

Appendix A  
Fiscal Year 2018-2019

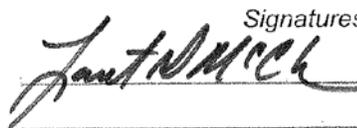
COUNTY HUMAN SERVICES PLAN

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 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
  - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Lamont G. McClure, Jr.	Date: 5/16/18
		Date:
		Date:

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## **Introduction**

The County of Northampton is once again pleased to submit its Human Services Block Grant plan for the fiscal year 2018-2019 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 302, 294 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. A cabinet-level Director of Human Services heads the department. 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 2018-2019 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., 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 Children, Youth and Families Division, 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. 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. The Human Services Block Grant was discussed at the Drug & Alcohol Advisory Board, the Area Agency on Aging Advisory Board, the Children and Youth Advisory Board, as well as at the MH/EI/DP Advisory Board and the Gracedale Advisory Board.

Another key piece to the 2018-2019 planning process is the public hearings that were held in May 2018. In addition to community members, all contracted providers for the Department of Human Services were given notice of the hearings. The public hearings were held in two separate parts of Northampton County to prevent any barriers to attending. This year's hearings 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 17/18.

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 17/18, HSBG funds were utilized to add and/or expand programming in several divisions within Human Services. In FY 18/19, Northampton County has committed to continuing some of the programs such as the Recovery Support Services program in Drug and Alcohol and a variety of services under HSDF and HAP. With our PCCD grant terminating during the middle of the 17-18 fiscal year, Mental Health made a concerted effort to steer funds

toward rental subsidies with the wider effort being to help consumers establish more independence from the system. Going forward in to the 18-19 fiscal year we will be developing an MH/Aging support program which will focus on aging mental health consumers and keeping them supported in their skilled nursing facility or personal care home. We will also be focusing efforts on establishing a mental health professional in a D&A Recovery Center.

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 easily able to interact with each other to ensure that a client is receiving a comprehensive level of care.

### **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.

Thursday, May 10, 2018 at 2:00 P.M.  
Slate Belt Senior Center  
707 American Bangor Road  
Bangor, PA 18013

Wednesday, May 16, 2018 at 10:00 A.M.  
Human Services Building  
2801 Emrick Boulevard  
Bethlehem, PA 18020

**Proof of Publication**

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: 5/11/18

Amanda Duane  
**Amanda Duane**

Sworn to before me this 11th  
day of May, 2018.

Cathy S. Stephano  
**NOTARY PUBLIC**  
COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Cathy D. Stephano, Notary Public  
City of Easton, Northampton County  
My Commission Expires April 24, 2019  
OFFICE PENNSYLVANIA ASSOCIATION OF NOTARIES

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

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201 Northampton Senior Center      2801 Emrick Boulevard  
Barror, PA 18013      Bethlehem, PA 18020

# Proof of Publication Notice in the *Morning Call*

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

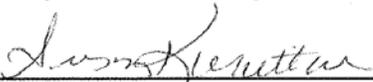
STATE OF PENNSYLVANIA       )  
COUNTY OF LEHIGH           )     SS:

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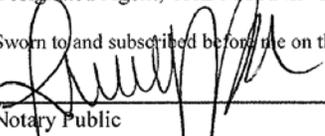
of THE MORNING CALL, LLC. of the County and State aforesaid, being duly sworn, deposes and says that THE MORNING CALL is a newspaper of general circulation as defined by the aforesaid Act, whose place of business is 101 North Sixth Street, City of Allentown, County and State aforesaid, and that the said newspaper was established in 1888 since which date THE MORNING CALL has 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.:

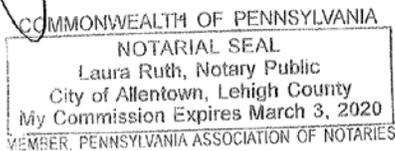
May 01, 2018.

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 on this 1st day of May, 2018

  
\_\_\_\_\_  
Notary Public



## PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

THE MORNING CALL, LLC., a Corporation, 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: \_\_\_\_\_

Order # - 5583106

## Proof of Publication Notice in the *Morning Call*

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2801 Emrick Boulevard  
Bethlehem, PA 18020

**Bill To:**

NORTHAMPTON COUNTY DHS (Legal) - CU00165497  
2801 Emrick Boulevard  
Bethlehem, PA 18020

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

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#5583106 — 5/1/2018









## **Public Comment Summary**

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

***May 10, 2018***

Interest in providing behavioral supports in skilled living/nursing homes. Many older individuals are not able to stay in these facilities because of behavioral issues related to their mental health issues. Concern is the lack of training for staff in these facilities on mental health. Additionally, many facilities are not fully staffed which makes it difficult to maintain these individuals with higher needs. Provider has shown interest in the new project the County Mental Health division is looking to pilot at Gracedale Nursing Home. This program will put trained mental health staff in the facility to assist with high need individuals.

