

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Northampton

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the 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

	John A. Brown, County Executive	Date: 6/30/16
		Date:
		Date:

Contents

Introduction.....	4
County Planning Process	5
Advisory Board Agenda/Minutes/Attendance	6
Public Hearing Notice.....	16
Proof of Publication	17
Public Hearing Sign In Sheets	19
Minimum Expenditure Level.....	24
Human Services Narrative	24
Mental Health Services	24
Program Highlights:.....	24
Older Adults (ages 60 and above).....	28
Adults (ages 18 and above).....	28
Transition-age Youth (ages 18-26)	30
Children (under 18).....	31
Individuals Transitioning out of State Hospitals.....	32
Co-occurring Mental Health/Substance Abuse.....	34
Justice-Involved Individuals	34
Veterans	35
Racial/Ethnic/Linguistic minorities	36
Recovery-Oriented Systems Transformation.....	36
Evidence Based Practices Survey	44
Recovery Oriented and Promising Practices Survey	45
Intellectual Disability Services	24
Supported Employment.....	46
Supports Coordination	47
Life Sharing Options.....	47
Cross Systems Communications and Training	48
Emergency Supports	49
Administrative Funding	51
Participant Directed Services (PDS).....	53
Community for All.....	53
Homeless Assistance Services	53
Bridge Housing	54
Case Management.....	55
Rental Assistance.....	56
Emergency Shelter	56
Other Housing Supports.....	57
Children and Youth Services	58
Outcomes	58
Programs	61
Drug & Alcohol Services.....	69
Adults (ages 18 and above).....	72
Transition Age Youth (ages 18 to 26) and Adolescents (under 18).....	72
Individuals with Co-Occurring Psychiatric and Substance Use Disorders	73
Criminal Justice Involved Individuals	74

Women with Children.....	75
Recovery-Oriented Services	75
Human Services and Supports/Human Services Development Fund	76
Adult Services.....	76
Aging Services.....	77
Children and Youth Services	78
Generic Services	78
Specialized Services.....	78
Interagency Coordination.....	81
FY 2016-2017 Appendix C-1 Human Services Proposed Budget & Service Recipients Spreadsheet.....	81

Introduction

The County of Northampton is once again pleased to submit its Human Services Block Grant plan for the fiscal year 2016-2017 Human Services Block Grant Program (HSBG). As a Block Grant county, Northampton County continues to examine its current programs in the interest of using the flexibility afforded by the HSBG to maximize the categorical funding. This flexibility allows the County to provide much needed services to the Department of Human Services consumers in Northampton County.

Northampton County is one of two counties that make up the Lehigh Valley, the third most populous region in Pennsylvania. Northampton County has approximately 300,813 residents who reside in the cities of Bethlehem and Easton, as well as surrounding suburban and rural areas. Northampton County is a third class county with an Executive-Council form of government. Northampton County, although not part of a local collaborative arrangement, regularly works closely with the surrounding counties, most prominently Lehigh County, to facilitate the provision of comprehensive services to consumers.

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

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

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

County Planning Process

The Fiscal Year 2016-2017 planning team for the HSBG plan consisted of a group of DHS senior administrative staff from each program office with categorical funding included in the block grant (i.e., Children, Youth, and Families; Department of Human Services Administration; Drug & Alcohol; and Mental Health, Early Intervention, and Developmental Programs). To continue to complete a comprehensive plan, other County divisions such as the Area Agency on Aging, HealthChoices, Information Referral and Emergency Services (IRES), Gracedale Nursing Home, and Veterans Affairs were included in the planning process where appropriate.

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

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

Another key piece to the 2016-2017 planning process is the public hearings that were held in June 2016. In addition to community members, all contracted providers for the Department of Human Services were given notice of the hearings. At the Northampton County Council meeting, the Block Grant public hearings were also discussed so all of those in attendance were notified and invited to attend. On June 16, 2016, the Director of Human Services shared the public hearing information with local Legislators who attended the Northampton County Legislative Breakfast. The public hearings were held in two separate parts of Northampton County to prevent any barriers to attending. This year's hearings saw a decrease in attendance from last year but did have representation from the community and the Department of Human Services. Critical stakeholders shared what they saw as barriers to treatment for consumers as well as discussed what they would like to see as far as programming funded by Block Grant funds. Stakeholders also shared how consumers they work with have benefited from the programming funded through the Block Grant in FY 15/16.

In the upcoming fiscal year, the County will continue to focus on our HSBG goals by using HSBG funds to augment existing prevention and housing programs in all divisions. The County continues to explore the possibilities that are afforded to the County through the flexibility of the HSBG. In FY 15/16, HSBG funds were utilized to add additional programming in several divisions within Human Services. In FY 16/17, Northampton County has committed to continuing some of the programs such as a Recovery Support Services program in Drug and Alcohol and a Life Skills program at a local shelter that will benefit clients from several divisions. Based on stakeholder input into services that have been utilized in the past and provided a much needed support to consumers, the Mental Health division will also utilize funds in order to bring back the Clubhouse for consumers.

Northampton County Department of Human Services strives to provide services to its consumers in the least restrictive setting possible. To do this, each client is individually assessed to establish their needs and the appropriate level of care is determined. Services are constantly evaluated to ensure that they are appropriate for the client and their current needs. The ultimate goal is to provide services to each client in the least restrictive setting. The divisions within the Department of Human Services are now more easily able to interact with each other to ensure that a client is receiving a comprehensive level of care.

Advisory Board Agenda/Minutes/Attendance

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

**NORTHAMPTON COUNTY – NO QUORUM
MENTAL HEALTH, EARLY INTERVENTION, DEVELOPMENTAL PROGRAMS (MH/EI/DP)
ADVISORY BOARD MINUTES**

June 7, 2016

Members/Staff Present: Cheryl Dougan, Chair, Donna Thorman, Vice Chair, Stephanie Ruggiero, Greg Linder, Andrew Grossman, MH/EI/DP Administrator, Brian Watson, MH Deputy Administrator, Jessica Weitknecht, EI Deputy Administrator, Wendy Novak, DP Deputy Administrator, Walter Barnett, Fiscal

Members/Staff Not Present: Bonnie Pearce, Sonia Thorman, Michael Kaufmann, Kerri Miller, Seth Vaughn, County Council, and Allison Frantz, Director of Human Services

Advisory Board Meeting

Meeting called to order by Cheryl Dougan, Chair.

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

- No quorum today.
- Meeting with Senator Vance within the next couple of weeks. Andy is Co-Chair of the MH Committee. They will be reviewing the MH Procedures Act which is looked at differently from county to county. Andy will keep everyone posted.
- **Block Grant Information:**
Block Grant Public Forums are coming up. People are invited to attend and express their concerns as to what they would like to see the Block Grant money used for. There are two meetings. One is June 21st at 2pm at the Slate Belt Senior Center, 707 American Bangor Drive in Bangor and the second is on June 22nd in this building at 10am in Conference Room 3. Andy asked to have a discussion on any voids or vacancies that anyone is aware of to funnel the Block Grant dollars.
- Donna will mention the meetings at the NAMI board meeting tonight.
- Cheryl asked for Andy to write a small paragraph on what the Block Grant is meant to do so that people have a better understanding of the Block Grant. Andy will put together a quick synopsis to email with the meeting dates.
- The group felt that once they saw the write-up, they would share their thoughts either at the Block Grant hearings or via email.

Legislative/Public Action – Andy Grossman:

- Nothing to report.

Adjournment

- Meeting adjourned by motion offered by Chair, Cheryl Dougan.

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

NORTHAMPTON COUNTY AREA AGENCY ON AGING
ADVISORY COUNCIL

MINUTES OF MAY 10, 2016 MEETING

PRESENT: Frances Greene; Gilbert Greene; Vivian Gualberti; Mary Jane Long; Gretchen Parseghian; Lauchlin Peeke; Eileen Segal; Ruth Ann Terres

STAFF: John R. Mehler

President Frances Greene called the meeting to order at 9:38 a.m. and expressed appreciation to Ann Terres and the Outstanding Senior Awards Committee for another excellent program.

On motion of Mary Jane Long, seconded by Gil Greene, the minutes of the March 8, 2016 meeting were approved as written.

Committee Reports were as follows:

By-Laws: No report.

Centenarian Celebration: Mary Jane Long reported that 48 names of persons who are or will become 100 years of age this year have been received after a list from Voter Registration was reviewed by the Coroner. It was determined that it was acceptable to invite those who will not turn 100 until after October, 2016, but will be 100 prior to the end of 2016, this was on motion by Ann Terres, seconded by Gil Greene. Mary Jane has contacted the photographer, Fran and Freda will arrange for centerpieces, and Mary Jane, Mary Jane McAteer, Fran and Gil will write the biographies, additionally, Gil will handle publicity. The Highlands Choral Group will provide entertainment. Mary Jane Long has worked with Jeff Tintle on an "Lifestyles After 50" article, John has contacted Pastor Floyd Ritz the Gracedale Chaplain, and Sandi Meuir will do name badges. Rep. Steve Samuelson will be present. It was decided not to seek citations or certificates from members of Congress.

Center Services: Diane Esch's annual report on center participation was distributed. Advisory Council members took special note of the Meals Ordered and Not Served and also the number of center participants from outside Northampton County. It was asked if a report showing five years worth of data on the congregate meal program could be developed. Transportation problems – participants not being picked up, arriving late at centers, or forgetting to cancel- were discussed, John Mehler mentioned that he had spoken to Owen O'Neill, Executive Director of LANTA, and a meeting of AAA Center Managers, LANTA and Easton Coach Executive staff, and John will likely be held. Advisory Council members discussed inviting Cordelia Miller, a LANTA Board member from Northampton County and 2016 Outstanding Senior Award recipient to the September 2016 Advisory Council meeting. Lafayette College students assisted with a dinner dance at the Easton Area Lifestyle Campus. Senior Farmers Market Coupons will

be distributed in the senior centers in June. It was recommended that the AAA approach the Northampton County Housing Authority regarding being able to access the internet for email from their connection at the Border House in Nazareth. Internet access for Bath and Rooney Center must still be looked into.

Education: No report, John is to speak with Sandi regarding a possible speaker for the July meeting. Fran complimented Eileen's work on the newsletter. Eileen said she is starting to work on the Summer edition, so keep items of interest coming her way.

Outstanding Senior Awards: Congressman Dent's certificates arrived after the event was over, they will be mailed out to all Awardees today. April 24, 2017 is the projected date for next year's Outstanding Senior Awards Program, with May 4 as an alternate. Kim Melusky's email congratulating Advisory Council members on a job well done with the Outstanding Senior Awards Program was shared. Sincere appreciation was voiced to Vivian Gualberti for her skills and dedication in making all of the cookies served as refreshments at the Outstanding Senior Awards Programs since the inception of the Awards.

Southeast Regional Council/PA Council in Aging: Mary Jane Long reported that there are now 2.5 million people age 60+ in Pennsylvania. Advanced Care Placing/End of Life will be a topic addressed in the State Plan on Aging. The proposed involvement of the APPRISE Program in Community Health Choices was discussed. Senate Bill 180 deals with organ donation. The CARE Act was passed, making it legal for hospitals to share important discharge information with family caregivers. House Bill 791 would permit school districts to allow older adults to perform volunteer work in the schools to offset property taxes. It would be up to each school district to decide whether to implement this or not. The Pennsylvania Dept. of Aging is emphasizing the importance of communication of information. Eileen Segal brought up that there is very little financial assistance with the cost of hearing aids and that this might be suggested to the Regional/State Councils for possible legislative advocacy.

Administrator's Report: John Mehler discussed the development of the 2016-2020 Area Plan on Aging. Possible goals may be more community education, improvement in senior center programming to attract younger older adults, including more involvement with Lafayette College, and caregiver support.

John advised that the AAA would like to build on the recently-completed APPRISE Innovation Grant by forming an APPRISE Work Group to address some of the findings of the Do It Yourself Program Audit. Advisory Council representation will be sought for this Work Group.

The County is formulating its plan for the Human Services Block Grant, Commonwealth funds that support services to people 18-59 years of age, Mental Health Programs, Drug and Alcohol, Developmental Programs and the Housing Assistance Program. Chief among concerns of members is housing, the opioid crisis, services to people with mental health needs, especially to help in their daily functioning including employment, and neighborhood development.

John thanked the members of the Advisory Council who had been able to attend the State Plan on Aging Listening session in Bethlehem on April 5, 2016. He further announced that PDA has a new Acting Deputy Secretary, Terry Barley, former Director of the Cumberland County Office of Aging.

John discussed some concerns with current re-writes of the Older Adult Protective Services Act.

The next meeting of the AAA Advisory Council will be held on Tuesday, July 12, 2016 at 9:30 a.m.

There being no other business, the meeting was adjourned on motion of Anne Terres, seconded by Mary Jane Long.

Respectfully submitted,

John R. Mehler

Northampton County Youth and Families Division
Bethlehem, PA 18020
Advisory Board Minutes-June 21, 2016

Present: Terri Maynard, Matthew Krauss, Pat Hunter, Elisa Martin and Penny VanTassel

Absent: David Goss, Rodney Freyman, Tracy Roland

Michelle Koch has resigned.

Staff: Kevin Dolan, Allison

Start meeting: 4:35 P.M at Hanoverville Roadhouse, 50014 Hanoverville Rd, Bethlehem, PA.

Motion made by Terri Maynard and seconded by Pat Hunter to approve April 12th minutes. The minutes for April 12, 2016 were approved as written.

Slate of Officers are as followed:

David Goss- **President**

Matt Krauss- **Vice President**

Penny VanTassel-**Secretary**

Motion was made by Terri and seconded by Pat to accept the slate of officers for 2016-2017. The Slate of Officers were accepted by the officers and committee.

Placement:

250 children are in county care of that 159 are in vendor care, 6 in foster care, 84 in kinship care, 33 in congregate care, and 1 runaway at the rate of \$ 18,447 per day.

County Licensing:

Kevin advised the board to look at the License response as a result of the inspection. The committee will make comments on the License inspection next meeting. The County received a full license from the state.

Sex Trafficking Law:

The board will review the new 25 new sex trafficking law in the near future.

Planning meeting for NBB will be at July 8, 2016 at the Human Service Building.

The Public Hearing will be July 21, 2016 at 10 AM for CYF Budget fiscal year 2017-18 in Human Services Building. All Board members were asked to attend

Public Hearing for the Block Grant will be June 22, 2016 at the Human Services Building. Action Plan for the Block Grant:

- Public Infrastructure and Facility Improvements
- Housing
- Economic Development
- Public Services
- Blight Removal
- Administration and Planning

All Board members were asked to attend.

The calendar dates for the Advisory Board Meeting were distributed among the members.

Old Business: *none*

New Business: *none*

Motion to adjourn the meeting was made by Pat Hunter and seconded by Terri Maynard.

