mechanism for tracking implementation of priorities**

All staff will participate in the class and the pretest and posttest will be evaluated to determine areas that still need to be addressed.

## **5. Support and Individual to transition out of state hospital without CHIPP Funding**

Lehigh County’s primary focus during the coming fiscal year is to support an individual with a significant reputation who has lived in the state hospital system for over twenty years. The seriousness of his background has prevented the County from locating an appropriate community placement for him. Additionally, there will be no CHIPP funding this year, which may add to the challenge of supporting him in the community. The county needs to be creative in working with this man in securing a discharge into the community.

### **The measurement of outcomes**

Having this individual successfully transition to the community

**A time line to accomplish the transformation priorities**

June 30, 2017

**Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).**

The county is looking to use our current base (block grant) allocation to support this individual's room and board needs and will be looking to use HealthChoices/Magellan funds to cover treatments costs associated with the community placement.

**A plan/mechanism for tracking implementation of priorities**

The County's state hospital liaison will make regular, at least monthly, reports on the progress that is being made in securing an appropriate community placement for this individual.

**Evidence Based Practices Survey:**

Evidence-Based Practices	Is the service available in the County/ Joinder? Y/N	Number served in the County/ Joinder? (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, County, MCO, or State)	How Often is fidelity measured	Is SAMHSA EBP toolkit used as an implementation Guide? (Y/N)	Is staff specifically trained to implement the EBP (Y/N)
Assertive Community Treatment Team	Yes	160	TMACT and PA Bulletin	agency, County, MCO, and State	Every 6 month to 1 year	Yes	Yes
Supportive Housing	Yes	100	TMACT	Agency and County	Every 6 month to 1 year	Yes	Yes
Supported Employment	Yes	170	ICCD/ TMACT	ICCD	ICCD-1-3 years ACT-	Yes	Yes

DHS Bulletin 2016-1  
County Human Services Plan Guidelines

					Every 6 months to 1 year		
Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)	Yes	160	TMACT	agency, County, MCO, and State	Every 6 month to 1 year	Yes	Yes
Illness Management/ Recovery	Yes	160	TMACT/ Illness Management and Recovery Fidelity Scale	agency, County, MCO, and State	Ongoing	Yes	Yes
Medication Management (MedTEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A
Therapeutic Foster Care	Yes	30	Licensing, QI surveys	agency, MCO, and State	Annual	No	Yes
Multisystemic Therapy	Yes	40	Licensing, QI surveys	agency, MCO, and State	Annual	No	Yes
Functional Family Therapy	Yes	30	Licensing, QI surveys	agency, MCO, and State	Annual	No	Yes
Family Psych-Education	No	N/A	N/A	N/A	N/A	N/A	N/A

**RECOVERY-ORIENTED/PROMISING PRACTICES SURVEY**

Recovery Oriented and Promising Practices	Service Provide (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	300	
Family Satisfaction Team	Yes	20% of members randomly	
Compeer	Yes	15	
Fairweather Lodge	Yes	8	
MA Funded Certified Peer Specialists	Yes	20	
Other Funded Certified Peer Specialists	Yes	18	The County base funds individuals who are a CPS but choose to work as mentors
Dialectical Behavioral Therapy	Yes	120	
Mobile Services/In Home Meds	No	N/A	
Wellness Recovery Action Plan (WRAP)	Yes	200	
Shared Decision Making	No	N/A	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	200	
Self-Directed Care	No	N/A	
Supported Education	No	N/A	
Treatment of Depression in Older Adults	No	N/A	

Consumer Operated Services	Yes	60	Goodwill Drop In Center
Parent Child Interaction Therapy	No	N/A	
Sanctuary	Yes	200	
Trauma Focused Cognitive Behavioral Therapy	Yes	150	
Eye Movement Desensitization And Reprocessing (EMDR)	No	N/A	
Other (Specify)			

**INTELLECTUAL DISABILITY SERVICES**

**ODP in partnership with the county programs is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' team.**

**This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.**

**Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.**

***\*Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.***

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17</i>	<i>Percent of total Individuals Served</i>
<i>Supported Employment</i>	30	2.14%	35	2.50%
<i>Pre-Vocational</i>	15	1.07%	12	0.85%
<i>Adult Training Facility</i>	0	0.00%	0	0.00%

<i>Base Funded Supports Coordination</i>	350	25.00%	370	26.42%
<i>Residential (6400)/unlicensed</i>	5	0.35%	4	0.28%
<i>Life sharing (6500)/unlicensed</i>	15	1.07%	17	1.21%
<i>PDS/AWC</i>	0	0.00%	0	0.00%
<i>PDS/VF</i>	0	0.00%	0	0.00%
<i>Family Driven Family Support Services</i>	345	24.64%	370	26.42%

**Supported Employment:**

Intellectual Disabilities is involved in many activities that promote and develop community employment opportunities for individuals with intellectual disabilities. All of the funding available through the employment pilot has been allocated for the current fiscal year, resulting in employment for ten young adults. ID actively participates in the employment coalition with school districts, IU staff, SCOs, providers, advocates, and ODP. The coalition develops strategic plans in order to meet program objectives, which include enhancing opportunities for the individuals in the pilot and developing opportunities for students who will be graduating. The employment coalition will be offering a series of educational seminars for individuals and families around employment and related topics. In addition, the employment coalition is also working on outreach and education of local employers in regards to the benefits of employing individuals with an intellectual disability. Funding has been identified to continue employment supports for those in the pilot program.

County ID sits on the Advisory Board to Project Search, which is a program funded by school districts that matches student interns with employees at St. Luke’s Hospital, Bethlehem and Good Shepherd, Allentown. Typically, these interns are scheduled to graduate at the end of the school year; the goal of Project Search is to give these young adults employment experience, as well as job placement prior to the end of the school year. This year there are 16 interns who graduated in 2016. ID will continue to work with Project Search and the interns in an effort to continue their employment beyond the end of the school year.

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

There are 27 individuals who graduated high school in June 2016 that are in need of supports in order to participate in day activities.

**Supports Coordination:**

Supports Coordination is provided by Service Access and Management Inc. and Quality Progressions. Supports Coordinators locate, coordinate, and monitor services. As part of the ISP planning process, Supports Coordinators engage individuals and their families in conversation regarding the natural supports available to the individual. This information is then

included within the appropriate sections of the ISP, as well as documented as being discussed on the ISP signature page, which the county reviews during the ISP annual review approval process.

The county assists both Supports Coordination organizations with effectively planning for individuals on the waiting list by holding bi-weekly meetings in which consumer issues and funding priorities are discussed and problem solved as a team. In addition, the county has a PUNS point person that is responsible for tracking which individuals are currently in the emergency category of the waiting list.

Both Supports Coordination Organizations are also assisted by the county to develop ISPs that maximize community integration and Community Integrated Employment. During the ISP planning process, Supports Coordinators discuss the individuals desired activities, including community based activities, and SIS assessment which are then used to develop outcomes. The outcomes are based on the individual's preferences, including those related to community involvement. The county then reviews information related to community integration in the ISP and applicable sections of the SIS assessment, to ensure that desired community integration activities and needs based around those activities are being included in the ISP. During this process, the county is also ensuring appropriate services are in place to assist with outcomes and community integration based on the individual's preferences.

In order to develop ISPs that maximize Community Integrated Employment, ID has provided both Supports Coordination Organizations with the ODP "Pathway to Employment Guidance of Conversations" which contains questions to be discussed with the individual and their support team during ISP annual review meetings. This document helps guide conversations on community integrated employment based upon the individual's current employment pathway. Information obtained during these conversations is then included throughout the applicable sections of the ISP. Documentation that community integrated employment has been discussed is verified on the ISP signature page, which the county reviews during the ISP annual review approval process.