Staffing remains an issue for Intellectual Disabilities providers. Retention and recruitment of staff is a continuous issue. The provider shared that they have 26 open positions, which causes waiting lists for much needed services.

Transportation is also a noted issue. With the push for Employment First, the provider does a lot of transportation to internships/jobs. Individuals with the PFDS Waiver at times have to choose between have coaching at work or transportation to their job. This makes it difficult for individuals.

Housing is an issue for all divisions. The challenge with the ID population is people are coming out of facilities and there is limited availability of housing for them.

Overall, limited resources available for consumers.

Provider stated that there is not enough money to keep people at their jobs. Some individuals in ID have to leave their jobs and return to workshops. It is very frustrating.

The Developmental Programs division was complemented for the work they do on behalf of consumers.

***May 16, 2018***

Transportation is a huge issue across all divisions. Some individuals need to take one or two buses to get to meetings or treatment. Additionally, some only receive one bus pass a month which makes transportation a financial hardship for the individual.

There is a shortage of doctors available for medication checks. Some individuals need to wait for extended periods to see a doctor which can begin the cycle of running out of meds,

decompensating mental health, and then taxpayers end up spending more money to help get them stable.

A streamlined process to access Mental Health services is needed to help move individuals through the system faster. If someone has cancer or heart disease, they aren't made to wait for services. The process to get individuals into drug and alcohol treatment should be looked at as a way to streamline access to mental health services. Providers are willing to come to the table to help brainstorm a streamlined process.

We need to continue working to end the stigma. We need to see the individual not just the illness. Stigma prevents agencies from putting much needed services in many communities such as group homes. Providers need to be encouraged to share their success stories with the community.

Funding that is given to each division should stay in that division. Concern was raised around CHIPP dollars being shifted to fund other divisions. The County continues to be committed to the population served by these funds and does allocate money to serve that population.

A barrier in the community is lack of knowledge on how to access treatment. Additional education is needed for local hospitals on the services that are available. This will assist the hospital staff on how to talk with individuals who present at the hospital about the services that are available to them.

LANTA is a barrier due to their policy of only giving one bus pass to individuals with mental illness.

Increased stakeholder involvement is needed. One in seven individuals is touched by mental illness. We need more collaboration from providers and community agencies to advocate for the clients we serve.

There is a staffing shortage amongst providers. Providers are seeing a shortage of well trained/well qualified people. Programs are recycling staff, which is not always a good thing. Staffing shortage has led to waiting lists for services.

Access to services is also an issue. A provider can refer individuals to various programs, however, they are not always accepting new clients. The population in the County is growing and we need to come up with new programs to increased services. Additionally, clients need to move through programs at an appropriate pace so that new clients can take advantage of the services. Sometimes we hold people in services longer than they need it.

Look at new ideas such as the pilot program Roommate Roundup. This program is a grassroots effort to help increase housing options. The program will attempt to pair up individuals in

various housing options. This will maximize usage of the resources we have available as well as help individuals to not feel alone. We need to get creative with programming ideas.

Concern with the individuals who are stuck between programs. It gets complicated when a client is involved in multiple systems (Criminal Justice, Mental Health, Developmental Programs, etc.). There are limited options for some of these individuals. Additionally, these clients lack the resources they need to defend themselves in criminal matters. If we don't provide services, many end up reoffending.

The Judicial System is not build for individuals involved with multiple needs. The County looks at each case as it comes in and plans for services based on the individual. There is no one plan of action that fits everyone.

It was noted that there has been great communication between systems but at times a lack of funding for needed services.

Advocacy is important. Many will complain about lack of services or funding, however, they do not get out and advocate. The County can not advocate on its own. Improved methods of sharing advocacy opportunities would be beneficial.

Older adults struggle with the lack of funding available for care givers. Some people are taking out second mortgages to provide care for their loved ones. Older adults should be able to age in place with appropriate affordable supports.

Ensure that individuals with mental illness who are working as certified peer specialists are also being provided with supports to maintain their own mental health. Many are trained to deal with other's mental illness but forget to take care of themselves. This leads to burnout which will limit the services available.