Next Meeting August 9, 2016 at 5: 30 PM at the Human Services Building

Respectfully Submitted
Penny S. VanTassel
Secretary

Northampton County Drug & Alcohol Advisory Board Meeting

May 20, 2016 - 12:00 PM

In attendance: Mary Tirrell, Pamela Clark, Patricia Riehl, Dr. Michael Follman, Cynthia Hanzl, Jeannie Manarino, Linda Johnson, Chaplain Santos, John Judd, Tiffany Rossanese

Excused: Andrea McCarthy, Lucy Napper

Guests: Joseph Kospiah

Introductions were made by members and guests. All members who submitted a resume and letter of interest including those who sought reappointment were approved by Northampton County Council on May 19, 2016. Joseph Kospiah, former Deputy Warden at Northampton County Jail has submitted a letter of interest and resume to join the Advisory Board.

Approval of Minutes: Minutes were reviewed from the March meeting. A correction was noted under Courtesy of the Floor. Pamela Clark made a motion to approve the amended minutes. John Judd seconded the motion. Motion approved. SCA will send revised minutes on Monday.

SCA Activity:

Grant Update: The SCA received the Northampton County Gaming Revenue and Economic Redevelopment Authority grant to fund transitional housing and gambling services. Discussed the other entities that applied for the grant as well.

PCCD Grant: Intermediate punishment. TCAP is the program Level 3 & 4 non-violent offenders. The current program includes 90 days prison, 90 days inpatient, house arrest when discharged and intensive monitoring through probation and case management. 40 active participants are typically in TCAP annually. SCA met with the Courts and the program has been redesigned to move under the Northampton County Drug Court. Individuals will no longer be required to complete 90 days of incarceration before entering treatment. The grant will also be able to accept individuals in any level of care. Clients will also now be required to report weekly to Drug Court for a progress hearing with the Drug Court Judge. Grant will be decided on in June.

Naloxone Update: The SCA was working to provide schools, shelters and D&A providers with additional doses of Naloxone. On Thursday, the SCA was notified that the SCA is not covered by the standing order in Pennsylvania to purchase and distribute Naloxone. So at this time, the SCA is beginning to work with a local doctor, Dr. Staci Mulcahy to be able to provide the necessary orders to get the medication as well as trainings for schools that need it. Many SCA's are frustrated by the roadblock around the Standing Order but we will figure out how to get the doses out to the community. Discussion was held around data on the number of doses that have been dispensed. Currently, DDAP is working on how many reversals have been done and the SCA's have requested that EMS be contacted for more data. Pamela Clark asked about data on doses individually dispensed at pharmacies, at this time that data hasn't been captured.

Prevention Updates: Chris Herren spoke on Thursday, May 12, 2016. There were almost 1,000 people in attendance. Chris spoke about a variety of topics including bullying, suicide, cutting, and his own story of addiction and recovery. There were tables of information outside of the event for all attending. Judge Dally (Drug Court Judge) spoke prior to the event. Several Drug Court clients were also in attendance and really enjoyed Chris Herren's message.

Center for Humanistic Change presented HOPE at the City of Bethlehem Town Hall in the Rotunda on April 28, 2016. This was well attended. Several Drug Court clients attended and have since volunteered to be videotaped for the program to represent Northampton County. SCA explained that HOPE stands for Heroin and Opioid Prevention Education. This program combines the facts around heroin with the personal aspect that includes parents who have lost children to overdose, parents with a child in recovery, and also a young girl in recovery. The program is held in the community as well as in schools. The kids who have seen the presentation were very receptive to what they were learning. These programs were done in the high schools. The SCA does fund other prevention programming starting as early as 3rd grade.

The County has funded several gambling education forums in the community through the two gambling grants we have. It is run by a panel of professionals including Greg Krausz and Bruce Bowen from Monocacy Counseling, a SANDS employee, the SCA, and a gentleman from the Council on Compulsive Gambling. There has not been a large attendance at these events. The group running the events will be looking at a way to change it up for next year so that attendance increases. Pamela Clark asked if it could be made into a webinar that could be posted on a website. While it would lose the interactive approach, it is a possibility. SCA will take that suggestion back to the organizers. Chaplain Santos asked if they could do a webinar using a collection of questions they receive from the community. SCA will also share that suggestion.

Drug Court Update: Tiffany provided a Drug Court update stating that D&A Unit has 19 active participants with several clients pending. The Court continues to be very successful. There may be an additional Judge and Probation Officer added once TCAP moves under Drug Court and the case load increases.

Mental Health Court Update: This Court continues to go well. It is a diversionary program. There are several participants in various phases. Mental Health is very challenging to address. When the clients combine with drug and alcohol addiction it makes it even more challenging. The SCA sits on the MH treatment team.

Advisory Board members were invited to attend the Court hearings if they would like to observe the process. Mental Health Court begins at 1:30 on Thursdays. Drug Court begins at 3:00 on Thursdays. Requested they contact Tiffany if they plan to attend as the schedule is changing over the next few weeks due to conferences.

Fiscal Year 16/17 Contracts Update: Contracts are in process. There are no new providers this year. SCA will be adding on-call assessments on weekends and holidays to cover that time period if the hospital has someone who needs assistance. Lehigh Valley Drug & Alcohol Intake Unit will be providing this service. Discussion was held around availability of beds. The Intake Unit has been able to locate beds. There still is a bit of delay but they are moving people as fast as a bed opens. Northampton County Health Choices has reinvested funds into an expansion at Pyramid Healthcare in East

Stroudsburg. Once this expansion is complete there will be dedicated detox and rehab beds for Northampton County residents which should help expedite their placement into treatment.

The SCA will also be funding a 4th recovery center in Northampton County. While we have a small recovery center at Safe Harbor in Easton, it is not as utilized as we would like to see. RFP's went out for contracts and a proposal was submitted by Lehigh Valley Drug & Alcohol Intake Unit to open a recovery center in downtown Easton. It will be opened by July 1st and is located on North 3rd Street. The SCA will also continue to fund the recovery center at Safe Harbor as it does serve a purpose for the individuals who stay at Safe Harbor.

Budget Update: The SCA is on track with regards to the budget. Grant funds are being expended as planned. There have been several programs that were able to be added this year thanks to the Human Services Block Grant. Programs such as Peer Recovery Support Services and Life Skills Programs at Safe Harbor were able to be added. The Human Services Block Grant funds also covered items that were not funded fully by the grants the SCA receives. The County will begin its plan for the FY 16/17 Human Services Block Grant. Discussed needs that everyone sees in the community that funding from HSBG could be used for.

Membership Update: Tiffany thanked everyone for their letters of interest and resumes. They were submitted to the County Executive and passed to County Council for approval. Pamela Clark stated that they were all approved at the meeting held on May 19, 2016. Joseph Kospiah provided his information and Tiffany will forward it to the County Executive.

Courtesy of the Floor: Mary Tirrell shared that she just received an email from Rosemary Brown. There is a new caucus being created called PA HOPE. She will share the email with the Board that provides the specific details on PA HOPE.

Linda Johnson provided information on a Town Hall meeting being held **Thursday June 2nd from 6:30 to 8 pm** at Northampton Community College. This is sponsored by Representative Marcia Hahn. The SCA will have a case manager available that night. District Attorney Morganelli, the County Coroner Zachary Lysek, parents impacted by addiction, and a young woman in recovery will speak. Flyer will be emailed to the Board to share.

Next Meeting: July 15, 2016 at 12:00 at Lehigh Valley Hospital Muhlenberg

Public Hearing Notice

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

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

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

Tuesday, June 21, 2016 at 2:00 P.M.
Slate Belt Senior Center
707 American Bangor Road
Bangor, PA 18013

Wednesday, June 22, 2016 at 10:00 A.M.
Human Services Building
2801 Emrick Boulevard
Bethlehem, PA 18020

Proof of Publication

1165114
4159995

AFFIDAVIT

State of Pennsylvania
County of Northampton

Amanda Duane, being duly sworn, says that (s)he is connected with The Express Times, a newspaper circulating in Lehigh and Northampton Counties, Pennsylvania, and that a notice of which the annexed is a true copy was published on the following dates in said newspaper: 6/13/16

Amanda Duane
Amanda Duane

Sworn to before me this 24th
day of June, 2016.

Cathy R. Wilchak
NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Cathy D. Wilchak, Notary Public
City of Easton, Northampton County
My Commission Expires April 24, 2019

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

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

The plan under the use of the seven state-only funding allocations, which are the: Mental Health Community Base Funding, Behavioral Health Supportive (Mental Health and Drug and Alcohol), Intellectual Disabilities Base Funding, Child Welfare Special Grants, Act 115 Funding (Drug and Alcohol), Human Services Development Fund, and Homeless Assessment Program, will be presented on Tuesday, June 21, 2016 at 2:00 P.M. at the State Belt Senior Center, 707 American Bangor Road, Bangor, PA 18013.

Wednesday, June 22, 2016 at 10:00 A.M. at the Human Services Building, 2801 North Rockwell Road, Bethlehem, PA 18020

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 13th day of June 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.



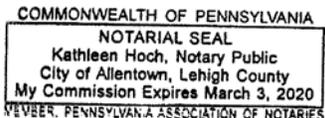
Designated Agent, THE MORNING CALL, LLC

SWORN to and subscribed before me this 15th day of

June 2016



Notary Public



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

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

TUESDAY, JUNE 21, 2016 AT 2:00 P.M.
SLATE BELT SENIOR CENTER
707 AMERICAN BANGOR ROAD
BANGOR, PA 18013

WEDNESDAY, JUNE 22, 2016 AT 10:00 A.M.
HUMAN SERVICES BUILDING
2801 EMRICK BOULEVARD
BETHLEHEM, PA 18020
#4224127 — 6/13/2016

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

Record # 43479

Public Hearing
 Northampton County Department of Human Services
 Human Services Block Grant Plan
 Human Services Building, 2801 Emrick Boulevard, Bethlehem, PA 18020
 June 22, 2016 - 10:00 AM

Name (Please Print)	Organization	E-Mail Address	Phone Number
Kevin E. Dolan	NORTHAMPTON CTF C.Y.F.	kevin.dolan@northamptoncountypa.org	610-829-4602
Tiffany Rossanese	Northampton City D & A	trossanese@northamptoncounty.org	610-829-4725
Andrew Grossman	Northampton County MITE/OP	AGROSSMAN@northamptoncounty.org	610-829-4825
John R. Moshak	10-50 Bridge Ave. Bethlehem PA	johnmoshak@northamptoncounty.org	610-829-4876
Kwlon Frizary	Justice Works Youthcare	frizary@justiceworksyouthcare.com	484-347-6939
Cheryl Baker	Equi-librium	cheryl@equi-librium.org	610-365-2266
Deborah Hill	Essence Seeds Eastern PA	dhill@essp.org	610-889-0114 x213
Gene DeGama	Valley Youth House	adama@valleyyouthhouse.org	610-954-9561
Tom Hellenstein	" "	tharringtan@valleyyouthhouse.org	610-484-951-6342
Pat McCarty	" "	mcgarry@valleyyouthhouse.org	610-252-2681
Denise Veres	Shanthi Project	denise@shanthiproject.org	610-737-8006
Paul Karamen	Community Service Foundation	PKarame@csfpa.org	267-370-0407
Ryan Barbosa	Northampton Co. CYF	rbarbosa@northamptoncounty.org	610-829-4640
Lynette Lewis	Northampton Co. CYF	llewis@northamptoncounty.org	610-829-4603
Alison Flatt	Northampton Co. D & A	flatt@northamptoncounty.org	610-829-4702
Johnathan Sons	Lehigh Valley Adult Services	john@lehighvalleyadultservices.com	610-458-5827

Public Comment Summary

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

June 21st and 22nd, 2016

- Allison Frantz, DHS Director, explained to the audience how the Human Services Block Grant dollars are distributed amongst the divisions
- One provider, Valley Youth House, praised Northampton County for their prevention efforts. They would like to see a continued expansion of prevention programming to meet the ever changing needs in Northampton County.
- It was stated that the provider agency vendor fair that Children and Youth held was well received. It provided helpful information to County and provider staff. Children and Youth will be hosting another fair this year on Friday, September 16th.
- Shanthi Project has been working with the Jail for 6 years to provide therapeutic yoga programming. They would like to see programming in the Jail for D&A. Denise from Shanthi stated that a combination of D&A programs and yoga have shown to improve recidivism rates.
- Kevin Dolan, CYF Director, stated that he has had talks with Judge McFadden. The Judge would like to see CYF attempt to place the children they take into custody with relatives when at all possible.
- Discussion was held regarding children who age out of the system and funding available to them. Kevin Dolan stated that children are able to stay in care until they are 21 years old. Some attempt to leave at 18 years old and come back because they struggle and realize they need the support of the CYF division.
- Valley Youth House asked about the availability of funds for Evidenced Based programming. They stated that they are currently funded by Lehigh County CYF for these services. Kevin Dolan stated that they are open to this possibility and would be willing to consider trying this with a small group of clients to see how the services are working and the outcomes of the services.
- Valley Youth House also inquired about funding available for a weekly camp, Camp Fowler. Kevin Dolan asked that Valley Youth House contact him with more details on this program.
- Discussion was held around the possibility of a Youth Advocacy Center in Northampton County.
- NAMI stated that they feel the CIT trainings being held are beneficial.
- NAMI voiced a concern with helping consumers navigate the challenging task of applying for Social Security. They recently learned of a local agency that could provide assistance.
- One provider requested each division share their “wish list”
 - Drug & Alcohol stated that they have been able to provide many new programs due to the flexibility of the HSBG. Some of these programs include increased housing options, more prevention programming in schools and the community, Peer Recovery Specialists, and the

addition of a fourth Recovery Center in the County. With the HSBG, the division will be able to continue these programs into the upcoming fiscal year while exploring new programs to meet the needs of the clients they serve.

- Mental Health would like to see a restoration of the 10% cut from three years ago. They would also like to see an expansion of residential programs.

- Area Agency on Aging is looking to expand programming to the citizens of the City of Easton.

- Children, Youth, and Families would like to expand their prevention programs. This includes programs such as Communities in Schools and Family Centers.

- Developmental Programs stated that they have many consumers who contact them with a list of needs and wants. While they have been able to meet the needs of individuals, there isn't always funding for the "wants".

- NAMI expressed a need for improved transportation services. People with MH disorders do not get to use LANTA vans as those are designed more for physical disabilities. Other providers stated that transportation is also an issue for Aging and Developmental Programs. Monroe County has a program called the Pocono Pony which assists with transportation. This is done through a voucher program. There have been some issues due to capacity however it has shown to be a benefit.
- NAMI also provided a list of needs that they see in the community: financial assistance with housing; Intensive Case Management services that do not require hospitalization prior to receiving the service; vouchers to assist with clothing for consumers; assistance with navigating the benefits system including how to complete the paperwork needed and what to do if you receive a denial.
- One provider praised Northampton County's collaboration between CYF and Juvenile Probation. He stated that he felt the relationship between the two divisions and how they work together is the best he's seen in the state.