### **Lifesharing Options:**

The county continues to support the growth of Lifesharing as an option through the following actions. ID serves on the Lifesharing Coalition Committee which meets quarterly. Networking amongst providers is one aspect of this valuable committee which brainstorms barriers with Lifesharing for families, providers and participants. ID also ensures that Lifesharing is offered at every individuals' Individual Support Plan meeting and requires this as part of the ISP review process, whether the individual is a Waiver participant or not. ID does not preclude Lifesharing as a residential option if the individual does not have a Waiver. Currently, the county has nine individuals in the Lifesharing program that receive Base funds.

Some of the barriers to the growth of Lifesharing in Lehigh County has been a limited number of Lifesharing providers that are interested in individuals with challenging behaviors or limited daily living skills; difficulties in the licensing process/application process/paperwork in general; as well as some misconceptions about lifesharing amongst providers, families, and Supports Coordination Organizations.

Despite attempts to overcome barriers to expanding Lifesharing, ID has had limited success in this area. ID will host a Lifesharing event to promote expansion of our Lifesharing programs by increasing awareness of individuals and their families. ODP could be of assistance to the county in expanding Lifesharing as an option by offering additional training to Supports Coordination Organizations on Lifesharing; providing additional promotional items to give to perspective Lifesharing Providers, as well as brochures for consumers and their families; by streamlining the application process and the enrollment process in Promise; and increasing publicity in regards to Lifesharing.

### **Cross Systems Communications and Training:**

In order to increase the capacity of our community providers to more fully support individuals with multiple needs, the county utilized reinvestment dollars to assist in the creation of a Dual Diagnosis Treatment Team (DDTT) model to support individuals with severe and persistent mental health concerns that also have an intellectual disability. DDTT partners with community providers to more fully support these individuals which have been more difficult for providers to serve. Our community providers are also more willing to serve more challenging individuals when DDTT services are in place.

The county continues to support and collaborate with local school districts in order to engage individuals and families at an early age. ID continues to be available to provide in-service opportunities to local school districts/IUs regarding eligibility for services. School social workers and teachers will continue to be encouraged to refer individuals who may be eligible for ID services and supports. ID will encourage school staff to contact the county ID office regarding eligibility/service questions and will be encouraged to invite families to contact the ID eligibility specialist with questions. ID will continue to attend district “meet and greets” with families, as invited. Over the past year, ID has participated in a meet and greet at Parkland High School, In-service with CLIU Social Workers to review eligibility/documentation requirements and “what’s in it” for individuals/families (especially those who are pre-transition age), Joint In-service w/ OVR with CLIU Enhanced Autism staff to discuss preparing students with ID/ASD for transition, and regular phone contact with school staff to accept referrals, discuss the referral process, and inviting them to have the family contact the ID eligibility specialist.

Intellectual Disabilities is a member and the County’s Youth Cross System Team. This team meets weekly to discuss individual who are involved with more than one county human service office including; Children and Youth, Area Agency on Aging, and Mental Health. Through these meetings, individual offices become very familiar with structure and workings of other county offices which enables the various offices to provide individuals and families with the information that they need to access needed community resources, as well as formalized services and supports through ODP.

ID regularly interacts with the mental health office in order to efficiently serve dually diagnosed individuals. This interaction has a benefit as there have been no admission of and ID registered individual to a state center or state hospital in several years.

ID is also involved in Lehigh and Northampton Counties LINK and LINK advisory board to further collaborate with the Area Agency on Aging and various provider agencies. The LINK offers various trainings and presentations about community resources. ID partnered with

Northampton County Developmental Programs and presented on ID services at a LINK meeting to provide provider agencies and individuals with information on how to access ID services and supports.

Additionally, ID is also a member of the Aging and Intellectual Disabilities committee which organizes an annual conference on Aging with an Intellectual Disability. This year, the conference was held on June 8, 2016 at DeSales University with various presentations ranging from medication safety to end of life decision making.

### **Emergency Supports:**

When an emergent situation arises, regardless of the availability of county funding or waiver capacity, individuals are supported within the community. Supports Coordination organizations are responsible for communicating any emergencies situations that occur to the county. The county and the Supports Coordination Organizations then work within a team approach to determine effective strategies and available community, base, and/or waiver services available that would be most effective in ensuring and maintaining the individual's health and safety. The office uses an on-call service system for after hour calls and a staff member is reachable around the clock to address emergencies. On-call services are available to the individual, families, service providers, and Supports Coordination Organizations so that the county can assist to best support the individuals involved in the emergency situation.

Waiver capacity (and funding) is utilized if at all possible to address an emergency. In the event that waiver funds are not available, base funds are utilized to address the emergency situation and maintain the health and safety of the individuals involved in the emergency. The county does not currently reserve any base of block grant funds to meet emergency needs. To date there has been sufficient base funds available to address emergencies that have occurred at a time when waiver capacity is not present.

### **Administrative Funding:**

ID staff recently attended a Person Centered Thinking training in Scranton. The information and resources obtained in the training was then shared with both Supports Coordination Organizations at one of the bi-weekly AE/SCO meetings. ID encouraged both SCOs the use of the available tools and resources within the ISP planning process.

ID plans to utilize the trainers at a local Supports Coalition meeting to train providers on Person Centered Thinking. Additionally, providers will be encouraged to invite trainers to their programs for educational opportunities for provider staff, individuals, and their families.

ID partners with and will continue to partner with, the ARC of Lehigh and Northampton Counties, the ARCH (Autism Resource Community Hub), Advocacy Alliance, and convenes the ID Committee in order to provide discovery, navigation, connecting, and networking for individuals and families. The ARC of Lehigh and Northampton Counties offers various educational and networking opportunities to families. They also compile a monthly newsletter which contains information about other area events and opportunities which is mailed to individuals, families, providers, SCOs, the county, and any other interested parties. The ARCH provides resources specific to Autism. The ARCH has a resource room which is open to the public, as well as trainings offered to professionals and families. Additionally, there are support groups, recreational and social opportunities throughout the year. Advocacy Alliance also offers a wide array of training opportunities to professionals, families, and individuals. Additionally, the

Advocacy Alliance has the HCQU which is another resource to monitor the overall health status, including behavioral health needs. The HCQU assists with integrating community health care resources with state and regional quality improvement structures and processes. The county's ID Committee, which is comprised of and open to county ID staff, individuals, family members of those receiving services, providers, and Supports Coordination Organizations, meets on a monthly basis as a forum to provide information, education, connecting, and networking. Supports Coordination Organizations are encouraged by the county to provide individuals, families, and providers with information regarding the aforementioned available resources. ODP could provide support to the county to accomplish these activities by attending some of the local events and by being available to answer questions and provide input and additional resources for discovery, navigation, connecting, and networking.

ID engaged with the HCQU to improve quality life for the individuals in our community by meeting quarterly with HCQU as part of the Positive Practices Committee. At this time, topics discussed are then reviewed and distributed to our Supports Coordination Organizations. ID encourages the Supports Coordination Organizations to utilize the trainings offered by the HCQU for their staff. Over this past fiscal year Lehigh County providers and Supports Coordination Organization employees completed 271 classroom trainings held by the HCQU which resulted in 2534 staff trained in various topics related to the general health and safety of the individuals served in Lehigh County. There was also a significant increase in Lehigh County providers using Telepsychiatric Consultations provided by the HCQU.

ID will work closely with the local Independent Monitoring for Quality (IM4Q) Program, facilitated by the Advocacy Alliance, to improve the quality of life for individuals supported through Lehigh County. The Alliance and ID will work closely on the IM4Q Program because we believe IM4Q enables us to promote Everyday Lives for individuals who have intellectual disabilities. We are invested in the belief that independent monitoring is an important component in the quality management framework within the intellectual disability services system, which maximizes trust, collaboration, and accountability within the system, promotes continuous quality improvement and furthers the adoption of positive practices. We believe that, with collaboration with the Alliance's IM4Q Program, we can contribute to the overall continuous quality improvement of the intellectual disabilities system. The Alliance and ID are dedicated to the belief that persons who have developmental disabilities and their families should direct policies and procedures that promote choice and control over decisions that affect their lives and that the IM4Q program can make this vision of an Everyday Life attainable for all persons who have developmental disabilities.