### **Cross-Collaboration of Services**

**Employment:** A staff member from Developmental Programs (DP) participates in the Mental Health-run Employment transformation committee, which sponsors the annual Spring Into Employment Conference each spring, as well as addresses issues that prevent individuals from obtaining gainful employment in the Lehigh Valley. The conference is open to the community as a whole, to include providers, employers and consumers from all walks of life. The committee also sponsors Job Fairs open to the community.

Staff members from DP and Drug and Alcohol participate on the Mental Health Court Treatment Team, which can involve issues related to both employment and housing concerns, as they pertain to the individual's court-ordered services. The DP worker is typically able to provide insight and background information on the dual-diagnosed individual, which is then incorporated in to the Team's recommendations and ultimately the court order the dual-diagnosed individual

must comply with. Additionally, a staff member from MH participates in the Drug Court Treatment Team weekly. As with MH Court, employment is an important piece of the Drug Court phase structure. Individuals are required to pay down their fines and fees prior to graduation, which would not be possible if they were not employed.

Northampton County Mental Health funds two sheltered workshops, APS and VIA, that are open to dual- diagnosed individuals. One of our shared consumers through Mental Health Court benefitted greatly from connecting with APS and has successfully graduated from MH Court, largely due to his participation there. Prior to this collaborative placement, he was unable to hold a job for any significant amount of time in the past, nor was he trusted to function independently outside of his home. He exhibited a noticeable change in self-confidence once he began working at APS, which in turn assured his mother that he could function more independently outside of her supervision.

Transitional housing sites utilized by Mental Health and Drug & Alcohol, such as Victory House and Safe Harbor, provide employment services as part of their case management. The staff at the shelters assist with resume building, interview preparation, and also help connect individuals to potential employers through relationships they have developed with local businesses.

Drug & Alcohol funds Certified Recovery Specialists to work with clients, many of which are dually diagnosed and/or involved with the Children, Youth, and Families division. These CRS's assist clients with resume building and also help connect them with local services at CareerLink. The program at CareerLink is an employment readiness curriculum. In addition, CRS staff will help individuals with job searches and practice interview skills.

The Mental Health Division contracts with PeerStar to provide Certified Peer Specialist (CPS) services. These services provide similar supports as the CRS in Drug & Alcohol. They can assist mental health clients with finding employment in addition to a variety of other supports in the community.

**Housing:** Mental Health Housing at all levels is open to consumers from different divisions who have a mental health diagnosis. Several individuals from DP have resided in these programs, to include the EAC and the LTSR. These providers have trained their staff in DP areas to prepare them in assisting this population. The Dual Diagnosed population can be very difficult to serve in the traditional Mental Health setting, typically due to the therapeutic demands of these programs. The collaborative Dual Diagnosis Treatment Team (DDTT) exists to make serving this population more successful as well.

The Mental Health division also has a housing program for justice involved individuals. This program helps clients find independent housing by subsidizing their monthly rent. This program is based on the program that Mental Health and Health Choices developed. Dually diagnosed clients can be referred to this program by other divisions as long as they meet the

criteria for the program. This collaborative effort has benefitted several clients in various divisions.

Health Choices also has a housing program, which offers vouchers for subsidized Housing. This program has been utilized by individuals who are involved with Drug and Alcohol, Mental Health, Children and Youth, and Developmental Programs. This program offers the support of a case manager from a contracted provider who will work with the individual to locate a suitable apartment.

Depending on the criteria present at time of admission, individuals who are dually diagnosed are eligible for placement in Mental Health's Crisis Residence, Hope House, and our funded homeless shelter, Safe Harbor.

Drug & Alcohol contracts with three shelters in Northampton County to provide transitional housing supports to individuals who are currently in treatment. All three shelters are able to handle individuals in recovery as well as individuals with co-occurring disorders. One of the shelters, Third Street Alliance, provides housing for women and women with children. This shelter has been an important resource for our clients who are involved with Children & Youth.

Housing is a key factor for individuals in both Mental Health and Drug Court. Again, the divisions work together to problem solve housing solutions for dually diagnosed clients. It is important that we locate the appropriate housing support to meet the needs of the individual.

## **Human Services Narrative**

### **Mental Health Services**

#### **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 '17-'18, 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. The number of dual diagnosed consumers has drastically increased during this past year with at least three failures noted.