Minimum Expenditure Level

Northampton County understands that there is no minimum expenditure level requirement for FY 16/17, however, the County will ensure that all categorical areas are included as per the County Human Services Plan Guidelines bulletin.

Human Services Narrative

Mental Health Services

The present Mental Health (NCMH) system in Northampton County includes a breadth of community-based services including treatment, crisis intervention, housing, employment, forensic, rehabilitation, rights protection, wellness/prevention, self-help, and basic support and enrichment services. The services include a range of evidence-based and recovery-oriented practices.

Program Highlights:

This report will highlight achievements that were funded through various streams, including grants awarded in addition to the Block Grant. While funding sources were initially sought outside of the Block Grant, it is the expectation of the county that the flexibility of the Block Grant will allow us to sustain these efforts ongoing. Some of our achievements from the last year are as follows:

For the fiscal year '15-'16, Northampton County Mental Health Treatment Court has continued to operate involving NCMH and the Criminal Justice System. NC D&A also participates on the treatment team as there are cases involving consumers who are dual diagnosed with SMI and substance abuse issues. This is a diversionary court focused on keeping MH consumers out of the Criminal Justice system by eliminating their record upon successful completion. It also provides significant levels of treatment with the focus being on recovery to the point that they are stable and that they are not becoming re-involved in the CJ system. During the course of this year, the average number of individuals active at any time is 10 individuals. We have had 4 members ejected and had several dozen cases denied, for various reasons. The first graduates are slated for July 2016.

The County's Employment Transformation Committee has continued and recently coordinated our second annual Employment Conference, which was well attended. The Committee meets monthly to broaden the County's emphasis on employment opportunities for individuals in recovery. This committee is chaired by the Program Specialist II and consists of representatives from all contracted employment providers, individuals in recovery, County staff and the Office of Vocational Rehabilitation (OVR). This group reviewed the draft Employment Plan and provided feedback to the County regarding this plan. The committee has established an "Employment is Everyone's Business" training program. Free monthly trainings promoting employment opportunities and employment supports were offered to stakeholders. The funding for these trainings was made possible through a Northampton County Redevelopment Authority

Gaming Grant which ended on December 31st, 2015. Training topics were “Motivational Interviewing and cognitive behavioral therapy strategies”, “Supported education” and “Assessing for employment readiness” for example. We also provided additional funds to our sheltered work program for additional services as well as for computers used toward job-searching activities.

The County resumed specific Northampton County Crisis Intervention, (CIT) Trainings after completing a Regional CIT program funded through a PCCD grant. The county-specific trainings are more advantageous to our consumers as we work directly with the police municipalities in our county. The CIT-trained officers who are dedicated to the success of CIT provide us with regular communication regarding people in their municipality in need of assistance, whether active to the county MH office or not.

The county also re-established support of our homeless shelter, support for our community’s rotating shelter program which operated during the months of December 2015, January, February and March of 2016, as well as support for site-based social psych rehabilitation services. We contributed to local anti-stigma campaigns through our NAMI chapter in the Lehigh Valley and supported our local annual Mental Health Awareness Walk.

In December 2010, Allentown State Hospital closed and consequently the need for mental health services in the community increased dramatically. As a result of the closure of Allentown State Hospital, extensive new treatment, residential and social programs were developed or expanded. A full list and description of mental health services are listed in the appropriate sections of this plan. It is worth noting that the MH system was the most impacted of the categorical grants by the inception of the Human Services Block Grant Program, since all of its State funding is included.

NCMH operates with the following objectives:

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

Access to services is through our Information Referral and Emergency Services (IRES) unit. When a person calls into this unit, he/she will speak with an information and referral specialist who will review the caller’s concerns and service needs and make a referral to the program that can best meet their particular needs. Depending upon the information provided, the caller may be scheduled to meet with an intake specialist; NCMH has 4 full-time intake specialists, or may be

referred directly to non-county treatment resources. The latter may occur if the caller qualifies for services provided elsewhere and/or if their insurance coverage requires them to use a specific provider network. The IRES division also provides emergency services for NCMH as well as for all of the other divisions within the Department. Its emergency services include a 24-hour crisis hotline, walk-in crisis management, and a mobile crisis service that provides counseling to the mental health community. Overall, the IRES division and its six caseworkers respond to about 500 emergency services and 1000 information and referral calls per month. In recent years IRES has experienced a spike in mental health consumers who need County mental health services due to a loss in their medical assistance. This year they have continued to experience a significant increase in Child Welfare reports due to 22 changes in the CPS laws that were amended as of January 2015.

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

Northampton County Mental Health (NCMH) strongly values input from local stakeholders in order to continuously improve the existing behavioral health system and promote system change as needed. In order to create the Mental Health portion of the Human Services Block grant, the County's planning team used the data from the Mental Health five year plan. Since the 2013-2017 Mental Health Plan is four years into its implementation the County felt that it was appropriate to use the data and goals within the MH plan to create the HSBG plan. The County is well positioned to use the Human Services Block Grant in conjunction with the Mental Health five year plan in order to, if possible, fill the gaps in MH services caused by a lack of funding as outlined in the later portions of this plan.

Information gathered from the Mental Health Plan Public hearing, monthly community support planning meetings, recovery committee meetings, Recovery-Oriented System Indicator (ROSI) committee meetings and provider meetings was used in the development of the Mental Health five year plan. The plan also included a series of focus groups that were conducted at various locations in the community. Surveys were also used to capture consumer feedback. Information from individual Community Support Plans, the annual housing survey and the quarterly Continuous Quality Improvement (CQI) meetings were also instrumental in the development for the Mental Health Plan. The complete 2013-2017 Mental Health five year plan can be found at www.northamptoncounty.org.

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

County-level measures

Northampton County uses yearly meetings with providers to discuss program performance and unmet needs as a community data indicator to ensure the comprehensive mental health needs of consumers' are addressed. NCMH also analyzes its yearly allocation and its ability to serve consumers by closely monitoring waiting lists for services. Currently there are waiting lists for inpatient and outpatient residential and treatment programs due to capacity and budgetary constraints. The waiting lists have grown substantially over the past year; consumers are waiting longer for services. Continuous Quality Improvement meetings are also conducted quarterly with CHIPP providers that look at process/outcomes for NCMH programs and consumers. The county's planning team is exploring options to further use both qualitative and quantitative data as county level measures for the 2016-2017 fiscal year.

Funding mechanisms

Listed below are the funding strategies that the County's planning team has for the 2016-2017 fiscal year:

- Promote Café the Lodge whenever possible in an effort to ensure that this program becomes self-sustaining. Although Café the Lodge is not completely self-sustaining, it is worth noting that the Lodge, which opened in 2012, is now profitable, and;
- Utilize a PCCD grant received for funding Justice Involved Individuals in securing appropriate housing options.
- Apply for additional grant funding, as appropriate.

The County's planning team will continue to use this fiscal year to explore funding mechanisms that would help maximize the use of the HSBG program.

Tracking Outcomes

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

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

Tracker system will help ease the transition into a more collaborative service delivery system among the human services divisions.

Older Adults (ages 60 and above)

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

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

Surveys administered for the Mental Health 2013-2017 plan helped to identify the needs of older adults in the Northampton County community. NCMH has found that older adults in the community need access to meaningful activities during their retirement. Currently there are three senior centers that are regularly used by older adults in the community.

Needs: This special and growing population have demonstrated a need for affordable and supportive housing, increased supportive programming which would pull together Aging funding and MH funding.

There has been an increase of referrals of the elderly who are mentally ill and have dementia. Most often they are aggressive and not accepted in Skilled Nursing Facilities. This is becoming a greater need in the population. We are hopeful that with collaborative efforts in this area, we can develop safe and supportive services and housing to meet the complex needs of this population.

Adults (ages 18 and above)

Strengths: Northampton County consumers that qualify, currently have access to three Assertive Community Treatment Teams (ACT). ACT teams provide targeted case management to state prioritized consumers with the highest level of needs. ACT teams use a collaborative approach that includes a psychiatrist, psychiatric nurse, therapists, case managers, and peers to fully meet

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

Northampton County base-funded individuals have access to four Intensive/Blended Case Management (ICM/BCM) providers. The Community Hospital Integration Project Program (CHIPP) case manager has been assigned to monitor these cases at monthly review meetings with each provider. Adult Administrative Case Management services are utilized to intake individuals into the NCMH system, authorize recommended treatment, perform liabilities and service reviews. In the last year, referrals for ICM/BCM services have risen. Base-funded consumers are most affected by this as there is not enough money in the budget to cover those on Medicare. This is another significant area of need. A forensic ACT team has recently been established in conjunction with our BHMCO.

Certified Peer Specialist (CPS) Services are available through Recovery Partnership, Salisbury Behavioral Health, Northwestern Human Services and PA Mentor. This service is exclusively funded by the BHMCO, and is a joint venture between Northampton County HealthChoices and the NCMH. Certified Peer Specialists are trained to provide a personal level of engagement with individuals in the community who need peer support. NCMH offers Peer Mentor services through Recovery Partnership for individuals without Magellan funding. During this fiscal year, NCMH has established a contract with ComPeer, which had provided a well-used peer to peer service to the County in the past. Moving forward, the County is looking to establish a connection with an agency that provides forensic peer services.

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

Within the County there is also an increased need for affordable housing for MH clients. The administrators of NCMH will be submitting a housing specific plan to the Office of Mental Health and Substance Abuse Services (OMHSAS) and HealthChoices for the use of HealthChoices reinvestment funds to explore various housing options, especially where there is a “log-jam” in the continuum. NCMH meets regularly with HealthChoices, during which time, we

collectively explore the gaps in services as well as the areas of increased congestion, and we discuss options for new or expanded programs to help satisfy these needs. The goal is to increase the availability of appropriate and affordable housing for adults suffering with a mental health disorder and to allow individuals to move throughout the continuum into the least restrictive environment possible. NCMH has also found that adults involved with the County's behavioral health system need education on job opportunities available to them. Adequate housing and employment will allow those who are suffering with a mental disorder to feel a true sense of belonging to the community thus aiding in the County's recovery oriented goal behavioral health system goals. NCMH's employment task force is exploring ways to increase employment opportunities for MH clients.

In summary, Northampton County has a wide range of community Mental Health services to support the MH community in Northampton County. The NCMH community, including the MH division, providers, family, consumers, and advocacy groups, is a very active and involved in community service planning. Programs such as Drop-In-Centers, psych rehab services, housing, CPS programs, NAMI, treatment programs and the like are all very heavily used and well supported.

In order to support Adult services at capacity, additional monies are needed, largely to help Medicare recipients who are base funded. Another vulnerability is the shortage of qualified psychiatrists and home visiting primary care doctors in the area. The MH community is also in need of more affordable and supportive housing. Certified Peer Specialists are needed and valued in our County. The community would benefit from additional certification training and adding new CPS workers, as well as increasing the numbers of peer mentors.

Transition-age Youth (ages 18-26)

Strengths: Though many adult services are available to people who are 18 and older, the County recognizes that transition age youth, people between the ages of 18 and 26, have unique needs that should be addressed outside of the typical adult services realm. In Northampton County, transition age youth are usually in need of help with managing new onset of disease and NCMH has found that these individuals are not usually interested in residential care. NCMH funds mobile psychiatric rehabilitation services, CRR beds, supportive employment opportunities and affirmative employment to assist transition age youth.

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

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

Children (under 18)

It should be noted that approximately 95-99 percent of children who receive mental health services are served by the BHMCO.

Strengths: Despite there being only a few children needing base funds, funds have been allocated to allow for both in-home and off-site respite opportunities using two Northampton County providers. A base-funded Children’s Administrative Case Manager oversees the children’s respite program. This program allows families to maintain their children in their natural homes.

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

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

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

Needs: A need that was identified by the Community Services Planning committee was that more and earlier education needs to be provided to younger children (K-6 grade) regarding mental health awareness and suicide prevention. Despite the County offering some preventative services at an earlier age than many local Counties, the expansion of these preventative services was identified as an opportunity for future growth in our schools for this population.

Individuals Transitioning out of State Hospitals

NCMH has successfully demonstrated its commitment to the Olmstead Plan by admitting only a few individuals to Wernersville State Hospital (WeSH) since the closure of Allentown State Hospital (ASH) in 2010.

Strengths: Currently, Northampton County has only 10 individuals at Wernersville State Hospital. There have been individuals with high acuity waiting for months at a time to enter into State Hospital level of care. Northampton County was recently allocated 4 additional beds at Wernersville State Hospital as the 9 beds we had previously did not meet the needs for all of the individuals whose symptoms were at a level wherein they needed that level of care. The State provided those beds to the County, reflecting how well we use diversionary strategies to keep people in the community, while also acknowledging that our need exceeded our resources.

Active discharge planning remains in place for all individuals placed in the state hospital. It is the NCMH commitment that no one from Northampton County will be “left behind” at WeSH. However, it must be mentioned that the fiscal year 2012-2013 ten percent budget reduction received from OMHSAS seriously affected the stability of the community infrastructure in Northampton County. The fiscal year 2012-2013 budget cuts necessitated the closure of vital MH services and reduced funding for others. Since funding has remained flat, services have not been restored.

We have been able to utilize HSBG monies to restore support for some programs like with our shelter, Safe Harbor, who serves our population coming out of Jail, as well as other mental health consumers.

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

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

Utilizing the Community Support Plans (CSPs) for all individuals residing in and receiving treatment at Wernersville State Hospital, the Steering Committee began to develop a database inclusive of all individual components of CSPs. This database will serve as the primary resource for all the collective and individual needs for persons receiving this level of support. Every individual’s CSP data are to be entered into the database upon completion and/or update of their plans. This database can encompass information selected for each county, or the entire Service

Area. From the database, each county mental health program can pull information that will identify what services, supports, and infrastructure will be needed for those individuals. NCMH has extended the CSP process to individuals served in the Extended Acute Care (EAC) and Long-Term Structured Residence (LTSR) programs.

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

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

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

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

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

Co-occurring Mental Health/Substance Abuse

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

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

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

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

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

Justice-Involved Individuals

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

The County Mental Health, Early Intervention and Developmental Programs Administrator and MH Deputy Administrator are members of the Criminal Justice Advisory Board (CJAB) with the Deputy currently serving as Chairman, which meets quarterly to discuss issues and new initiatives involving the criminal justice population and affords an opportunity to specifically discuss the needs of consumers with mental illness. Also, the County has a team known as The Forensic Advocacy Collaboration Team, (FACT). This group identifies gaps in the service delivery system for mental health consumers either in or soon to be released from the criminal justice system. The goal is either to prevent incarceration or to hasten release through solid

treatment and support planning. NCMH is also represented on the local County Re-Entry Coalition. A need for this population, as is a need across most divisions, is housing for those who are re-entering the community following incarceration.