By reaching out to individuals and their families through the IM4Q Program, the Alliance and ID will be able to encourage and show support for self-determination, which is the basis for individuals who have intellectual disabilities in achieving an Everyday Life. We are proud that the wide range of services and programs we provide are deeply rooted in self-advocacy, self-empowerment and self-determination and believe that individuals who have intellectual disabilities, their families, and providers of services must support the practice that individuals have the right to determine the course of their own lives. The Alliance and ID support and encourage choice, relationships building, contributing to the community, self-responsibility, the power to make decisions, being treated with dignity and respect, quality and appropriate cost of

care, and developing positive attitudes throughout the entire intellectual disabilities service system.

The Alliance's IM4Q Program utilizes the existing Essential Data Elements (EDE) monitoring tool and has the capability to add any questions as requested by ID. The Alliance also has an established Closing the Loop system that promotes timely action and follow-up in addressing all considerations developed through the IM4Q survey process. Additionally, the Alliance has established IM4Q roles in the Home and Community Services Information System (HCSIS), the Online Data Entry Survey Application (ODESA), and interfaces with ODESA for EDE data inputting on a daily basis. In addition to ODESA, the Alliance has internal survey software (SNAP) that enables them to provide real-time quantitative and qualitative information of IM4Q survey information as requested by ID. The Alliance also generates annual individual IM4Q Reports after the completion of the annual survey process or as requested by ID in an ongoing and timely effort to promote change. The Alliance's IM4Q Program also works closely with the ID Committee to provide monthly reports on data for specific questions in the IM4Q survey so that the ID Committee can review and incorporate that data into the Quality Management Plan and measure progress on a regular basis. Finally, the IM4Q is an integral component of the Lehigh County Quality Council and regularly attends Quality Council meetings to act as a resource to the Council. ODP can partner with the county to provide the county with data from other counties and regions within the state so that data can be utilized for comparison purposes. This would enable the county to see which areas require the most improvement and could then be addressed through the county's Quality Management Plan.

The county will continue to support local providers to increase competency and capacity to support individuals who present with higher levels of need. Currently, the county encourages providers to engage the county in the team planning process when they are having difficulty in serving individuals with higher levels of need. The county has also encouraged the use of available resources including HCQU trainings for staff and individuals, completion of Health Risk Profiles, the use of ODP's rapid response team, involvement in Positive Practices, as well as involvement in the Supports Coalition and LINK. ODP can assist with the county's efforts by offering additional supports to the county and by participating in the team planning process for particularly complex cases.

The county takes several Risk Management approaches in order to ensure a high-quality of life for all individuals. ID meets as part of the individual's support team for several complex cases. ID utilizes both internal and external resources such as DDTT, Youth Cross-Systems team, ODP's Risk Manager, ODP's Positive Practices Clinical Director, Advocacy Alliance and the HCQU for assistance in these complex cases to ensure that plans are created to mitigate risks while keeping the individual safe and healthy. ID works to ensure that all individuals live in an environment that is integrated into the community so that these individuals are able to interact with people do not have disabilities and they can live an everyday life. ID reaches out to other counties and regions for collaboration of ideas and has begun to utilize the Rapid Response team for planning purposes.

The county interacts with individuals, families, providers, advocates, and the community at large in relation to risk management activities. The county's ID Incident Management liaison works closely with the Advocacy Alliance to ensure that incidents are entered in a timely manner and

that the consumer's health and safety needs are immediately and adequately addressed. ID Incident Management liaison reviews all incidents and tracks incidents of Abuse, Neglect and Exploitation and provider corrective action plans to ensure that the providers take a pro-active role in decreasing the likelihood of these types of incidents from reoccurring. In addition, ID addresses Risk management in its Quality Management Plan focusing on decreasing reducing the number of Individual to Individual Abuse for repeat targets and reducing the number of participants receiving 1:1 supports in the day program setting. ID has representation on the following committees which enables interactions with individuals, families, providers, advocates and the community at large in relation to risk management activities: Lehigh County ID Committee, Risk Management, Positive Practices, Youth Cross Systems team, DDTT/ACT advisory board, Team MISA. ODP can assist the county by continuing to provide trainings for AE, SCO and possibly extending trainings to family members and providers.

ID will utilize the county housing coordinator for people with an intellectual disability when the team has determined that the individual does not require the level of support provided in a Community Living Arrangement or Lifesharing home and is at risk of becoming homeless. The county housing coordinator can then work in conjunction with the individual and their support team to connect to various housing assistance programs. Additionally, ID will work with the individual and their support team to ensure that appropriate services and supports are in place to help ensure the individual's new living situation is successful.

The county has been engaging providers of service in the development of an Emergency Preparedness Plan through the Provider Monitoring process. Providers are required to participate in ODP's Provider Monitoring Process for an onsite review every other year. During this process, county staff reviews provider policies and procedures. The current Provider Monitoring cycle requires ID staff to review provider Emergency Disaster Response/Emergency Preparedness plans to ensure that one is in place and addresses the individual's safety and protection, communications and/or operational procedures. If providers' Emergency Disaster Response/Emergency Preparedness plans are found to be non-compliant, the issues are discussed with the provider and included in a Corrective Action Plan.

Additionally, the county participated in a LINK training with area aging and ID providers regarding Emergency Preparedness planning. The training included information on developing an Emergency Preparedness Plan, as well as national, state, and local resources for Emergency Preparedness planning. This training was advertised through the LINK website and group emails to encourage provider participation.

**Participant Directed Services (PDS):**

The county promotes and will continue to promote PDS services by ensuring that the Supports Coordination Organizations discuss and provide information on PDS services to individuals and their families during the ISP planning process. The county reviews the ISP checklist during the ISP approval process to ensure that it is properly documented that these discussions have taken place. Additionally, the county provides and will continue to provide individualized technical assistance to individuals and families interested in PDS services, as requested. PDS services are also promoted at Meet and Greet events through informational materials. The county would also like to collaborate with Northampton County Developmental Programs and

The ARC AWC for an informational night on PDS which would be open to individuals and their families.

For both AWC and VF/EA services, there are various barriers and challenges to increasing both forms of PDS services. One of those barriers is locating employees to provide services to the individuals or identifying a managing employer/Common Law Employer when the natural supports in the individual's life would be better suited as employees. There are also some challenges surrounding employer-related functions, such as paperwork, recruiting and hiring of staff, etc. Supports Broker services are available to assist with these types of challenges but, it is also very difficult to find a supports broker in our area.

The county will support the provision of training to individuals and their families by providing individualized technical assistance, encouragement to utilize Supports Broker services to assist with potential employer-related challenges, and encouragement to utilize the Advocacy Alliance for trainings for staff.

ODP can assist the county to promote/increase PDS services by being available for technical assistance to the county, Supports Coordination Organizations, and families, as needed. Additionally, if ODP were able to provide a listing of providers of PDS services by county on the DHS website, this would help to promote PDS services and give families a starting point to request additional information.

#### **Community for All:**

The county has successfully transitioned two individuals residing in congregate care settings back into the community over the past few years. At the current time, 27 individuals remain in a congregate setting, however only two of these individuals have been identified as desiring to return to the community. ID works closely with the Supports Coordination Organizations to enable these individuals to return to the community. ID works with the Supports Coordination Organizations to ensure that all possible statewide Community Living Arrangement and Lifesharing vacancies are explored depending upon the level of care the individual requires to be successful within the integrated community setting. Additionally, the county works closely with interested providers in increasing their capacity to support these individuals by raising their awareness of available startup funds and the processes to obtain the startup funds.