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

Needs: There is a demonstrated need for housing for individuals coming out of jail, especially those without income. Many housing programs require some level of income to help pay expenses, and for those who have had their benefits terminated, income is rarely immediate.

There is a need for more psychiatric time with doctors. Again, individuals released from jail with limited medications will need to see a psychiatrist shortly after release. Unfortunately, the shortage of psychiatrists often make it so that the person is unable to see a psychiatrist for many weeks, lending itself to a situation where people either go to the ED of a local hospital or go to their primary care physician, most of whom are not as well versed in intricacies of psychotropic medications.

Veterans

Strengths: Our veterans who experience mental health problems are often supported in the community with Targeted Case Management Services which the US Veterans Affairs does not fund. Additionally, Veterans' Affairs does not financially support other intensive and less intensive services such as ICM, ACT services, EAC level care as well as other treatment services.

NCMH continues to reach out to and identify our veterans to make sure that they have the services and care they need. Northampton County also continues to investigate different assessments that can help accurately ascertain the needs to include the Veterans Affairs Benefits determination. The County continues to work with our providers to ensure that they are culturally competent to the needs of our Veterans.

Needs: There is a need for expanded services for Veterans to be funded through the VA, such as Intensive Case Management (ICM), ACT services, Extended Acute Care services and other treatment options. With the suicide rate among Veterans being as high as it is, there is a need for better screening with this population. There is also a need for better access to psychiatric services as many Veterans are limited in who they can see. Their medication formulary is also limited, so there is a need for more expansive services across the board. Additionally, there is an acute need for more Trauma-Informed care for Veterans returning from overseas, as this aspect of their experience in-theater is often overlooked. Also, there is a need for affordable housing for Veterans, many of whom have difficulty maintaining gainful employment post service.

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

Strengths: Northampton County is committed to ensuring that all members have equal and appropriate access to its mental health services. In insuring that consumer needs are specifically addressed, the County has sent some of its MH staff to sensitivity training that specifically addressed some needs of LGBTQI consumers. Magellan partners with the OMHSAS to host one day trainings specifically geared towards helping providers understand and hopefully become more astute at addressing the diverse needs of the LGBTQI community. The MH divisions as well as its providers embrace the culturally competent model set forth in the bulletin from the Office of Mental Health and Substance Abuse Services.

Needs: There are limited resources set aside specifically for LGBTQI consumers in the community. For those who identify their LGBTQI issues as an underpinning or contributing factor of their Mental Health, specific and focused group work can be more cathartic than groups that are not focused on these issues.

Racial/Ethnic/Linguistic minorities

Strengths: Northampton County is committed to making sure that everyone has access to mental health services, including those that are specific to the unique make-up of the individual.

Needs: There is a great need for additional bi-lingual, specifically Spanish-speaking, caseworkers. NCMH currently has bilingual staff, but the need is growing faster than our ability to recruit additional bilingual employees. . We have a bilingual case manager to assist with the growing Hispanic population in the county and when faced with a new situation, such as an applicant for Mental Health Court who only speaks Mandarin Chinese, we will seek out local resources such as a professor at a local university who speaks the language. We are always mindful of cultural competence across all settings.

NCMH also encourages its contract providers to ensure that there are Spanish-speaking individuals in their organizations that can assist consumers in need of services.

Recovery-Oriented Systems Transformation

While NCMH believes that all individuals are capable of recovery, what that recovery looks like will be different for each individual. As such, there is a strong emphasis that all services offered should be Recovery focused and offer the individual the best opportunity to flourish. Services and providers are constantly being reviewed for their Recovery focus and through several meetings and committees they have the opportunity to highlight how they are using Recovery Principles to inform the care they provide.

Our fiscal team continually assesses funding streams as well as overall spending to maintain a clear picture of the most efficient use of our funds. We partner with our BHMCO and Health Choices to ensure that our programs are providing desired outcomes as well as to ensure that we are current on trending needs. In addition we are constantly looking for grants to assist with current and future needs in the community. This year we concluded a grant from the PCCD to fund CIT training to multiple first responders in a joint regional area, and also concluded our Local Municipality Gaming Grant used to fund trainings on Employment Transformation and

Education as well as on Gambling addictions. We continue to maintain a PCCD grant for justice involved housing.

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

5 recovery oriented systems transformations based on unmet needs:

Older Adult population- in the next year the County is planning to develop a program similar to an ACT team that would serve individuals in various levels of nursing care by providing them with MH support in their facility, while incorporating their existing physicians from the same Nursing facility. These types of facilities tend to reject our Aging MH consumers as they are not capable of addressing their behavioral concerns. The goal of these teams being to assist our aging MH population in being more easily accepted into these facilities that do not have the current skillset to de-escalate or address the mental health needs. These teams would serve to manage the individual's behavioral health component as well as to educate nursing staff as to how to work with the individual consumer. The County will first write up a proposal for this plan with regard to duties, case load, referral process and capabilities, then discuss with our Health Choices Division regarding potential use of reinvestment dollars. Otherwise, this would be funded through base dollars. It would be tracked by the Provider who would be selected by R.F.P. to administer the service, and they would provide reports to the County.

Adults Age 18 and above-The County will seek to initiate an R.F.P. to re-start a Clubhouse program. We attempted to do so heading in to the 16-17 fiscal year but the previous provider requested a significantly higher operating and start-up cost than we were able to accommodate, based on the 10% cut we received from the State several years ago. The Clubhouse was initially closed based on the 10% cut but was not able to be revived with the same provider due to the same 10% cut as well as the amount they felt was needed to re-start. We seek to accomplish this in the 17-18 fiscal year, monitored by the operating Provider. If the previous provider is unable to provide the services within a budget that is acceptable to the County, the program will go up for RFP. Whomever provides this service will be accountable to report to the County the number of individuals using the service and the types of programming offered within the Clubhouse.

First Episode Psychosis/Early Episode treatment- There is a need for creative First-Episode Psychosis treatment – or early episode treatment - that is specialized to address the needs of this unique population at a pivotal time in their lives. Moving forward, the County plans to establish a round table group by summer of 2017 enlisting peers, providers and family/community members to address this very specific need area. There is no identified service-specific area at this point but the goal of this round table group will be to identify where the most significant area of need or service is, whether that be offering specific case management services, facilitating peer-to-peer interactions where appropriate or a supportive group counseling environment, it is

imperative to provide services that these young adults can relate to. It is difficult to determine any cost associated with the need at this point as we are not yet clear on what approach would be most needed and most effective. Depending on what this service ultimately looks like, it will help drive the data collection and management.

Justice-involved Individuals- Based on the back log of available State Hospital beds used to assess for Incompetence/Competency Restoration, which results in a significantly long wait period for individuals who are on a 304 commitment in the Jail setting or who need to be evaluated to restore competence, Northampton County Mental Health has been working more intensely with our County jail to either avoid using the 304 commitment or to not continue a 304 upon re-evaluation, where appropriate. This allows the team to work together to have the individual committed to a local hospital on a 302 commitment immediately upon their release from the jail, either upon arrangement with Parole/Probation or at reaching maximum incarceration date. In conjunction with our Crisis team the individual is transported to a community hospital for immediate evaluation. This avoids the extensive wait for the 304 State Hospital evaluation, during which time that individual tends to decompensate more significantly since the Jail provides no significant treatment. Upon discharge from the 302 commitment, the individual can be connected with services and return to their community. This has been in process for several months and there is no cost involved. The forensic case manager and supervisor track these cases manually.

Veterans- We continue to seek options and approaches to serve our Veteran population. Through our Crisis Intervention Team trainings we include a module on Veterans, specifically Police Officers who may be or who may interact with Veterans. We have served one Veteran and are currently serving a second veteran in our MH Specialty Court. The Specialty Court designated Judge is looking to establish either a specific tract in MH Court for Veterans or a separate Court for Veterans, although current needs would indicate it makes more sense to do a unique tract in our established court. The goal is to accomplish this task during the next calendar year, 2017. There are no costs specific to this addition as the Veteran is treated through Veterans Affairs-funded services, case management is already funded through base dollars, and criminal justice-based services and the Judge are already funded through Court Administration. These individuals are tracked by the Case Manager, and data is kept regarding all who are served in this capacity. This data will ultimately drive whether a unique Veteran's Court would make sense.

Treatment Services

Treatment Services are available through a variety of outpatient, inpatient, partial hospitalization and crisis providers. It is important to note that several years ago, at the urging of OMHSAS, the local long-term partial hospitalization programs converted to a psychiatric rehabilitation model. There are no longer any long-term partial hospitalization programs operating in the Lehigh Valley. There are, however, two acute partial hospitalization programs. One, called Alternatives, is located at the Muhlenberg Campus of Lehigh Valley Health Network. The other, Innovations,

is part of the Fountain Hill campus of Saint Luke's University Health Network. In those rare cases when a non-Medicaid resident is in need of partial hospitalization, Northampton County will pay for that resident to enter one of these two programs. This is an ongoing service that is monitored weekly for funding as well as appropriateness.

Crisis Intervention

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

NC Crisis Intervention Team (CIT) Advisory Board continues to meet in the County. This group is chaired by the Deputy Mental Health Administrator and consists of law enforcement, emergency medical services (EMS) staff, family members, individuals in recovery, provider staff and other relevant community partners. This group meets monthly and is charged with planning monthly CIT trainings as well as more comprehensive five-day CIT trainings. These CIT classes are free to all police, EMS, security, 911 and other first responder staff. CIT had been funded through two grants until recently. At present the trainings are funded on volunteer time and food donations for the meals during the training day. It is possible base funds will be used to assist in the trainings during the fiscal year '16/'17.

Rehabilitation

NCMH offers one clubhouse, Unity House, in Bethlehem. Prior to fiscal year 2012-2013, NCMH offered two clubhouses, Unity House in Bethlehem and Twin Rivers in Easton. However, the fiscal year 2012-2013 budget reduction forced NCMH to close the club house services at Twin Rivers and to continue it as a Drop in Center, albeit with expanded hours. Since the budget for 2013-2014 retained cuts that were made in fiscal year 2012-2013 the Twin Rivers clubhouse remains closed. Unity House converted to Psych Rehab at the beginning of July 2014. There continues to be two drop in centers, one in Easton and one in Bethlehem, available to consumers in the continuum of care. The clubhouse offers consumers interested in fulfilling work a guaranteed place to come, to belong, and to enjoy meaningful relations as they seek the confidence and skills necessary to lead vocationally productive and socially satisfying lives. In order to maximize services and offer a greater amount of rehabilitative services, NCMH partnered with Magellan Behavioral Health to provide program-based psychiatric rehabilitation within the clubhouse and Easton drop-in center (where Twin Rivers Clubhouse was previously provided).

The Northampton County Drop-In Center located in Bethlehem is operated by Recovery Partnership and is completely consumer driven and consumer run. The hours of this center were expanded to include earlier start times two days a week. The Easton Community Drop-In Center is operated through Salisbury Behavioral Health; however, the center itself has an all consumer staff. This Center offers Friday evening and Saturday hours. The Drop-In Centers are open to all

mental health consumers in Northampton County who are interested in meeting people and making new friends. They provide a friendly social atmosphere with scheduled daily activities including games, arts & crafts, discussion and education groups, vocational activities, and much more. Light refreshments are also served daily. Van transportation is also available on scheduled days. This helps ensure continued access to the centers and its resources. These services are offered year-round and are monitored frequently throughout the year. Monthly reports are provided to NCMH, and the program is reviewed as frequently. Every three months, CQI meetings are held to discuss quality improvement measures as well as to review incidents, trends, needs, etc. Every fiscal year, these services are re-evaluated and a needs assessment is conducted.

Prevention Services

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

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

The services offered are offered year round and monitored closely throughout the year. These cases are monitored through our billing process and re-evaluated prior to each fiscal year.

Medical Assistance for Workers with Disabilities (MAWD) is a program that has been around for years, but many people are unaware of it. The Northampton County Mental Health Employment Transformation Committee launched a MAWD poster and education campaign to promote this beneficial program. This program may change as the state moves into the Healthy PA program and there is the potentiality that MAWD may no longer exist. MAWD allows Pennsylvanians with disabilities to take a fulfilling job, earn more money and still maintain full medical coverage. As Healthy PA evolves, the MAWD program is being monitored to see what changes might be on the horizon.

These employment services are important to the County's commitment to prevention because often unemployment is an underlying cause/trigger for the need of NCMH services. As such, the County and our stakeholders regularly monitor those that are using these services to assess their needs.

Enrichment Services

The Community Support Planning Talent Group, WRAP Training, Mental Health Sensitivity Training, the Ethics Review Committee, Leadership Training, Certified Peer Specialist Training, Recovery Committee and the Community Support Planning Committee are enrichment services available to consumers in Northampton County. The County meets with these groups and committees on regular basis to review trends, quality improvement initiatives, and necessity for continuation.

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

Self Help

The local Consumer/Family Satisfaction Team (C/FST) in collaboration with NCMH and Emergency Services developed a survey to be administered after mobile crisis visits and telephone crisis contacts. The results of the surveys are used by Emergency Services to improve the quality of services delivered, pinpoint areas for needed training and assess the desire or need for CPS workers to be involved in mobile crisis visits. NAMI Lehigh Valley, CPS/Peer Mentors, the drop-in centers, Depression and Bipolar Alliance, stakeholder groups, Emotions Anonymous and the Community Assessment Team are all currently available to NCMH consumers. Recovery Partnership provides a peer-run help line. It operates during business hours and has expanded to all hours since the addition of RP peer-run 24-hour support program (Reflections).

Rights Protection

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

Mental Health Planning and Division Coordination

The County CHIPP Coordinator continues to meet quarterly with the crisis residential programs, ACT teams, residential programs, drop-in centers, clubhouse and the Consumer/Family

Satisfaction Team for quality improvement of these existing services. Trends, best practices and gaps are also discussed at these meetings.

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

An Employment Transformation Committee meets monthly to broaden the County's emphasis on employment opportunities for individuals in recovery. This committee is chaired by the Program Specialist II and consists of representatives from all contracted employment providers, individuals in recovery, County staff and the Office of Vocational Rehabilitation (OVR). This group reviewed the draft Employment Plan and provided feedback to the County regarding this plan. The committee has established an "Employment is Everyone's Business" training program. Free monthly trainings promoting employment opportunities and employment supports are offered to stakeholders. The funding for these trainings was made possible through a Northampton County Redevelopment Authority Gaming Grant which ended December 31st, 2015.

Monthly provider meetings are held at the County office and provider locations. In this venue, providers are encouraged to share new program information, discuss issues and as a group decide the type of education/presentations. Usually the topic of these meetings surrounds what is relevant at the time of the meeting.