#### **HOMELESS ASSISTANCE SERVICES**

**Describe the continuum of services to individuals and families within the county who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.**

Lehigh County Department of Human Services partners with other county agencies as well as municipalities and provider organizations, including County Judiciary, to address homelessness.

**For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:**

- **Bridge Housing**
  - Bridge Housing Program was managed through Valley Housing Development Corporation and discontinued in 2007 Bridge Housing opportunities are offered through the County MH program as well as an on-going County HealthChoices reinvestment plan
- **Case Management**
  - Community organizations provide case management and rental assistance to approximately 950 individuals during the 2015/2016 fiscal year. The primary goal required for use of HAP funding is to assist homeless families and individuals become self-sufficient with the final goal being permanent living arrangements Case Management is also provided through various County Human Services agencies, including but not limited to Mental Health, Intellectual Disabilities, and Children and Youth. A HealthChoices reinvestment plan also provides services in this category, and a more recent implementation of specialized ICM has been utilized with great success by the County's BH-MCO, Magellan. Regular program monitoring and review is conducted to ensure efficacy of services.
  -
- **Rental Assistance**
  - HAP provides funding to three local providers, including one with close ties to the Hispanic community, to provide services to individuals and families who are at risk of becoming homeless or are homeless with the intent that with this intervention they would be able to meet their basic needs in the near future. Regular program monitoring and review is conducted to ensure efficacy of services.
- **Emergency Shelter**
  - Homeless Assistance Funds are utilized for Emergency Shelter. Lehigh County is allocating funds to the Warming Station that provides refuge and care to persons experiencing homelessness and in immediate need because they have no permanent legal residence of their own. Shelter originally opened from November through April. Regular program monitoring, reporting, and review is conducted to ensure efficacy of services.
- **Other Housing Supports**
  - Participation with LHOT – Local Housing Options Team
  - HealthChoices reinvestment plan Clearinghouse provides Bridge Housing, Master Leasing, Contingency Funding, and generalized supports.

**Describe the current status of the county's Homeless Management Information System implementation.**

HMIS has not been used by the County Community and Economic Development Office since the HPRP program. Currently County CED uses a non-profit organization for the Emergency Shelter Grant Program and that entity inputs data into HMIS.

## **CHILDREN and YOUTH SERVICES**

### **\*\*\*THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT\*\*\***

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

The Lehigh County Office of Children and Youth (OCYS) continues our focus on effectively working with the children and families we serve by encouraging and developing our staff to interact with families from a family engagement and trauma focused approach. We continue to enhance and develop our strong partnerships with other DHS offices, Juvenile Probation and the Courts all of which assists us in developing and improving our programming so as to assure the protection of children and engagement of families. Many of the initiatives that we are currently involved in through DHS and at the County level are all geared toward engaging all child serving systems in a collaborative effort toward better outcomes for children and youth. Our system enhancement efforts involve various agency and community leaders, providers of services and consumers of services. We are fortunate to have partners within the Department and across other child serving systems committed to working toward system enhancement so as to assure child safety, well-being and permanence.

To date Lehigh County has developed formal partnerships through the Children's Roundtable, the Youth Crime and Violence Task Force, the Mental Health and Substance Abuse Committee, the Youth Cross Systems Team, the Systems of Care Team, the Juvenile Detention Alternatives Initiative and the local United Way. All of these groups help to support and sustain the various initiatives. Many of these partners meet regularly and assist in recommending the direction of our block grant funding so as to address identified need and develop programming to meet those needs and ultimately strengthen our work and our community overall.

Within the Office of Children and Youth Services, over the course of the past year we have continued our efforts regarding a trauma informed approach. In order to assure our progress in this area of our work we have developed a trauma focused work group to assess our practice and evaluate and implement training opportunities. We have utilized the block grant to provide training for our staff and we have brought preliminary training in Signs of Safety to the agency. As the coming year unfolds, we hope to engage additional training in Signs of Safety, hopefully assisting in continuing the overall agency movement toward a strengths based, engagement model of practice. We also plan to evaluate and rework some of our assessment tools with an eye toward our knowledge gained in Signs of Safety in the hopes to encourage a more engaging approach with the families we serve.

As noted in prior years, through the partnerships of the Children's Roundtable in Lehigh County the Roundtable has identified areas of need within the County and subsequently utilized various sub-committees to assess those needs. The sub-committees are made up of various stakeholders representing all aspects of services in the County and managers from OCYS and other DHS offices as well as representatives from United Way. One area of concern that has been identified by the Roundtable and sent to the educational sub-committee is the issue of truancy and absenteeism. This sub-committee includes representatives from every district in the County and has guided the County over the past three years toward effective utilization of block grant funds to implement an initiative to address this need. Currently, truancy prevention and intervention work is being coordinated across all school districts in Lehigh at the middle school level and in nine elementary schools within the Allentown School District. This initiative has served to address truancy and absenteeism at the middle and elementary school level for nearly 900 referrals within the past two years. Currently, we are working with United Way and the Allentown School District to expand the partnership to include additional elementary schools. In home services, FFT and FGDM are all available through this initiative and each of these opportunities has assisted with improved school attendance across the district. The implementation of FGDM for these families has also allowed for families to gather in an effort to address the issue of truancy on a longer term basis with the family, working to solve the concern independent of formal system intervention.

An additional effort to enhance our engagement approach in OCYS has resulted in combining our Family Finding, Family Group Decision Making and Kinship units into one unit. This has served to provide for more immediate family finding efforts whenever a child enters out of home care. Workers typically are engaging in family finding and kinship studies simultaneously resulting in a placement with kin much more timely and often at initial placement. The combined unit also provides a continuity of care for the child in that, the family finding worker and the kinship worker are working closely together to support the child and kin who are caring for the child. Many of the family finding efforts assist with leading the family to a Family Group Decision Making meeting wherein the family is able to come together to support the child and support the family members or kin who are caring for the child. With the help of this combined unit, while not at the level of kinship utilization that we are hoping for, we have experienced an increase in the utilization of kin. Additionally, we have also experienced an increase in family group decision making demand and we are hopeful that through the block grant funding we can expand our FGDM capacity so as to more effectively meet the demand.

One of the challenges we have faced over the past two years is an increase in referrals to the agency. At the same time, we experienced significant staff turnover and as of this writing nearly 50% of our staff are with the agency for less than one year. With the increased demand on seasoned staff and the increase in referrals we have attempted to encourage more families to utilize FGDM and this action along with the shift in unit structure as noted above has also resulted in an increased demand in FGDM. The agency has utilized both in house staff and providers in order to implement FGDM, this action has assisted us in managing the volume but, at times we are faced with a waiting list for FGDM services and therefore we are expecting to increase provider capacity so as to manage the additional increase in demand. As we look to expand our resource pool, we will continue our efforts to provide all families with the opportunity for FGDM and FF at specific timelines within the case as families move through the system

Over the course of the past year OCYS has added a second provider of MST services. This new provider has shown success in working with some of our younger adolescents and as a result the utilization of MST services has increased. Over the course of the next year, we expect to maintain this trend as we are also using MST for a number of cases that do not rise to the level of formal child welfare involvement but where families present with needs that the implementation of MST would address.

Lehigh continues to utilize diversionary services, a provision of services that are intended to assist and support families who do not rise to the level of significant longer term public child welfare need. The implementation of diversion services is part of an effort to assist families in assuring positive child well-being and therefore prevent families from entering the system on a long term basis. We are using FFT, MST, housing and FGDM for this aspect of our work resulting in exit from the formal system and success for many families within the County.

**Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.**

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
<i>Permanency: Continuity of family relationships and connections are preserved for children.</i>	<i>Number of sustainable connections upon entrance into out of home care – number of connections at 3 / 6 / 12 months after initial placement in out of home care Number of kin care placements vs. stranger care placements (fiscal year) Number of kin care adoptions vs. stranger care adoptions (fiscal year)</i>	<i>Family Finding; FGDM; FFT</i>
<i>Child and Family Well-Being: Children receive appropriate</i>	<i>Number or referrals to truancy program; number of absences</i>	<i>Truancy intervention programming; FGDM; FFT; MST.</i>

<i>services to meet their educational needs.</i>	<i>per student before truancy services; number of absences at 3 / 6 months and time of case closure in program.</i>	
<i>Child and Family Well-Being: Families have enhanced capacity to provide for their children's needs.</i>	<i>Number of referrals to agency; number of re-referrals within the same year; number of re-referrals 3 / 6 months following case closure.</i>	<i>FFT; FGDM; MST; Housing.</i>

**For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.**

<b>Program Name:</b>	<b>Family Group Decision Making</b>
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**Please indicate the status of this program:**

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

FGDM is a family engagement process utilizing a family assigned coordinator to work with identified family members in an effort to gather the family for a family meeting to

address an identified concern or issue. Typically, there is one larger family meeting followed by a number of smaller meetings that are needed to review the original family plan or adjust the plan as needed to assure success.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

N/A

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Families in Lehigh County	Families in Lehigh County
# of Referrals	237	310
# Successfully completing program	174	298
Cost per year	578,094	576,592
Per Diem Cost/Program funded amount	56.00 – 64.20 hourly	56.00 – 64.20 hourly
Name of provider	Lehigh County / Justice Works / Kidspace Lehigh Valley Families Together	Lehigh County / Justice Works / Kidspace Lehigh Valley Families Together

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

**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.**

While the program appears to be expanding for less cost, Lehigh County has a fully staffed internal unit doing FGDM, and this is allowing for projected costs to be lower.

Program Name:	<b>Functional Family Therapy</b>
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**Please indicate the status of this program:**

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

FFT is an evidence based in home family treatment program working with children and families who are at risk for juvenile delinquency, substance abuse or other behavioral issues.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	<i>Children/adolescents, ages 11-18, at risk for delinquency, violence, substance use, or other behavioral problems</i>	<i>Children/adolescents, ages 11-18, at risk for delinquency, violence, substance use, or other behavioral problems</i>
# of Referrals	78	80
# Successfully completing program	41	72
Cost per year	86,784	105,500
Per Diem Cost/Program funded amount	145.68 hourly	145.68 hourly
Name of provider	Valley Youth House	Valley Youth House

\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

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.

Program Name:	Housing
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Please indicate the status of this program:

Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the

**program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

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

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

N/A

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Families in Lehigh County	Families in Lehigh County
# of Referrals	98	120
# Successfully completing program	62	83
Cost per year	349,003	550,000
Per Diem Cost/Program funded amount	43.50 – 70.55	43.50 – 70.55
Name of provider	<i>New Bethany, Salvation</i>	<i>New Bethany, Salvation</i>

	<i>Army, 6<sup>th</sup> Street Shelter</i>	<i>Army, 6<sup>th</sup> Street Shelter</i>
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\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

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.

Program Name:	<b>Multi-Systemic Therapy</b>
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

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

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	<i>Children/adolescents, ages 12-17, who are at high risk for out-of-home placement</i>	<i>Children/adolescents, ages 12-17, who are at high risk for out-of-home placement</i>
# of Referrals	70	80
# Successfully completing program	52	68
Cost per year	495,244	510,000
Per Diem Cost/Program funded amount	180.00 – 182.00	180.00 – 182.00
Name of provider	Lehigh County / Justice Works / Kidspace Lehigh Valley Families Together	Lehigh County / Justice Works / Kidspace Lehigh Valley Families Together

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

**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.**

Program Name:	<b>Alternatives to Truancy</b>
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**Please indicate the status of this program:**

<b>Status</b>	<b>Enter X</b>			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				

Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

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

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

N/A

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	<i>Children in the Allentown School District, Northern Lehigh School District and the Whitehall-Coplay School District who are identified as</i>	<i>Children in the Allentown School District, Northern Lehigh School District and the Whitehall-Coplay School District who are identified as</i>

	<i>at risk for truancy or are truant. Service interventions range from kindergarten through twelfth grade</i>	<i>at risk for truancy or are truant. Service interventions range from kindergarten through twelfth grade</i>
# of Referrals	499	520
# Successfully completing program	300	390
Cost per year	499,185	534,589
Per Diem Cost/Program funded amount	74.75 – 80.00 (hourly)	77.75 – 80.00 (hourly)
Name of provider	Pinebrook Family Answers / Valley Youth House / Justice Works	Pinebrook Family Answers / Valley Youth House / Justice Works

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

**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.**

Program Name:	<b>Aggressive Replacement Training (ART)</b>
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**Please indicate the status of this program:**

Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

Aggression Replacement Training® is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents ages 12-17.

Developed by Arnold P. Goldstein, Barry Glick, and John Gibbs. Aggression Replacement Training® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30 sessions) of intervention training, and is divided into three components—social skills training, anger-control training, and training in moral reasoning. Clients attend a one-hour session in each of these components each week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum

Juvenile Probation anticipates utilizing this program for approximately 44 juveniles who have been identified in the Youth Level of Service Inventory (YLS) as needing attention in the area of Attitudes and Orientation, and/or Personality/Behavior; or who have displayed aggressive or assaultive behaviors.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

<http://www.episcenter.psu.edu/ebp/ART>

**Complete the following chart for each applicable year.**

	FY 15-16	FY 16-17
Description of Target	Adolescents Ages 12 to	Adolescents Ages 12 to

Population	18	18 on Probation
# of Referrals	36	44
# Successfully completing program	28	40
Cost per year	20,946	\$26,100
Per Diem Cost/Program funded amount	\$30.69/Hour	\$30.69/Hour
Name of provider	Cornell Abraxas	Cornell Abraxas

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

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

Since this was the first full year we had fully implemented ART, there are several reasons why we under-utilized this program. We overestimated the number of youth who would be appropriate and whose YLS criminogenic needs would be high enough in the proper domains to make an appropriate referral. Rather than send youth who do not meet the identified need (and this can change every year based on the juveniles referred to JPO) we can only anticipate the number who may be appropriate. This year we have a more realistic picture of anticipated numbers. Additionally, if the court does not agree with our recommendation and instead prefer another program, this may adjust the number of anticipated referrals.

Juvenile Probation submitted a request to increase the utilization of Aggression Replacement Training (ART) to 44 for FY 16/17, which is slightly more than the actual number of referrals in FY 15/16, at 36. However, this is still much lower than the anticipated 60 referrals we expected in FY 15/16, which was underspent because our initial anticipated referrals of 60 was too high. We do anticipate a slight increase from 36 to 44, but that is still below the 60 requested in FY 15/16. With having little control over the actual number of youth who enter our department every year, we can evaluate and estimate the number based on the trends we see. Beyond the number of youth referred to Juvenile Probation, a program such as ART is for a specific type of youth, with targeted risk factors. That further filters the number of youth we can refer to that program. As such, it may take a few years to effectively determine the average number of youth who would require the ART program. While we are asking for a slight increase from FY 15/16, it is still below the initial referrals anticipated at 60.

Program Name:	<b>Triple P – Positive Parenting Program</b>
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017 (services not delivered)	<b>X</b>			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

The Triple P – Positive Parenting Program is a parenting and family support system designed to prevent behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. Triple P is delivered to parents of children up to 12 years

Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. It is almost universally successful in improving behavioral problems and more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families in Lehigh County	Families in Lehigh County
# of Referrals	0	
# Successfully completing program	0	
Cost per year	235,881.33 (thru May 2016)	
Per Diem Cost/Program funded amount		
Name of provider	Lehigh County / Justice Works / Kidspace Lehigh Valley Families Together	Lehigh County / Justice Works / Kidspace Lehigh Valley Families Together

\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

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

Lehigh was unable to develop a provider that would provide this program. We are no longer planning to implement this program.