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

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

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

Local Collaborative Agreements and Partnership

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

To conclude, all mental health planning in Northampton County is continuous and inclusive of individuals in recovery, family members, providers and relevant cross-system partners. Extensive planning is in place for State Hospital residents via the WeSH Steering Committee, CSP process, CSP committee, and CQI process and other established planning groups and support meetings. Jail diversion planning takes place through the local CJAB, FACT team, CIT Advisory Board and Re-entry Coalition. The Coalition is in charge of implementing the County-wide strategic plan focused on reducing the overall rate of recidivism.

The continuous and inclusive planning efforts have resulted in a comprehensive mental health service array. The leading community data indicator that this system has been effective is that NCMH has only nine individuals in the state hospital system. However, it should be noted that the flow and healthy infrastructure that resulted from this extensive planning has been weakened by the fiscal year 2012-2013 ten percent budget reduction that continued into fiscal years 2013-2014, 2014-2015, 2015-2016. The county continues to struggle to meet all of the needs of the individuals we serve due to the budget cuts. NCMH is dedicated to serving individuals in mental health recovery despite this financial set back. NCMH plans to continue to supplement Mental Health base dollars with other funding sources, including grants.

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

Evidence Based Practices Survey

Evidenced Based Practice	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)	Comments
Assertive Community Treatment	Y	340	TMACT	MCO contractor	Annually	Y	Y	
Supportive Housing	Y	75	Length of time in the community # of hospitalizations	County	monthly	N	N	
Supported Employment	Y	25	Gainful employment	County	Monthly	N	N	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	50	Random audits	County	quarterly	N	N	Our outpatient providers will address this, but not identified as a specialty
Illness Management/ Recovery	Y	25	EBP toolkit	MCO County	quarterly	Y	Y	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							Done by MCO, County not involved
Multisystemic Therapy	N							MCO offers this
Functional Family Therapy	N							MCO offers this
Family Psycho-Education	Y	125	Post test	Agency	Post-course	N	N	

Recovery Oriented and Promising Practices Survey

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Y	500/year	We currently combine Consumer and Family satisfaction
Family Satisfaction Team	Y	500/year	
Compeer	Y	None yet	Brand new start up this year
Reflections Fair Weather Lodge	Y	20	20 unique individuals
MA Funded Certified Peer Specialist	Y	340	All ACT Teams have CPS, EAC uses CPS, Stand alone CPS team
Other Funded Certified Peer Specialist	Y	35	County funded
Dialectical Behavioral Therapy	Y	45	Used in ACT
Mobile Services/In Home Meds	N		
Wellness Recovery Action Plan (WRAP)	Y	350	EAC, Recovery Partnership, ACT
Shared Decision Making	Y	350	EAC, Recovery Partnership, ACT
Psychiatric Rehabilitation Services (including clubhouse)	Y	20	Just restarted this care (County funded)
Self-Directed Care	Y	100	
Supported Education	N		
Treatment of Depression in Older Adults	N		Within Outpatient; not an area of specialty
Consumer Operated Services	Y	672	Café the Lodge, drop-in centers, peer line, Clubhouse, & peer mentor
Parent Child Interaction Therapy	N		Within Outpatient; not an area of specialty County funded
Sanctuary	Y	120	EAC; ACT (NHS)
Trauma Focused Cognitive Behavioral Therapy	Y	200	ACT (LVACT)
Eye Movement Desensitization And Reprocessing (EMDR)	N		
Other (Specify)			

Intellectual Disability Services

	<i>Estimated</i>	<i>Percent of</i>	<i>Projected</i>	<i>Percent of</i>
--	------------------	-------------------	------------------	-------------------

	<i>Individuals served in FY 15-16</i>	<i>total Individuals Served</i>	<i>Individuals to be served in FY 16-17</i>	<i>total Individuals Served</i>
Supported Employment	19	2%	21	2%
Pre-Vocational	15	1.5%	15	1.5%
Adult Training Facility	12	1%	12	1%
Base Funded Supports Coordination	100	10%	100	10%
Residential (6400)/unlicensed	1	0.1%	1	0.1%
Life sharing (6500)/unlicensed	14	1.4%	20	2%
PDS/AWC	25	2.5%	25	2.5%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	229	23%	234	23%

Supported Employment

Northampton County Developmental Programs (NCDP) continues to actively participate in the Employment Pilot through the Lehigh Valley Employment Coalition. Meetings are held 6 times per year. Members consist of the local Intermediate Units, providers of Employment Services, Supports Coordination Organizations, School Districts, Office of Vocational Rehabilitation (OVR), and Pennsylvania Office of Developmental Programs (ODP). The members discuss ODP/OVR information, training opportunities, current issues regarding employment, and transportation. The Coalition also hosted an event on May 20, 2016 to honor employers who hire individuals with Intellectual Disabilities,

Individuals between the ages of 16 to 26 who have desire to work are eligible to participate in the Employment Pilot. Base funding is utilized to pay for the needed supports for the individuals in the Pilot. Individuals participating in the Pilot program can utilize base funding after age 26 if the supports are still needed to maintain employment.

Services available in Northampton County through our local provider network are Customized Employment, PETS (Pre-Employment Transition Services), Project Search, Supported Employment, and Transitional Employment. The PETS program is new and will be starting during summer 2016. The OVR Early Reach program, which guides students through the employment planning process, is also active in our county. Discovery will be available in the near future as a provider has been trained.

NCDP also participates in the Northampton County Employment Transition Committee. This committee is a joint effort between Northampton County Mental Health & Developmental

Programs. The committee sponsored the 2nd Annual “Spring Into Employment Training” in June, 2016. Over 80 people were in attendance (family members, individuals, and providers). The planning process has already for the 2017 Spring Into Employment Training.

“Employment First” is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore, ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your County is a participant.

Supports Coordination

NCDP meets with the local Supports Coordination Organizations (SCOs) on a bi-weekly basis. During that time, topics of interest are reviewed, information is disseminated, and training provided. Individuals identified as having concerns are presented by the SCOS so that NCDP can provide guidance and assistance. The Prioritization of Need for Services list is also reviewed at that time to determine which individuals have the greatest need for services.

Natural supports are always discussed as the first option to meet the unique needs of each individual.

NCDP staff have completed all ODP required trainings regarding the ISP and outcomes. The SCOs also complete these trainings. Updates are relayed to the SCOs at the bi-weekly meetings.

All Individual Support Plans (ISPs) are thoroughly reviewed by NCDP upon submission. It is vital that all ISPs submitted are person centered with a focus on community integration. Community Integrated Employment is reviewed as a part of every annual review meeting to allow each individual and team to consider it as an option. Any ISPs that do not meet these requirements are returned so that the team can continue discussion as appropriate.

Life Sharing Options

NCDP has been and continues to be a leader in promoting Lifesharing. Currently 38% of individuals in residential placements are in Lifesharing, an increase of 10% from last year. This is due to the ongoing direction to SCOs to explore Lifesharing as the first option when residential services are needed and the Lifesharing objective in the Quality Management Plan. The objective in the plan includes having all individuals in group homes view a Lifesharing video and tour a Lifesharing home by 2017. Supports Coordinators also discuss Lifesharing with all individuals and their teams at the annual review meeting.

NCDP is fortunate in that there are numerous providers of Lifesharing in our county. Providers are very willing to work with our SCOs to find appropriate placements for individuals. Very often individuals in emergency respite situations are able to transition from respite to lifesharing with the same family.

NCDP staff also participate in the Northeast Regional Lifesharing Coalition. The coalition consists of providers, SCOs, and Administrative Entities (AE). Topics of discussion include regulatory information, trainings, ODP information, etc.

At the present time, NCDP has not identified any barriers to the growth of Lifesharing in our county.

Cross Systems Communications and Training

At the present time, it is very difficult to find local providers who are willing to work with individuals who are dually diagnosed with intellectual disabilities and mental illness who also display challenging behavior. NCDP has partnered with Health Choices/Magellan for the Dual Diagnosis Treatment Team (DDTT). In general, the DDTT has been well received by providers as it assists them to maintain individuals in their homes. Individuals in the program may be at risk of losing their housing. From our perspective, it has been a huge asset to our individuals and providers.

At every bi-monthly Lehigh Valley Supports Coalition meetings (a local provider group), NCDP staff discuss the need for providers willing to work with challenging individuals. Barriers to providing services to these individuals include the cost of worker's compensation claims, property damage, and extended hospitalizations of the individuals. All of these result in difficulty in providing service within the program rates established by ODP.

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provides services to individuals under age 21 who have complex needs. On the date that the individual turns 21, provision of services is transferred to NCDP. If waiver capacity is not available, base funds are used to maintain the continuous care of the EPSDT individual in his/her natural home.

NCDP participates in the Northampton County Local School Task Force. This group consists of parents from each local school district and the Intermediate Unit #20 and meets 6 times per year. The group discusses problems within the school districts, reviews state monitoring of the districts, and receives presentations on topics relevant to the schools. NCDP also participates in the Monroe-Northampton Transition Council. The Council focuses on preparing students for life after graduation with an emphasis on employment and further educational opportunities. Members include local school districts, OVR, service providers, and county staff. The Council meets four times per year.

NCDP will continue to work collaboratively with the Children Youth & Families (CYF) Division, Health Choices, and Mental Health Department by attending meetings/conferences regarding individuals in common to assure that best practices are followed. Base funding is used to provide services for individual in common when there is an assessed need and available services. Dually diagnosed individuals are best served in the community with the needed NCDP supports in conjunction with services from other departments as appropriate. NCDP strives to exhaust all community options prior to considering placement in a more restrictive environment.

Specific information as to communication & collaboration with other divisions is below:

- CYF:

- NCDP staff participate in Child and Adolescent Service System Program (CASSP) and Complex Case meetings. Staff from both agencies work together to plan for individuals aging out of CYF services. NCDP staff are also able to participate in team meetings as needed.
 - Aging :
 - The NCDP and Aging Departments from both Lehigh & Northampton Counties collaborated to develop a joint ID/Aging conference held in June, 2016. The theme of this year's conference was Aging with Intellectual Disabilities. The focus of the conference was legal issues, technology advances, ethical considerations, and medication management.
 - NCDP is very involved in PA LINK To Aging & Disability Resources. PA LINK is a statewide partnership which supports individuals with any type of disability in the community.
 - NCDP staff also work with Aging staff of all counties to complete the OBRA process for individuals with intellectual disabilities requiring care in nursing/rehabilitation facilities.
 - Mental Health:
 - Any individual who has an intellectual disability with a mental health diagnosis and is involved in the judicial system is eligible to apply for participation in MH Court. NCDP staff participates in weekly treatment team meetings and reinforcement hearings. The treatment team is headed by the judge & consists of representatives from the following departments: Developmental Programs, Mental Health, Drug & Alcohol, Probation, and Northampton County Prison. Services from all departments can be utilized for the same individual to best meet his/her needs in order to adjudicate the current charges and prevent further involvement in the judicial system.
 - As previously mentioned, NCDP collaborates with MH to address employment issues and concerns in the community.

NCDP, in conjunction with PA Office of Developmental Programs Health Care Quality Unit (HCQU), can also provide education/training to the various departments in order to increase their understating of the unique challenges facing the Intellectually Disabled population.

Emergency Supports

Northampton County's Information Referral and Emergency Services (IRES) department handles all after hour emergencies for Human Services. Furthermore, each SCO has after hour's on-call support staff. Northampton County IRES has several crisis workers that assist with locating emergency services outside of normal work hours. During work hours the responsibility

falls on the Support Coordinator with the Administrative Entity (AE) assisting as needed. The SCOs also annually review emergency numbers that can be utilized to report abuse.

Individuals requiring services in any situation, including emergencies, are always encouraged to use natural supports. When natural supports are unavailable, base funding is used to meet individual needs. In addition, services through other departments are explored as appropriate/available.

The DDTT responds to emergencies involving their program participants. The immediate response from DDTT is able to de-escalate emergency situations. This decreases the need for ER visits and hospitalizations.

Many first responders in our area have received Crisis Intervention Training. This training provides de-escalation techniques for individuals with disabilities. It also provides the tools which allow first responders to be more compassionate and sensitive to the needs of our individuals.

Local hospitals also work to provide quality services to individuals with intellectual disabilities. Individuals are admitted to hospitals based upon medical needs. Hospitals have also worked with NCDP to provide needed care while community based supports are located.

During ODP Provider Monitoring, all provider policies and procedures are reviewed to ensure that individual's needs are being met. This includes reviewing the provider emergency preparedness plan. If this plan was utilized during the year, NCDP staff review the provider response to the emergency to make sure the plan was followed appropriately.

As part of the NCDP contracting process, providers are reminded that they are required to develop/refine their own disaster/emergency response plans and submit to Northampton County.

The base budget is monitored throughout the year to determine the amount of funding available at any given time. Base monies are then authorized to serve individuals as available and appropriate. This includes providing funding to meet emergent needs. The Block Grant Committee also meets several times throughout the year to monitor the usage of base funds in real time. When base monies are not available to meet an individual's emergency needs, NCDP has the ability to request an Unanticipated Emergency Consolidated Waiver slot from ODP.

Emergency Response Plan: Northampton County utilizes its Information Referral and Emergency Services (IRES) Division for all after-hours emergencies. This is a comprehensive crisis unit that responds to crisis/emergency situations. It is a seven-day-a-week, 24-hours per day operation. Workers in this unit provide telephone crisis counseling, walk-in crisis counseling, on-site crisis counseling and serve as delegates for involuntary Mental Health commitments. They also respond to emergencies involving Aging, Children, Youth, and Families, Drug and Alcohol, and Mental Health/Developmental Programs.

Administrative Funding

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

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

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

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

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

Other miscellaneous duties include serving as coordinators for the Supports Intensity Scale (SIS), the Vendor Fiscal/Employer Agent and Agency with Choice Financial Management Services, HCSIS Administration, and Leadership Council. AE staff also serve as the Qualified Mental Retardation Professional (QMRP) to certify that individuals continue to qualify for Intermediate Care Facility/Mental Retardation (ICF/MR) Level of Care. NCDP staff also collaborate with ODP staff as needed and implement an annual Quality Management Plan.

NCDP staff have either participated in the Person Centered Thinking Training or are scheduled to participate in the fall of 2016. Components of this training are incorporated when reviewing ISPs. Information regarding the training has been forwarded to the local SCO and provider agencies. The information will also be disseminated to individuals and families via the Bi-County Observer newsletter.

The Arc of Lehigh & Northampton Counties is utilized as a resource for individuals and families. They offer numerous trainings and informational sessions as well as a resource lending library. The Arc also publishes the Bi-County Observer, a bi-monthly newsletter, which includes up-to-date information regarding community events, trainings, and educational/recreational opportunities.

The HCQU does Consumer Data Collections (CDCs) which assess an individual's overall health, identifies risk factors, and makes recommendations to the team. CDCs are completed for individuals who have been identified as being at risk for medical complications. NCDP is able to request these assessments on an as needed basis when concerns arise. The HCQU also provides psychiatric and pharmaceutical reviews, tele-psychiatry, I-Pad lending library, biological timelines, and training for individuals, families, and providers. Currently, NCDP uses the HCQU data informally to assess risk as part of the Quality Management Plan process.

NCDP has an objective in the Quality Management Plan to increase the number of individuals utilizing their Augmentative and Alternative Communication strategies in multiple environments. This objective was developed after a review of IM4Q data. At this time our local IM4Q program provides NCDP with the necessary information needed to fully utilize the data. NCDP has also requested additional questions be added to the Essential Data Element (EDE) survey based upon the needs of the intellectual disabilities community.

Supports needed to assist local providers to increase their competency and capacity to support individuals who present with higher levels of need are discussed at the Lehigh Valley Supports Coalition meeting. Pennsylvania Northeast Region ODP staff also come to the Supports Coalition twice a year to provide information and guidance to local providers. NCDP staff are available to meet with providers outside of the Supports Coalition meeting to discuss concerns and provide assistance as needed. The HCQU is always offered as a resource to providers.

One of the NCDP staff was recently ODP Quality Management Certified. The knowledge gained through this certification program will allow NCDP to more thoroughly analyze data and develop a new action plan to address areas of need. The NCDP Leadership Committee meets bi-monthly to review data, discuss trends, and develop solutions for areas of need.

Northampton County is partaking in the 811 Housing initiative in which subsidized housing will be made available to individuals who are in need. The priority populations are those that are institutionalized or have the potential to be institutionalized, as well as those coming out of institutions including incarceration. The LLA or her designee is involved in reviewing applicants and their level of need, in order to determine eligibility. Individuals who are diagnosed with a SMI are also reviewed with the Mental Health Housing team to determine if they are appropriate for – and eligible for – Mental Health housing.

The letter that goes out to all providers during contract time as well as with any contract amendment indicates that as part of the contracting process, we require that all MH/EI/DP agency providers develop or refine their own disaster/emergency response plans. A current plan must be on file with our office and any changes must be submitted to us. All providers of non-licensed services must also have crisis plans.

Participant Directed Services (PDS)

Currently 33% of NCDP individuals receiving non-residential services utilize PDS. PDS are discussed at every annual review meeting and whenever non-residential services are needed. The rates for PDS are less than those of traditional providers so it is an attractive option. Individuals and families also like the ability to hire their own staff.

The Agency With Choice (AWC) and Vendor Fiscal (VF) options can be difficult to navigate at times. Being the Managing Employer in the VF system is very involved which can be a barrier to participation. Additional training, particularly for VF, would be beneficial. Northampton County has requested training from ODP in the past and will continue to do so.

Community for All

Northampton County currently has 14 people residing in a state center. To date, none of these individuals have been identified as being willing or unopposed to moving into the community as part of the Benjamin Settlement. AE staff have been trained on the process to facilitate moving identified individuals into the community as needed.

For those individuals residing in Nursing/Rehabilitation facilities, the option of moving is always presented to team members. The ODP Regional Nurse will also contact NCDP staff when individuals that are medically capable of moving back into the community are identified. Efforts are then made to locate appropriate services and supports to facilitate a move.

Homeless Assistance Services

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

Northampton County's Information Referral and Emergency Services (IRES) works closely with the providers of HAP services to ensure that residents have access to and are aware of the services provided by the County. Since the County contracts with local vendors to provide HAP services, the IRES division is usually the main point of contact for residents attempting to access services through HAP. Over the past several years calls to IRES for assistance through HAP have increased. Information and referral calls also increase in the winter months as Northampton County residents inquire about assistance with heating their homes or assistance with finding shelter. The IRES division also devotes special attention to consumers who may also be

involved with the County Department of Human Services for other reasons and are also in need of homeless assistance. These consumers are usually involved with the Mental Health, Developmental Programs, Drug and Alcohol, and Veterans divisions and thus are some of the more fragile members of the community. Therefore, it is important to make sure that these clients have the appropriate assistance in accessing the services available to them.

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

Bridge Housing

Bridge Housing is the transitional service that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Northampton County contracts with the Easton Area Neighborhood Centers and the Third Street Alliance for Women and Children to provide bridge housing services to Northampton County individuals and families who are homeless or near homeless. A family is defined as a unit consisting of at least (1) adult and (1) child. Individuals and families are eligible for this service if:

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

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

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

- (a) To assist program participants to achieve their maximum level of independence by providing necessary services such as supportive counseling, pre-and post-employment monitoring, educational and life skill training;
- (b) To assist program participants to re-enter the community into safe, affordable housing; and
- (c) To facilitate connecting program participants with services such as those provided by Northampton County's Department of Human Services and other community

agencies creating a comprehensive network of support. Such support enables the client to access resources improving chances for a successful outcome.

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

The County will evaluate the efficacy by requesting and receiving a quarterly summary report from each vendor. There are no proposed changes for fiscal year 16-17.

Case Management

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

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

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

Each organization that provides case management does so in conjunction with their other Homeless Assistance Program initiatives. The County will again evaluate the efficacy of case management using quarterly reports from each vendor. There are no proposed changes for this service for fiscal year 16-17.

Rental Assistance

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

Rental assistance involves voucher or vendor payments for rent, security deposits or utilities made during any 24 consecutive months to individuals or families to prevent homelessness by intervening in cases where eviction is imminent, or to end homelessness by moving people out of shelters into permanent housing. For each client requesting rental assistance;

- (a) The intake will be completed on each applicant with special emphasis on the feasibility of the proposed living arrangement;
- (b) The landlord will be contacted to make certain that s/he is willing to cooperate with any arrangements that are made;
- (c) Services will be coordinated with those provided by the County and other agencies to maximize the effectiveness to the program; and
- (d) Payments will be made in the name of the applicant and the landlord, and will not exceed, in the case of a single adult household, \$1,000 or for households with children, \$1,500 within the past 24 months.

The County has no proposed changes for this service for fiscal year 16-17. Northampton County will again evaluate the efficacy of this service through quarterly reporting received from each vendor.

Emergency Shelter

Northampton County contracts with ProJeCt of Easton to provide emergency shelter through the Homeless Assistance Program. Through their ASSIST program, ProJeCt of Easton provides emergency shelter, refuge, and care, as well as case management to persons who are in immediate need of emergency housing. ProJeCt of Easton has developed relationships with community non-profit shelter providers as well as for profit business owners enabling them to place homeless individuals 365 days per year. The ASSIST program uses the United States Department of Health and Human Services Poverty Guidelines to determine client eligibility. Persons must be homeless or in immediate danger of becoming homeless to qualify for emergency shelter. Most commonly this service is used by those who have an intellectual disability, those who are suffering from a mental illness, and those who are in recovery from substance abuse. Due to funding limitations shelter is limited to prioritized groups. Selection of the priority groups is based on the following criteria:

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

The funding for the emergency shelter is not intended to assist with hotel vouchers to address chronic homelessness. It is only when all shelter beds are full, that temporary shelter may be provided by local hotels with the use of vouchers. No fee is charged to the client for emergency shelter.

The County has no proposed changes for this service for fiscal year 16-17. Northampton County will continue to evaluate the efficacy of this service through quarterly reporting received from each vendor.

Other Housing Supports

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

Each of our providers is responsible for their own implementation of the HMIS System. All of them are at various stages. ProJeCt of Easton regularly utilizes HMIS when working with an individual or family who are homeless and they are assisting with rental assistance. When an applicant for rental assistance is being considered, the case manager performs a search to inquire if any adults in the household have received assistance. Upon intake, ProJeCt of Easton immediately turns to HMIS to determine if the household members have been entered into the system. If they are not, they enter them and if they are, they read all the notes and contact previous service providers for information. Safe Harbor of Easton continues to have problems entering the information into the system. The data is being collected, and Safe Harbor will be working with the PA HMIS Helpdesk to have the problems resolved. Easton Area Neighborhood Center does not have access or knowledge regarding the HMIS system. They provide client data to the County on a quarterly basis. Third Street Alliance for Women and Children has started using the Homeless Management Information System (HMIS). Client data has been added for all residents entering the program since July 2015. Clients entering the program in 2014 and prior to July 2015 will also be added shortly. Due to the Violence Against Women Act requirements, Turning Point of the Lehigh Valley is not a registered user of the HMIS. However, they do collect data using an equivalent data base and will be participating in the PA-509 Continuum of Care Coordinated Entry efforts. The HMIS is monitored through the County's Department of Community and Economic Development (DCED). The DCED oversees the use of the HMIS by HAP providers. The DCED also informs providers about upcoming State run trainings that outline use of the HMIS. Overall, the County is using the HMIS as required by the State and its continued use is outlined in the DCED Five-Year Consolidated Plan required by the United States Department of Housing and Urban Development that Human Services staff also participates in. There are no proposed changes for next year.

Children and Youth Services

Northampton County's Children, Youth and Families Division (NCCY&F) and Juvenile Probation Office (JPO) have received Special Grants funding for Functional Family Therapy, Multi-Systemic Therapy, Family Group Decision Making, Housing, and Truancy. Staff rely on these services, in addition to the strength-based approaches of these services, to positively impact the children and families served by both divisions. Northampton County continues to increase the use of evidence-based services that promote family engagement and utilize providers who have been trained and credentialed to deliver those services according to their respective models. Northampton County Children, Youth and Families Division has experienced an increase in the amount of referrals to the agency due to legislative changes within Child Protective Services Laws. Northampton County Children, Youth and Families Division and the Juvenile Probation Office uses services provided through the Special Grant programs to assure that, to the greatest extent possible, children have permanency and stability in their living situations, they are safely maintained in their homes whenever possible and appropriate, and that, if placement outside of the parental home is necessary, permanency is achieved in a timely manner.

Outcomes

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Children are safely maintained in their own home whenever possible and appropriate.	Case discussions between caseworkers and supervisors (10 day reviews at intake and child protective service investigations; for ongoing units - daily, weekly and monthly)	In-Home Services (various contracted providers) Evidence based Services and Trauma-Informed Therapy Services (various contracted providers)

	<p>Tools such as the In-Home Safety Assessment/Structured Case note (to be completed during the initial assessment of a case referral to the agency, case closure, 30 days prior to the Family Service Plan and when any new issues/circumstances arise)</p> <p>Risk Assessments (during initial assessment of a case, for cases accepted for services, at 6 month intervals in correlation with the Family Service Plan, when issues or concerns arise to prompt changing a risk level of a case, and at case closure)</p> <p>All agency staff will be required to attend trainings and remain up-to-date on the regulation/law changes of the Child Protective Services Law</p>	<p>Case Management</p> <p>Pennsylvania Child Welfare Resource Center</p> <p>Family Finding and Family Group Decision Making</p>
<p>Continuity of family relationships and connections if preserved for children.</p>	<p>Diligent searches for any missing parents at initial referral of case and every 6 months in correlation to the Family Service Plan</p> <p>Act 55 being conducted on all cases accepted for services on an annual basis to assist with identifying extended relatives and kin who may be willing to support children and families entering the child welfare system.</p> <p>Families are offered Family Group Decision Making, which empowers the family to develop a guided plan on the direction of their case, while the agency and/or vendors assist the family to achieve established goals (ongoing)</p> <p>Fostering Connections letters are sent within 30 days of a child being placed outside the parental home to any persons having been</p>	<p>Family Finding and Family Group Decision Making (various contracted providers)</p> <p>Utilization of Family Trees and Genograms</p> <p>Case Management</p> <p>State Wide Adoption Network (SWAN)/Legal Services Initiative (LSI)</p> <p>Pennsylvania Child Welfare Resource Center</p>

	<p>associated with the biological parents to the 5th degree</p> <p>Ongoing engagement with resource homes on the standards of Reasonable and Prudent Parenting.</p> <p>Family Finding – locating additional family and/or placement resources from the onset of the case in the event a child needs to be placed outside the parental home (ongoing)</p> <p>Seek out kinship resources (whether formal or informal) prior to the placement of a child in a more restrictive setting (ongoing)</p>	
<p>Families have enhanced capacity to provide for their children’s needs.</p>	<p>Families are offered Family Group Decision Making, which empowers the family to develop a guided plan on the direction of their case, while the agency and/or vendors assist the family to achieve established goals (ongoing)</p> <p>Should the family require additional support, in-home services are referred to assist the family with additional needs while remaining in the home environment (ongoing)</p> <p>Referrals to community based programs in the family’s own environment (ongoing)</p>	<p>Family Finding and Family Group Decision Making (various contracted providers)</p> <p>In-Home Services (various contracted providers)</p> <p>Evidence based Services and Trauma-Informed Therapy Services (various contracted providers)</p> <p>Community Based Programs (vary by location/county)</p>

Programs

Program Name:	Multi-Systemic Therapy (MST)
---------------	------------------------------

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)	Y	New	Continuing	Expanding
			x	

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

Additional funding in the amount of \$11,000 was provided to MST for FY15-16 through the Needs Based Plan & Budget Special Grants.

Additional funding in the amount of \$11,000 is being provided to MST for FY16-17 through the Needs Based Plan & Budget Special Grants to accommodate increased funding costs for the population being served.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	19	21
# Successfully completing program	10	12

Cost per year	\$76,168.16	\$76,168.00
Per Diem Cost/Program funded amount	\$61.56	\$61.56
Name of provider	Community Solutions	Community Solutions

***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.

N/A

Program Name:	Functional Family Therapy (FFT)
---------------	---------------------------------

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)	Y	New	Continuing
			Expanding
			x

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

Additional funding in the amount of \$29,735 was provided to FFT for FY15-16 through the Needs Based Plan & Budget Special Grants.

Additional funding in the amount of \$29,735 is being provided to FFT for FY16-17 through the Needs Based Plan & Budget Special Grants to accommodate increased funding costs for the population being served.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	111	114
# Successfully completing program	61	64
Cost per year	\$223,426.28	\$225,000.00
Per Diem Cost/Program funded amount	\$145.68	\$145.68
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.

N/A

Program Name:	Family Group Decision Making
---------------	------------------------------

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)	Y	New	Continuing
		x	Expanding

Family Group Decision Making (FDGM) is a restorative approach to problem solving that involves children, adolescents, and adults. It helps families make their own decisions instead of having plans that are prescribed for them. FDGM is a practice that is family centered, family strengths oriented, culturally and community based. It recognizes that families have the most information about themselves and that they are, in most cases, able to make well-informed decisions. Overall FDGM fosters cooperation, communication and a positive partnership between families and professionals. Northampton County Children, Youth and Families Division, Lehigh Valley Families Together, KidsPeace, Justice Works, Youth Advocate, and

Methodist Services provide FGDM services for Northampton County residents. Special Grant Initiative funds will be expended among all of the providers listed above.

- 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.