**DRUG and ALCOHOL SERVICES**

This section should describe the entire substance abuse service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should provide the following information based upon data analysis and service system changes from the 15-16 plan narrative:

1. Waiting list for each level of care;
2. Barriers to accessing treatment services
3. Capacity issues

4. **County limits on services;**
5. **Impact of opioid epidemic in the county system;**
6. **Any emerging substance use trends that will impact the ability of the county to provide substance use services.**

**This overview should not include guidelines for the utilization of ACT 152 or BHSI funding streams issued by DHS. The focus should be a comprehensive overview of the services and supports provided by the Single County Authority and challenges in providing services.**

Lehigh County Drug & Alcohol Abuse Services is responsible for ensuring access and implementation of quality alcohol, tobacco and other drug abuse and gambling Prevention, Intervention, Treatment, Case Management, HIV/AIDS/TB, and Housing Services for Lehigh County residents. These services seek to increase knowledge and awareness thereby decreasing addiction and its affects throughout the County utilizing Federal, State and County resources.

During the FY 2015-2016, the SCA contracted with:

- 2 prevention providers who performed over 9,250 direct service hours in schools, communities, churches, civic groups, correction centers and hospitals.
- 3 intervention providers for services targeted at adolescents, criminal justice offenders and middle and high school students identified as being at high risk for use.
- 49 facilities for treatment services, 11 in County and 38 out-of-county. Services provided for the general community with specific attention to targeted populations such as pregnant women, women with children, adolescents, minorities, criminal justice offenders, mentally ill and substance abuse (co-occurring), and those who are at risk for HIV/AIDS and/or TB.

Waiting list issues related to 2 outpatient providers who were at or near capacity based on client choice. In order to continue to engage these clients who were waiting a short period of time for outpatient treatment, the SCA utilized funds for an intervention "Waiting List" group. The capacity issue has since been addressed and the "Waiting List" group is no longer occurring. During the time when the 2 providers were not able to accept new referrals/clients – other assessment and treatment providers were able to increase the number of clients assessed/admitted into treatment. If a client elected to wait longer than 7 days to access treatment, it was by their decision to wait for their desired provider to become available.

Barriers to accessing treatment services mainly apply to capacity issues as available treatment beds at the detox and 3C (long term residential) levels of care. Wait times for a bed to become available varied throughout the year from 2 – 6 day wait. This is remains a concern for not only Lehigh County but throughout the Commonwealth as well.

Lehigh SCA utilizes eight providers to complete level of care assessments. Therefore, referred clients are able to be assessed within seven days of referral. A majority of the clients referred were assessed within 4 days of referral. The main referral source continues to be the criminal justice population (over 1,050 referrals). Currently, the Lehigh SCA facilitates referrals from all Departments with the Lehigh County governmental structure, 10 school districts, six hospitals and the community at large. There are no funding limitations on the referrals received – the SCA will facilitate and identify a treatment provider to assist a client, regardless of their insurance status (no insurance, under insured, Medical Assistance or Private Insurance).

In an effort to continue to decrease any barrier to a client's ability to access treatment, all SCA contracted assessment providers are expected to be able to complete assessments in the community (mobile assessments) and not be limited to providing this service only within their offices. Under SCA funding, mobile assessments can occur anywhere the SCA authorizes. In order for Medical Assistance to fund an assessment that occurs outside of the provider's office, a specialized billing code must be first obtained. Four SCA contracted providers have obtained this code which will allow mobile assessments for a client who has MA to be billed to the appropriate funding source. This allows the SCA to more efficiently manage resources.

#### County limits on services

The SCA is extensively involved with coordination within the county human services system on numerous specialized projects, including the Department of Corrections. The SCA's partnership with the Criminal Justice setting and the Community Correction Center focuses on inmates in the work release setting or on probation and linking them with treatment services through intervention groups and assessments. Last year, over 600 referrals for assessments from the criminal justice setting were received and the majority of clients were linked to intervention, nonresidential and residential treatment services. SCA staff also participates in Team MISA (Mental Illness/Substance Abuse) weekly meetings which include participation by Corrections, District Attorney, Mental Health, Crisis and Probation with the goal of linking inmates with appropriate services which will facilitate early release from jail. There is both an adult and adolescent version of Team MISA. In addition, SCA staff participates in the Veteran's Mentoring Program which matches veterans with mentors with the goal of avoiding penetration into the criminal justice system.

SCA staff participates in the post placement meeting for all Office of Children and Youth discharges from placement in order to link parents with Substance Abuse Services. There were over 600 youth discussed during the last fiscal year. SCA staff also participates in the county child death review team. SCA staff also participates in a number of other cross system efforts including the Children's Round Table, the Criminal Justice Advisory Board, and Systems of Care. All of these efforts have representation from across the Department of Human Services, Probation, and Corrections.

During the current fiscal year the SCA also implemented the facilitation of all assessment referrals for the Lehigh County Jail, Community Corrections, Adult Probation, Juvenile Probation and Children and Youth – regardless of the assessment / treatment funding source. The SCA has appropriate contracts with local providers who accept County, HealthChoices and private insurances. This more fully recognizes the collaboration of services with the Human Services

System where the SCA becomes the key facilitator to ensure proper assessment and treatment services are provided to all residents thereby allowing the SCA staff to 'do what they do best' and allows the other departments to 'do what they do best'.

Impact of opioid epidemic in the county system. Based upon 2015 available assessment data, heroin use continues to be the primary reason for individuals seeking treatment. Of the clients assessed, 31% \ identify heroin as their primary drug of choice compared to 27% who identify alcohol as their primary drug. These statistics do not include individuals using heroin along with other substances (poly-substance) and identify heroin as their secondary choice. While the use of heroin cannot be considered as an emerging need (because use patterns over the last 2 years have been consistent) the poly-substance heroin use is becoming a main factor in the dramatic rise in drug related overdose deaths. In 2015, there were 114 drug related deaths in Lehigh County. During the first six (6) months of 2016 – there have been 71 drug related deaths. The County Coroner reports that heroin is predominately found, with other substances, within the toxicology reports. At the current rate, in conjunction with the 25+/- pending toxicology reports, the drug related death toll will rise to approximately 130 individuals. This indicated that 1 individual is dying every 2.7 days of a drug related overdose.

Variables that are related to the continued rise in heroin related use include a perceived increase in prescription use. Prescription drug use is perceived to be on the rise because of its established correlation to opioid use. Individuals receiving treatment for prescription drug use are about 3% of (50 clients). However, based upon anecdotal information from treatment providers – a majority of the clients in treatment started with prescription drug use and did not seek treatment until the addiction turned to heroin. Another related variable is the low cost in obtaining heroin. Currently in Lehigh County, an average bag of heroin sell for \$4.00-5.00/bag.

Emerging substance use trends that will impact the ability of the SCA to provide substance use services are based not only on the increase of opioid use (and the correlating need for increased Medication Assisted Treatment (MAT) but also an increased need for culturally appropriate services and an increased on the dually diagnosed (substance use co-occurring with mental health).

The use of synthetic marijuana is an emerging trend. In April 2015, over 80 individuals overdosed on synthetic marijuana. All of these individuals received treatment in local emergency departments. The use of synthetic marijuana appears to be on the rise because of 2 factors: it's legal to obtain and will not show up on most drug screening panels. These factors are appealing to teens and young adults who are seeking a high and want to avoid arrest and to those who are on probation – they can continue to get high with less potential of failing a drug screening, which would result in sanctions.