Additional funding in the amount of \$413,133 is being provided to FGDM for FY16-17 through the Needs Based Plan & Budget Special Grants to accommodate increased referrals and the agency's plan on expanding the in-house FGDM program into a fully staffed Family Group Decision Making Unit. The funds would provide for the salaries and benefits for the following:

Family Group Decision Making County Casework Supervisor - \$69,573 (salary & benefits)
 Family Group Decision Making County Caseworker III - \$75,760 (salary & benefits)
 Family Group Decision Making County Caseworker II - \$75,701 (salary & benefits)
 Family Group Decision Making County Caseworker II (3 workers) - \$192,099 (salary & benefits)
 $\$75,760 + \$75,701 + \$69,573 + \$192,099 = \$413,133$

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYF/JPO families	CYF/JPO families
# of Referrals	88	62
# Successfully completing program	36	41
Cost per year	\$38,590.00	\$36,566.00
Per Diem Cost/Program funded amount	Lehigh Valley Families Together \$56.00/hour Justice Works \$61.71/hour KidsPeace \$64.20/hour Youth Advocate \$58.09/hour Methodist Services \$56.00/hour Northampton County Children, Youth and Families	Lehigh Valley Families Together \$56.00/hour Justice Works \$61.71/hour KidsPeace \$64.20/hour Youth Advocate \$58.09/hour Methodist Services \$56.00/hour Northampton County Children, Youth and Families
Name of provider	Listed Above	Listed Above

***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.

Family Group Decision Making was underspent due to the majority of referrals being managed through the agency's own Family Group Decision Making program, thus reducing the costs of having to use contracted vendors. The agency will continue to utilize contracted providers, especially if a family is already receiving a service through the vendor to assist with the ease of transitioning and working with the family. Additionally, if the agency's own program becomes inundated with referrals; there will be a need to utilize the contracted vendors. The underspent funds from FGDM were reallocated to the Housing Initiative and the Alternatives to Truancy Program.

There is a 30% decrease in the number of clients to be served by FGDM with a reduction of \$2,000 in funds. Northampton County Children, Youth and Families Division will be utilizing the in-home FGDM Unit to conduct most of the FG referrals; therefore, lessening the need of purchased FGDM services through outside vendors. Additional costs will also be covered through the agency's Needs Based Plan & Budget Special Grants.

Program Name:	Housing Initiative
---------------	--------------------

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)	Y	New	Continuing	Expanding x

Northampton County Children, Youth and Families Division provides housing assistance to families in need of rental assistance up to \$1600. Providing this service through the CYF special grant program allows, in many cases, for families to remain together. Housing assistance prevents placements, aids in reunification, or avoids housing the family in a homeless shelter.

One time housing assistance to families who are at risk of eviction will assure family stability and educational stability for the children involved with the agency.

Northampton County’s CYF division also provides support to youths ages 18-21 who continue to remain under the legal care and custody of the agency and pursue post-secondary education. This housing initiative assists youth with costs associated with pursuing post-secondary education. These costs include housing assistance, books, cable, food, clothing, and monthly household bills. Supporting youth as they begin post-secondary education and training experiences helps assure that they will have the appropriate backing necessary for their successful transition into adulthood. Furthermore, the agency continues to subsidizing older youth who wish to remain under the agency’s care to better help assist and prepare them better for transitioning into independence. The agency anticipates the number of youth receiving subsidies will increase as youth continue to remain in care, in addition of youth who chose to re-enter care.

Additional funding in the amount of \$15,000 was provided to the Housing Initiative for FY15-16 through the Needs Based Plan & Budget Special Grants to accommodate increased funding costs for the population being served.

Additional funding in the amount of \$14,527.52 was provided to the Housing Initiative for FY15-16 through the Human Services Block Grant to accommodate increased funding costs for the population being served.

Additional funding in the amount of \$15,000 is being provided to the Housing Initiative for FY16-17 through the Needs Based Plan & Budget Special Grants to accommodate increased funding costs for the population being served.

- 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.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYF families & 18-21 year old youth	CYF families & 18-21 year old youth
# of Referrals	52	52
# Successfully completing program	42	47
Cost per year	\$85,892.00	\$85,982.00
Per Diem Cost/Program funded amount	\$1600 maximum	\$1600 maximum
Name of provider	Northampton County CYF	Northampton County CYF

***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.

N/A

Program Name:	Alternatives to Truancy Prevention (ATP)
---------------	--

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)	Y	New	Continuing	Expanding
		x		

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

No additional funding was provided to the ATP program in FY15-16 through the Needs Based Plan & Budget Special Grants.

Additional funding in the amount of \$156,769.47 was provided to the ATP program for FY15-16 through the Human Services Block Grant to cover the costs associated with the service due no additional funding being provided for FY15-16 through the Needs Based Plan & Budget Special Grants.

Additional funding in the amount of \$95,953 is being provided to the ATP program for FY16-17 through the Needs Based Plan & Budget Special Grants.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	School aged children and	School aged children and

	youth	youth
# of Referrals	any truant youth (several hundred) 8 school districts	any truant youth (several hundred) 8 school districts
# Successfully completing program	1289 youths served	657
Cost per year	\$272,977.00	\$138,952.00
Per Diem Cost/Program funded amount	\$272,977.00	\$138,952.00
Name of provider	Colonial IU 20	Colonial IU 20

***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.

N/A

Drug & Alcohol Services

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

The SCA is responsible for providing screening, assessment, referrals, treatment, case management and recovery support services in Northampton County for the uninsured and underinsured. Individuals in need of the full continuum of care can find support as they move from detoxification to inpatient rehabilitation to halfway house to intensive outpatient counseling to outpatient counseling, supplemented by recovery supports. These supports include four recovery centers, certified peer recovery specialists, 3 transitional housing sites as well as 12-step programs and other natural supports. A recovery model is utilized to engage clients. The division interacts with all divisions in the Department of Human Services as well as with the Criminal Justice divisions.

In addition to drug and alcohol treatment services, the county funds a variety of prevention services for Northampton County. Prevention services are provided in all of the school districts in Northampton County as well as in the community. Programs are developed using evidence based curriculum. Last fiscal year, Northampton County added additional funding to support a heroin overdose prevention program in response to the growing heroin epidemic in the state of Pennsylvania. This fiscal year, Northampton County will continue to focus HSBG funds on increasing the prevention efforts in the County. Prevention efforts in the community are targeted at educating the public on the disease of addiction and lessening the stigma surrounding addiction. Stigma can be a huge barrier to treatment as individuals are at times ashamed to ask for help.

The data for Northampton County clients show some significant trends. Heroin tends to be the drug of choice for a majority of clients seeking treatment at the SCA. Clients age 25 and younger tend to choose marijuana as their drug of choice, while older clients, over 40 years of age, tend to choose alcohol or cocaine. Middle age clients, 26 through 39 years of age, tend to use heroin at a significantly higher rate than any other age. According to the Northampton County Coroner, there were 71 overdoses in Northampton County in 2015.

The Opioid epidemic has been the main priority in Northampton County. The SCA has increased prevention efforts around opiates and overdose, partnered with local agencies such as the Health Bureau to form a task force around this issue, as well as worked to decrease any barriers to treatment for individuals who present to the Emergency Departments requesting help with their addiction. County staff continues to stay current on new drug trends and the impact it could have on the population that the division services.

Another trend noted is the increasing amount of clients who self-report using synthetic marijuana. Several overdose deaths related to the use of Synthetic Marijuana, or K2, have occurred in the County. Synthetic marijuana is becoming a popular drug of choice in the United

States among adolescents which makes it an important trend to watch among the population served by the Northampton County SCA.

Outpatient treatment saw the highest number of referrals in FY 2015-2016. Referrals are received from the community and the criminal justice system. The numbers of referrals from the criminal justice system continues to increase each year. Inpatient treatment is the most expensive level of care that the drug and alcohol division provides. If a client is not MA eligible, the county is taxed with funding the entire course of treatment. The division continues to work with the local County Assistance Office and Magellan to help efficiently enroll those who are eligible into Medical Assistance. This along with the expansion of medical assistance eligibility has increased funding availability for those who are not Medical Assistance eligible.

Screening for treatment services is primarily provided by the County's contracted providers. The SCA works with a centralized intake contractor Lehigh Valley Drug and Alcohol Intake Unit to provide screening, assessments and preliminary case management to assist clients in accessing treatment in the timeliest manner. Individuals who have self-identified their needs for treatment and are appropriate for outpatient services may directly contact any of our outpatient providers. The Drug and Alcohol division contracts with four outpatient programs to provide screening and assessment of all clients, and then schedules outpatient treatment if clinically appropriate. If at the time of the screening it becomes apparent that the client is in need of emergent care or a higher level of treatment, they are directed to the local hospital, Emergency Services, Lehigh Valley Intake Unit, or the SCA in order to access that care, depending on the nature of their needs. Lehigh Valley Intake has been able to respond within the DDAP required timelines, and also offering stand by or walk in appointments if the client is anxious to access treatment. If at any time they are unable to meet demand, the SCA staff can accommodate this need. After hours emergency services unit is also available to provide screening and referral services. Beginning July 1, 2016, the SCA has contracted with Lehigh Valley Drug and Alcohol Intake Unit to provide on-call assessment services on weekends and holidays. This service should help ensure a warm handoff for individuals who appear at the ER and are in need of treatment. The Intake providers will assess the patient, assist with medical assistance application, and locate a detox or rehab bed as needed. The Intake Unit can also assist with peer supports and interim services in the community if there would be no beds available.

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

Availability of beds continues to be an issue. While there may be beds available at the time of assessment, there are times that an individual may need to wait a few days or a week to get into treatment. At that time, the Intake unit and the SCA work to provide interim services to the individual until placement can be found. The Northampton County HealthChoices division has worked with Pyramid Healthcare on an expansion project that will allot 20 more detox/rehab beds. Reinvestment dollars from HealthChoices has made this much needed expansion possible.

The SCA also funds Methadone maintenance and outpatient treatment through New Directions Treatment Services in Bethlehem. This service is highly utilized. While clients receive this service, they are simultaneously expected to participate in and are funded for additional outpatient services (i.e., individual and group and/or family counseling) as part of their treatment. All clients are required to apply for Medical Assistance when they come for treatment. Another form of Medically Assisted Treatment that is being explored is Vivitrol. This opiate blocker is a monthly injection provided at a local doctor's office. Most clients receive this shot for about a year. The injection is covered by most private insurances and medical assistance. In the event that the doctor's visit and/or injection would not be covered, the SCA is looking to contract with a provider to assist with funding this service in FY 16-17.

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

The SCA has a limitation policy to best serve the clients in Northampton County. In Northampton County we believe that accessing treatment is a priority. In order to lessen any barriers to treatment, the SCA does not require residency for a certain time period. If a client can show proof of residency, they will be assisted with treatment. If a client leaves a treatment facility against facility advice, then there may be a 6 month waiting period before that client can again access funding for treatment. Similarly, if a client is therapeutically discharged from treatment for breaking the rules of the program, there may be a 6 month waiting period that client can again access funding for treatment. If a client successfully completes treatment and does not follow through with recommended aftercare, there may be a 90 day waiting period before funding for treatment would be authorized.

The funding limitations policy indicates that funding for treatment may be limited to the following course of treatment: Two (2) Intensive Outpatient episodes which comprises 12 weeks of individual and group and/or family counseling; and two (2) Outpatient episode, which comprises eight months of individual and group and/or family counseling; two (2) treatment periods in five (5) years. The following priority populations are exempt from the limitation policy: pregnant injection drug user, pregnant substance user, injection drug user, overdose survivor, and/or Veterans. The limitations can be waived depending upon availability of funding and case by case determinations.

At this time, there are no waiting lists for outpatient, methadone, and housing services, however, inpatient services depends on the availability of beds. The SCA makes every effort to ensure admission into an appropriate level of care as soon as a bed is available. If the division's entire allocation is spent and there are no additional funds available, the county will notify the state

Division of Drug and Alcohol programs that services will temporarily cease until more funding becomes available.

Adults (ages 18 and above)

In addition to the more traditional treatment services described above, Northampton County currently has four recovery centers that service adults of all ages. Recovery centers provide community based informal peer support. The County understands that the core principle of recovery is that one retains recovery through ongoing support of others in recovery. Thus, the recovery centers are an integral part of a comprehensive Drug and Alcohol program in Northampton County. Recovery centers in Northampton County are funded through HSBG funds and County fines and fees as a result of Driving Under the Influence legislation. The centers host 12 step meeting and allow consumers to walk in or call for support. Volunteers and paid staff are available on the phone and in person to assist those in need to access service and treatment. One of the recovery centers in Easton is co-located within a homeless shelter and is open 7 days a week. With the support of volunteers, the Bethlehem recovery center is open every day as well. Meetings are hosted often at the center and various special population groups are held regularly (i.e., Saturday nights a young persons' meeting is held). The SCA recognized a need for additional supports in the northern part of Northampton County in 2015. A Clean Slate recovery center was formed to provide sober supports to individuals in recovery in the Slate Belt. This center also offers 12 step programs, yoga, art journaling, and a variety of activities focused on recovery. In July 2016, the SCA in partnership with Lehigh Valley Drug & Alcohol Intake Unit, will open the fourth recovery center. This center will be located directly across the street from our Intake provider and one of our largest outpatient providers. The center will provide supports similar to those run at our other locations and will be a beneficial added support to the City of Easton.

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

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

The SCA funds screening and assessment services and then contracts with several providers that offer inpatient and outpatient services for adolescents and transition age youth. Services are provided based on the clinical need derived from evaluation and the PCPC3 and/or the ASAM recommended level of care. Local recovery centers provide for a "Young People's" meeting on the weekends. At Colonial Academy, an alternative school, students are provided basic drug and

alcohol awareness education as well as additional services that include assessment, individual and group counseling sessions, and referrals to higher levels of care when necessary. This service is completed by one of the SCA's contracted outpatient providers, Recovery Revolution. An additional program focused on adolescents who have addicted parents will be trialed at Easton High School this upcoming fiscal year.

The division also contracts with two prevention providers, Valley Youth House and the Center for Humanistic Change, who provide a myriad of services in all of the schools in Northampton County. They work with the local chapters of Students Against Destructive Decisions (SADD) in the schools. They also play an integral role in the Student Assistance Programs (SAP) within the schools. Due to the growing number of clients addicted to heroin and the heroin overdose epidemic, the county determined that education and prevention efforts in this area are necessary. The SCA has collaborated with two the contracted prevention providers to spearhead this education and prevention effort and include this in their programming for fiscal year 2016-2017. Specially designed programming to educate the community about the heroin epidemic specifically has been implemented as well this year. Northampton County currently has three individuals in recovery who have volunteered to be a part of this specialized programming known as HOPE (Heroin and Opioid Prevention Education). Their stories will be featured throughout the presentation. The individuals also have the option to attend the speaking events and share their stories. This program has been shown in schools and the community and has been well received. The prevention providers reach thousands of citizens of Northampton County as they provide continual county wide, community-based and school-based programming all year.

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

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

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

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

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

The Drug & Alcohol administrator also is part of the Northampton County Mental Health Court treatment team. The team meets weekly prior to review hearings to discuss each individual in the MH Court program and review their treatment and needs. It is beneficial to have both divisions represented as most of the individuals we see are co-occurring.

Criminal Justice Involved Individuals

The SCA has worked to form collaborative relationships with the Northampton County Jail, Juvenile and Adult Probation, as well as with Pre-trial Services. The divisions not only collaborate on individual cases but also work well together with regards to the Specialty Courts and advisory boards such as the Criminal Justice Advisory Board (CJAB). It is through these collaborations that each division learns the services available in each division and can problem solve any barriers to treatment in order to provide services in an efficient manner to the clients.

The County also received a grant from Pennsylvania Commission on Crime and Delinquency (PCCD) to continue the Northampton County's Treatment Continuum Alternative to Prison (TCAP) program for FY 16-18 (2 years). Since 1997, Pennsylvania's Sentencing Guidelines include a mechanism by which the sentencing court may consider the use of treatment based Restrictive Intermediate Punishment (RIP) as an alternative to incarceration for non-violent offenders assessed to be dependent on drugs and/or alcohol. Treatment Continuum Alternative to Prison (TCAP) is a grant from the Pennsylvania Commission on Crime and Delinquency, and is a funding source for RIP in Northampton County. The TCAP program represents a collaborative effort between the SCA, the Courts, and the Jail to benefit the residents of Northampton County. When an offender is identified as a potential candidate for TCAP, a comprehensive diagnostic assessment is conducted by the Northampton County TCAP assessor to determine the appropriateness and necessity of treatment. Beginning July 1st, these individuals who are determined to be appropriate will be sentenced to Drug Court. In addition, the program will not be restricted to those who need long term treatment and the 90 day mandatory split sentence will not be a requirement. It is the hope of those involved, that we can get individuals the treatment they need as soon as possible. Incarcerating individuals is not beneficial when dealing with the disease of addiction.

The treatment process may take place at a variety of drug treatment facilities, depending on the needs of the offender. The individuals in TCAP will be required to successfully complete the recommended continuum of care while also obtaining employment. Once the offender returns to the community, they are monitored by Northampton County Adult Probation to ensure compliance with the program. They are expected to participate in random drug testing, and are on electronic monitoring. In the upcoming fiscal year, the offenders will also be required to participate in the Northampton County Drug Court and continue through the phase structure that

has been laid out by the Courts. Case management services are also provided by the TCAP program.

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

For the past several years, the Re-Entry Coalition, a multidisciplinary team tasked with the goal of reducing recidivism and supporting family reunification for those recently released from jail/prison, has been meeting to help this population make a successful transition into the family and community. The idea of a Drug Court was discussed, but seemed to involve such insurmountable hurdles. With great enthusiasm, the Northampton County Court of Common Pleas along with the Adult Probation and Human Services Departments, established two specialty courts to serve those individuals who are involved with the criminal justice system as a result of either (or both) mental illness and/or substance abuse. In April 2015, the SCA in conjunction with Adult Probation and the Court, heard the first case in the Northampton County Drug Court. The Drug Court in Northampton County is a post-sentencing court. Offenders are referred by Adult Probation due to violating their probation or parole. Representation from Mental Health has been a key piece of the Drug Court Treatment team as many of our clients have co-occurring disorders. There are currently 26 individuals in all phases of the Drug Court program.

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

Women with Children

Women with children are a priority population in Northampton County. The SCA contracts with providers who have residential treatment facilities that will accept pregnant women as well as women who have their children in their custody but want to get help. Additionally, the SCA contracts with a local shelter, Third Street Alliance, to provide housing supports for women with children. The County is always looking to increase prevention programming for this population. This is a need that will continue to be explored this fiscal year. The SCA also works with the Children, Youth, and Families division to assist with daycare needs. The SCA has seen that daycare can be a barrier at times for women to attend treatment and/or obtain a job. The SCA will help these women with paperwork to apply for Title XX so that they don't have to financially worry about how to fund daycare and focus on their recovery and rebuilding their life.

Recovery-Oriented Services

In addition to the more traditional treatment services described above, Northampton County currently has four recovery centers that service adults of all ages. These centers provide

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

The Peer Recovery Support Services connects an individual in recovery with a peer recovery specialist, a specially trained and certified peer to offer hands on direct care support to a person entering recovery. The Certified Recovery Specialist works directly with the client to formulate a written recovery plan. The peer can attend events, meetings, and any other activity with the client to help acclimate him or her to the road to recovery. Certified peers will also support the client in accessing Medical Assistance, Community Service opportunities, employment, and/or GED classes if needed. In April 2016, a contract was formed between Lehigh Valley Drug & Alcohol Intake Unit and Magellan Behavioral Health to provide this service to individuals with Magellan coverage. The SCA will continue to fund individuals who are not MA eligible. Additionally, the Peer Recovery Support program will also have peers going to outpatient providers, shelters, and recovery centers as an additional support to anyone who walks in and is in need of assistance. Peer Specialists have become an integral part of the treatment team in Drug Court.

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

Human Services and Supports/Human Services Development Fund

Northampton County has a long history of using the Human Services Development Fund (HSDF) to fill in service gaps and meet unmet needs, typically for consumers between the ages of 18 and 59.

Adult Services

Northampton County contracts with Meals on Wheels, Hispanic Center Lehigh Valley, Easton Area Community Center, and Pinebrook Family Answers to provide adult services under the Human Services Development Fund. Under HSDF, adult services are provided to low income adults at least 18 years of age and under the age of 60 who meet the eligibility requirements of the Department of Public Welfare, and who are not eligible for services provided by existing County categorical programs.

Program Name: Meals on Wheels of Northampton County

Description of Services: Supports the independent living of people who are disabled by providing nutritious meals and the friendly smile of a delivery volunteer.

Service Category: Home Delivered Meals

Planned Expenditures: \$82,000

~~**Program Name:** Hispanic Center of the Lehigh Valley~~

~~**Description of Services:** Provides job readiness education. Job readiness skills are skills to help individuals learn the basic tools of obtaining employment to suit their particular skills and talents.~~

~~**Service Category:** Employment~~

~~**Planned Expenditures:** \$8,242~~

Program Name: Hispanic Center of the Lehigh Valley

Description of Services: Provides life skills education. Life skills provide practical education and training to individuals or groups, either formal or informal classes in the skills needed to perform the necessary activities of daily living.

Service Category: Life Skills

Planned Expenditures: \$6,360

Program Name: Pinebrook Family Services

Description of Services: Provides homemaker services to the target population, 18 to 59 year olds who are home bound. Homemaker Services consists of activities provided to eligible persons in their homes by a trained, supervised caretaker when there is no family member or other responsible informal caregiver available or capable of providing such services, or to provide the occasional relief to the person/persons regularly providing care. Services include cleaning, cooking, laundry, shopping, instructional assistance and personal care.

Service Category: Homemaker

Planned Expenditures: \$5,000

Program Name: Safe Harbor of Easton

Description of Services: Provides life skills education. Classes include the teaching of basic prep and cooking techniques, learning health food choices, and participating in the growing and harvesting of organic produce.

Service Category: Life Skills

Planned Expenditure: \$70,000

Aging Services

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

Children and Youth Services

Program Name: Northampton County Agency's Foster Parents

Description of Services: The Children, Youth, and Families Division will sponsor a foster parent training session which will include the Nancy Run Fire Department to discuss fire safety; and the Bethlehem Township Police Department will do a training session and possibly child ID cards and fingerprinting. Two fire trucks are scheduled to be at the event to show the children how a fire truck operates. This outing is for the entire family and will include games and food.

Service Category: Foster Care

Planned Expenditures: \$5,000

Generic Services

Program Name: Safe Harbor of Easton

Description of Services: Provides case management and referral services to residents in need.

Service Category: Service Planning/Case Management

Population to be served: Adults, 18 and over

Planned Expenditures: \$25,000

Program Name: The United Way of Lancaster

Description of Services: Provides support of the regional information and referral service (211 Network).

Service Category: Information and Referral

Population to be served: All client populations will be served

Planned Expenditures: \$15,000

Program Name: The Hispanic Center of the Lehigh Valley

Description of Services: Provides information and referral services regarding community resources and, when requested, making referral to specific services resources.

Specific Service: Information and Referral

Population to be served: Adults, 18 and over

Planned Expenditures: \$22,906

Specialized Services

Program Name: ProJeCT of Easton

Description of Services: Provide adult basic education, general education development, English as a second language and parenting education.

Planned Expenditures: \$35,500

Program Description: This specialized service has been identified because the need is greater than the funding for these specific services. Northampton County would like to

continue contracting with ProJeCt of Easton in FY 16-17 to provide adult basic education, general education development, English as a second language and parenting education on a year round basis. The literary services develop the essentials of reading, writing, speaking, and listening. In addition, all instruction is provided in the functional life context of reading job applications, bus scheduled, medicine bottles, doctor instructions, etc. ProJeCt of Easton is one of 56 comprehensive Adult Literacy Programs funded in part by the PA Department of Education; ProJeCt provides the opportunity for a continuum of learning and transitional support to post-secondary education and work.

The overall program goals are to increase self-sufficiency, self-awareness, literacy and life-skills of enrolled adults, and provide economic strength to the community, by increasing adult literacy rates and employable residents via education and workforce development services. ProJeCt of Easton would receive funding of \$35,500 and would be able to serve an estimated 228 consumers. The geographic access for the existing services is not conducive to meeting the current needs; this program will fill the gap.

Waiver Request:

Waiver Request for the following citation: Northampton County is requesting a waiver to the HSDF Instructions and Requirements Supplements dated May 1990. In this document Adult Services, Life Skills is defined as:

Life skills education service – Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The service is provided in formal classes, in informal classes, or, if needed and indicated by an individual's written service plan, in his own home or community. The term does not include job readiness training, instruction in a language, or remedial education directed toward the attainment of a high school diploma.

In addition, the HSDF Instructions dated March 2009, #5 County Administration, Section D Prohibitions: prohibits the use of HSDF funds for any education/instruction service which the state and/or local school districts make generally available to residents without costs and without regard to their incomes unless provided as a normal part of one of the categorical programs mentioned in Section 3 of Act 1994-78.

Justification for Waiver: This specialized service has been identified because the need is greater than the funding for these specific services. In addition, the geographic access for the existing services is not conducive to meeting the current needs; this program will fill the gap. The lack of transportation to the community college and the expense of daycare are two main reasons for offering these services through the ProJeCt of Easton.

Alternative Requirement: if approval is not granted for these services, we will not be able to fund the program.

Program Name: Northampton County Flex Fund

Description of Services: The County would like to develop a Flex Fund service for all ages and all divisions within Northampton County Department of Human Services. The Flex Fund would allow caseworkers to access additional financial assistance for clients in an emergency situation. **The County will have a separate checking account and will not provide the funding directly to the client.**

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

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

- Pest Control and Prevention
- Summer Camps/Recreation Programs
- **Short-term energy assistance (not to exceed \$200), for emergency situations only. i.e. to avoid placement of children.**
- Child Safety Equipment
- Children monitors
- Smoke alarms
- Carbon monoxide detectors
- Car seats
- Pack – N – Plays

The County will not be making any payments directly to the client.

Planned Expenditures: \$3,000

Program Name: Hispanic Center of the Lehigh Valley

Description of Services: Provides job readiness education. Job readiness skills are skills to help individuals learn the basic tools of obtaining employment to suit their particular skills and talents. There is a strong concentration for these services on the Latino population.

Service Category: Employment

Planned Expenditures: \$8,242

Interagency Coordination

Overall, \$278,008 in HSDF funding was allocated to adult, Children, Youth and Families, specialized and generic services. Though there are no specific funds allocated to interagency coordination through HSDF the county's divisions will continue to work together to coordinate services that holistically address the needs of its consumers using the most efficient and appropriate methods of service delivery. This includes coordination through the County's own Information and Referral office whose caseworkers work to understand each client's complex needs and then refers them based on those needs to the most appropriate services.

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

FY 2016-2017 Appendix C-1 Human Services Proposed Budget & Service Recipients Spreadsheet

See Attached Spreadsheet

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	Estimated Individuals: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services.
NOTE: Fields that are greyed out are to be left blank.	
<p>■ 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.</p> <p>■ 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).</p>	

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

County:	1.	2.	3.	4.	5.	6.
Northampton	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	55		563,441		11,440	
Administrative Management	2,180		1,625,041		32,995	
Administrator's Office			661,017		13,421	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	23		237,910		4,831	
Community Residential Services	121		4,767,164		108,754	
Community Services	710		286,931		5,826	
Consumer-Driven Services	131		145,746		2,959	
Emergency Services	376		112,882		2,292	
Facility Based Vocational Rehabilitation	37		196,020		3,980	
Facility Based Mental Health Services						
Family Support Services	51		78,669		1,597	
Housing Support Services	76		947,159		19,231	
Mental Health Crisis Intervention	842		617,596		12,540	
Other						
Outpatient	1,306		502,883		10,211	
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	11		57,520		1,168	
Social Rehabilitation Services	593		371,989		7,553	
Target Case Management	129		193,628		3,931	
Transitional and Community Integration	0					
TOTAL MENTAL HEALTH SERVICES	6641	11316722	11,365,596	0	242729	0

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

County:	1.	2.	3.	4.	5.	6.
Northampton	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,139,500		23,136	
Case Management	455		220,000		4,467	
Community-Based Services	253		1,394,667		9,248	
Community Residential Services	21		455,500	0	28,317	
Other			0			
TOTAL INTELLECTUAL DISABILITIES SERVICES	729	3209667	3209667	0	65168	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	59		176,813			
Case Management	3,532		103,995			
Rental Assistance	100		36,616			
Emergency Shelter	40		2,000			
Other Housing Supports	0		0			
Administration			0			
TOTAL HOMELESS ASSISTANCE SERVICES	3,731	319,424	319424		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	197		331,013		6,721	
Promising Practice	0		0		0	
Alternatives to Truancy	657		136,187		2,765	
Housing	52		84,193		1,789	
TOTAL CWSG SERVICES	906	551393	551393		11275	0

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

County:	1.	2.	3.	4.	5.	6.
Northampton	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	29		13,800		300	
Inpatient Hospital						
Inpatient Non-Hospital	68		136,000		2,800	
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	1,287		26,200		500	
Recovery Support Services	11,757		454,900		9,300	
TOTAL DRUG AND ALCOHOL SERVICES	13141	754774	630900	0	12900	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	836		163,360			
Aging Services	0		0			
Children and Youth Services	100		5,000			
Generic Services	3,200		62,906			
Specialized Services	253		46,742			
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4389	203008	278,008	0	0	0
7. COUNTY BLOCK GRANT ADMINISTRATION						
GRAND TOTAL	29537	16354988	16354988	0	332072	0