Specific trends include:

Bi-lingual Staff. The Lehigh SCA currently contracts with six Outpatient Providers to complete level of care assessments. Of these providers, only two (2) have bi-lingual staff who are capable of completing bi-lingual assessments. Of the reaming four (4) providers, three (3) are actively seeking to add by-lingual assessors.

**Co-Occurring Capable Providers / Staff.** As seen with an increase in both SAP and treatment referrals, there is an increasing need for co-occurring providers within Lehigh County. Of the SCA's six (6) nonresidential treatment contracts, one (1) provider is dually licensed for adults and one (1) is dually licensed for both adults and adolescents. In addition to the SCA contracts, these two (2) providers are the only dual licensed providers within Lehigh County. Both providers accept a combination of SCA, Health Choices and private insurance funding; therefore, they are operating at close to licensure capacity.

**Detox Unit(s).** Within Lehigh County, there is one (1) 3A detox provider – Lehigh County Center for Recovery; which has a seven (7) bed capacity. As illustrated by Table 6.0, in SFY 2012-2013, there were 245 detox treatment admissions. Comparatively, in July 1 – December 1 of 2015, there were 84 detox admissions. This indicates that a majority of the detox admissions are occurring outside of Lehigh County. Furthermore, these figures do not include all Health Choices and private insurance referrals to detox.

**Funding Increase.** Funding imitations should also be considered in the discussion of Funding Increases. There is an increased difficulty associated with funding line items, such as PWWWC, BHSI and Act 152. While Lehigh is a “block grant” county which has lessened some of the restrictions, navigating within the funding requirements is difficult and creates an additional administrative burden. Increased funds are continually being targeted at treatment which means other vital programs; such as prevention and intervention, will receive less funding. The Lehigh SCA is committed to the philosophy that a commitment to the expansion of prevention and intervention programs will have a direct correlation to a decrease in use.

**Healthcare Navigators.** In the last 12-18 months, there have been dramatic changes in the health care system. With the implementation of Healthy PA to Medicare Expansion and the Affordable Care Act – clients require additional support and education in understanding and navigating the health care system. Most individuals do not understand what their health care options are or the implications of the Parody Act.

**Increase in Recovery Supports in Community / Permanent Supportive Housing.** Whether entering, currently engaged or leaving treatment, many clients are living in environments that are not supportive of recovery. For many, this is not by choice. While many clients are able to engage in treatment and make many life changes, they are still returning to the familiar people, places and things. With an increase in community based recovery supports, individuals newly in recovery would be able to find a meaningful support structure that as they cope with the triggers that occur outside the therapeutic environment. Recovery supports within the community would also entail Permanent Supportive Housing. A resource needed for an individual in recovery is supportive housing; which few, if any option exist.

**Increase Treatment Capacity.** As illustrated in Table 6, in SFY 2012-2013, there were 558 residential treatment admissions. In SFY 2015-2016, year to date, the Lehigh SCA has supported 281. There are one (1) detox and three (3) residential facilities equaling less than 150 treatment beds. While 558 annual treatment admissions is reflective of the SCA need, it is not reflective of the community need based on the prevalence data and special population needs as contained in Tables 1.0 and 2.0.

Increase Use of Buprenorphine. The Lehigh SCA anticipates adding buprenorphine to the MAT options that currently exist within Lehigh County. However, this will be based on the existence of a State budget.

## **Target Populations**

**Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:**

- **Adults**

A majority of Lehigh County residents accessing drug and alcohol services fall within this population. We currently provide assessments and all levels of treatment should a resident request access to services and deemed to meet criteria based on the Pennsylvania Client Placement Criteria (PCPC). This block grant would continue to allow us to fund all levels of drug and alcohol services. According to the 12/13 survey by the National Institute on Drug Use and Health, there are 27,729 adults in Lehigh County who have a substance use disorder.

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

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

- **Transition Age Youth (ages 18 to 26)**

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

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

- **Adolescents (under 18)**

Lehigh County residents accessing drug and alcohol treatment within this age population tend to be funded via various other funding streams. We currently provide assessments and all levels of

treatment should a resident request access to services and deemed to meet criteria based on the ASAM criteria. This block grant would continue to allow us to fund all levels of drug and alcohol services should a transitional-age youth not have funding to access services. In 2015/2016, 680 assessments occurred within Lehigh County middle and high schools and another 160 in the community.

In addition to the treatment services described above the department arranges for an extensive array of school based services for teenagers including staffing all of the High School and Middle School Student Assistance Programs, and having a contractor certified to train SAP team members. The SCA continues to set aside over 1,000 hours consulting with school SAP teams. Class room based prevention services assist 10,000 of teens stay drug free and more intensive programs aimed at teens and families are sponsored by the department. These include Project Success, and the Strengthening Families Program.

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

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

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

Funding via the block grant combined with other funding sources would allow expansion of prevention services. One example is the importance of medication management in maintaining sobriety and a healthy lifestyle. The SCA continues to collaborate with a large local hospital to provide prevention and relapse prevention services to both adults and adolescents with co-occurring diagnosis but being stabilized in an inpatient psychiatric unit.

- **Criminal Justice Involved Individuals**

The criminal justice population / clients and related services have been addressed throughout.

### **Recovery –Oriented Services**

**Describe the current recovery support services available in the county and any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA, NA, etc.).**

Currently, the SCA is transforming the current ICM/RC Case Management System into a Certified Recovery Support Model. This transition has been a collaboration the SCA and MCO. The RFP has been issued and it is anticipated that a provider will be selected by September 1, 2016.

### **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

For each of these categories (**Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services**), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose one of the allowable service categories that are listed under each section.
- Which client populations are served? (**Generic Services only**)
- Planned expenditures for each service.

**Note:** Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

**Adult Services: Please provide the following:**

**Program Name:** Meals on Wheels

**Description of Services:** provides hot and cold prepared meals to clients between 18-59

**Service Category:** Home Delivered Meals

**Planned Expenditures:** \$34,526

**Program Name:** Life Skills Education

**Description of Services:** provides clients age 18-59 necessary skills to help with daily living skills. This specific program provides training in financial literacy skills and a Ways to Work program.

**Service Category:** Life Skills Education

**Planned Expenditures:** \$5,580

**Program Name:** Service Planning/Case Management

**Description of Services:** coordination and oversight is accomplished through intensive case management of low income and disabled adults who would otherwise probably not receive service

**Service Category:** Case Management

**Planned Expenditures:** \$133,640

**Program Name:** Homemaker Services

**Description of Services:** provides in-home care ranging from light housekeeping to assistance with bathing and dressing

**Service Category:** Homemaker

**Planned Expenditures:** \$224,064

**Program Name:** Protective Services

**Description of Services:** Provides case management, ie., the Report of Need, for clients age 18-59. This individual, based on time studies conducted by the Office of Aging, determines through the RON whether to make the referral to Liberty for investigation.

**Service Category:** Protective

**Planned Expenditures:** \$47,531

**Program Name:** Guardianship Support Services

**Description of Services:** provides guardianship services, both of person and estate, to qualifying disabled adults, age 18-59. Services are provided through contract with Guardianship Support Services. Program description can be provided upon request.

**Service Category:** Protective

**Planned Expenditures:** \$48,677

**Aging Services: Please provide the following:**

**Program Name:** (e.g. Meals on Wheels....)

**Description of Services:** (“Provides meals to...”)

**Service Category:** (Please select one from allowable categories below.)

**Planned Expenditures:**

Allowable Aging Service Categories:

Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; Home-Delivered Meals; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

**Children and Youth Services: Please provide the following:**

**Program Name:** (e.g. YMCA...)

**Description of Services:** (“Before and after school child care services provided to ...”)

**Service Category:** (Please select one from allowable categories below.)

**Planned Expenditures:**

Allowable Children and Youth Service Categories:

Adoption Service; Counseling/Intervention; Child Care; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service Planning.

**Generic Services: Please provide the following:**

**Program Name:** Centralized Information and Referral Services

**Description of Services:** direct provision of information about social and human services to all requesting same

**Service Category:** Information and Referral

**Which client populations are served?:** Adult and Aging

**Planned Expenditures:** \$43,177

**Interagency Coordination:** Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

# APPENDIX E

# Proof of Publication Notice in The Morning Call

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

STATE OF PENNSYLVANIA }  
COUNTY OF LEHIGH } SS:

COPY OF NOTICE OR ADVERTISEMENT

Mark Fronheiser, Finance Director of THE

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

..... and the 22nd day of May 2016

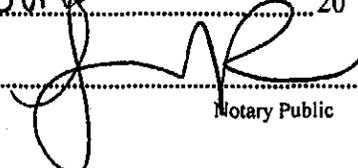
Affiant further deposes that he is the designated agent duly authorized by THE MORNING CALL, LLC, a corporation, publisher of said THE MORNING CALL, a newspaper of general circulation, to verify the foregoing statement under oath, and the affiant is not interested in the subject matter of the aforesaid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



Designated Agent, THE MORNING CALL, LLC

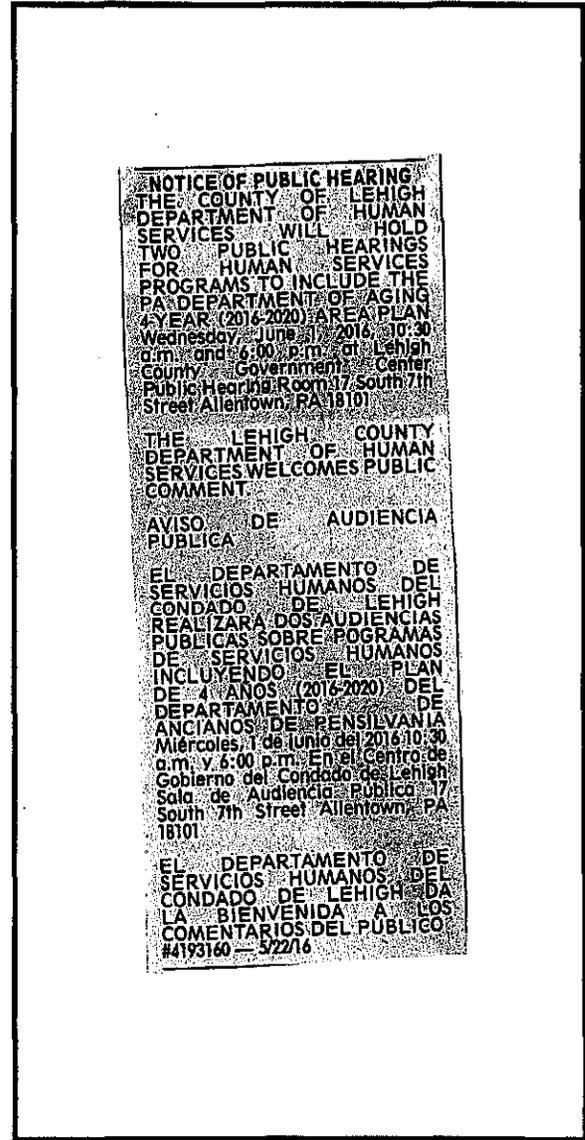
SWORN to and subscribed before me this 22nd day of

June 20 16



Notary Public

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Laura Ruth, Notary Public  
City of Allentown, Lehigh County  
My Commission Expires March 3, 2020  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



## PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

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

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

By .....

# APPENDIX F





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

<b>Directions:</b>	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.	<b>Estimated Individuals:</b> 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.	<b>HSBG Allocation:</b> Please enter the county's <b>total</b> state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	<b>HSBG Planned Expenditures:</b> 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.	<b>Non-Block Grant Expenditures:</b> Please enter the county's planned expenditures ( <b>MH, ID, and D&amp;A only</b> ) that are <b>not</b> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&amp;A funding received from the Department of Drug and Alcohol.</i>
5.	<b>County Match:</b> Please enter the county's planned match amount in the applicable cost centers.
6.	<b>Other Planned Expenditures:</b> Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	<b>County Block Grant Administration:</b> Please provide an estimate of the county's administrative costs for services <b>not included</b> in MH or ID Services.
<b>NOTE: Fields that are greyed out are to be left blank.</b>	
<ul style="list-style-type: none"> <li>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</li> <li>■ 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 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</li> </ul>	

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

County:	1.	2.	3.	4.	5.	6.
<b>LEHIGH</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	38		387,240		0	
Administrative Management	2,065		1,491,925		3,479	
Administrator's Office			1,111,689		0	
Adult Developmental Training	0		0		0	
Children's Evidence-Based Practices	0		0		0	
Children's Psychosocial Rehabilitation	0		0		0	
Community Employment	52		174,108		0	
Community Residential Services	285		6,454,002		188,865	
Community Services	30		28,718		1,000	
Consumer-Driven Services	252		264,164		41,526	
Emergency Services	412		445,276		53,032	
Facility Based Vocational Rehabilitation	14		27,717		19,011	
Facility Based Mental Health Services	4		6,504		0	
Family Support Services	106		17,511		13,308	
Housing Support Services	34		75,992		2,501	
Mental Health Crisis Intervention	2,014		919,070		1,000	
Other	0		0		0	
Outpatient	631		382,737		15,510	
Partial Hospitalization	0		0		0	
Peer Support Services	0		0		0	
Psychiatric Inpatient Hospitalization	2		18,011		18,011	
Psychiatric Rehabilitation	249		455,282		16,010	
Social Rehabilitation Services	173		275,171		0	
Target Case Management	396		949,589		25,015	
Transitional and Community Integration	168		52,889		25,565	
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>6925</b>	<b>13,553,456</b>	<b>13,537,595</b>	<b>0</b>	<b>423,833</b>	<b>0</b>

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

County:	1.	2.	3.	4.	5.	6.
<b>LEHIGH</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			1,441,515		52,748	
Case Management	380		270,116		9,884	
Community-Based Services	369		586,538		21,462	
Community Residential Services	20		759,219		27,824	
Other			0		0	
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	769	3,057,388	3,057,388	0	111,918	0
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing			0		0	
Case Management	1,100		151,532		0	
Rental Assistance	1,000		240,120		0	
Emergency Shelter	350		40,000		0	
Other Housing Supports			0		0	
Administration			0		0	
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	2,450	418,721	431,652		0	0
<b>CHILD WELFARE SPECIAL GRANTS SERVICES</b>						
Evidence-Based Services	470		1,192,092		53,940	
Promising Practice	44		26,100		1,178	
Alternatives to Truancy	520		534,589		24,190	
Housing	120		550,000		24,890	
<b>TOTAL CWSG SERVICES</b>	1154	2,630,989	2,302,781		104,198	0

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

County:	1.	2.	3.	4.	5.	6.
<b>LEHIGH</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management	196		197,760		7,200	
Inpatient Hospital	1		3,840		1,440	
Inpatient Non-Hospital	431		747,786		62,678	
Medication Assisted Therapy	4		5,184		192	
Other Intervention	6		7,200		288	
Outpatient/Intensive Outpatient	429		287,040		10,080	
Partial Hospitalization	1		3,360		144	
Prevention	0		0		0	
Recovery Support Services	36		18,489		672	
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	1104	1,270,659	1,270,659	0	82,694	0
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	750		494,018		0	
Aging Services			0		0	
Children and Youth Services			0		0	
Generic Services	1,000		43,177		0	
Specialized Services			0		0	
Interagency Coordination			0		0	
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	1750	265,756	537,195		0	0
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			59,699			
<b>GRAND TOTAL</b>	14152	21,196,969	21,196,969	0	722,643	0