Mental Health Court is a 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 20 individuals. We have had 20 individuals graduate since its inception. Mental Health Court was opened to Post-Conviction Parole/Probation violations last fiscal year and we have taken three individuals who fit these criteria. These cases have proven to be difficult with one member being discharged unsuccessfully and the other two struggling.

The County's Employment Transformation Committee has continued and will be presenting our Annual Employment Transformation Conference in June 2018. 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 County continued Northampton County Crisis Intervention, (CIT) Trainings this year providing six separate 6-hour trainings and one 40-hour training graduating eleven officers. The total trained throughout these 5 courses as well as a special training session for all of the County's Sheriffs' Deputies and Corrections officers in the Northampton County Jail total approximately 260 Law Enforcement Officers in Northampton County during the year '17-'18. 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. This ongoing communication is now received from six police municipalities from the County on a daily basis.

The county has continued to grow support for our homeless shelter as well as the County's rotating shelter- now fixed shelter program, which operated during the months of December 2017, January, February and March of 2018. We continue to focus efforts on maintaining the local anti-stigma campaigns through our NAMI chapter in the Lehigh Valley and supporting our local annual Mental Health Awareness Walk. Our local chapter of NAMI also serves as a regular participant in our CIT Advisory Board, assisting with providing peer trainers for the CIT courses and setting up an informational table for the officers during their designated training.

In December 2010, Allentown State Hospital closed and consequently the need for mental health services in the community increased dramatically. Because of the closure of Allentown State Hospital, extensive new treatment, residential and social programs were developed or expanded.

We had intended to fund a housing program once the grant from PCCD that funded that program ended, however the agency that we were working with that helped individuals find and then subsidize independent living, experienced some budgeting issues which caused the budget to be unmanageable. Instead, we steered the funds designated for what was going to be a new program, to an existing provider who handles a subsidy program. We have been able to provide more subsidy funds through this channel and intend to increase this funding route going in to the

next fiscal year. We were also able to assist our current homeless shelter by funding more beds for them. Additionally we were able to create a contract with a different shelter program by creating a contract and guaranteeing two beds. Going in to the new year, we will fund four beds with this new program.

In the fall of 2017, we were faced with a difficult challenge. One of our 3-person homes was operating at a loss for several years and it was no longer fiscally responsible to maintain the program. Based on the criteria for this home we were often unable to utilize the beds. Coincidentally, the agency running the site approached the County and asked if they could close the program as they were experiencing staffing difficulties. We only had one individual in the home, which was the average census, and he was prepared to begin transition out prior to these discussions occurring. The provider was able to convert it for use almost immediately and the County, having those funds available, was able to take over a facility that was shared with Carbon/Monroe/Pike counties. They had funded one bed but had a number of difficulties associated with keeping it occupied. While the CHIPP dollars are not identified as such in the allocated budget any longer due to the block grant funding, we are adamant about maintaining those funds for their intended purpose.

Another one of our sites has finally cleared significant zoning issues and is beginning construction on two additional beds at their site, which is the AIR program.

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 three full-time intake specialists, or they 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 550 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. In the past fiscal year, however, intakes specifically for Mental Health/no insurance have decreased. 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. There has been no change in this process.

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 initially used the data from the Mental Health five year plan to create this report.

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 County held two public block grant hearings this spring which helped provide needed feedback to the county, along with a survey we had completed several months ago.

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.

### *Funding mechanisms*

Listed below are the funding strategies that the County's planning team has for the 2018-2019 fiscal year:

- 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 caseworkers 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 continue to help ease the transition into a more collaborative service delivery system among the human services divisions.

## **Strengths and Needs**

### **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 need increased support. Older adults are not excluded from any services offered to adults in Northampton County. 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.

Northampton County has a strong relationship with PA LINK. The Mental Health Program Specialist serves on the LINK oversight committee, which is a joint collaboration between Lehigh and Northampton Counties addressing this aging population. Northampton County MH collaborated with PA LINK on several projects this year including mental health awareness/resource posters that were distributed throughout Northampton and Lehigh Counties. LINK has brought a myriad of trainings to the MH/ID/Aging community; including managing challenging behaviors, shared decision-making, internet and phone scams protection, and conversation cards (end of life planning). All of the trainings have helped educate MH providers and to enhance the knowledge of the older adult population.

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. NCMH provides site based psychiatric rehabilitation as well as mobile psychiatric rehabilitation to people of all ages who have need, including our older adults. NC Drop In Centers are open to adults of all ages.

NCMH offers MH housing/programs to the aging population where there is a need for MH support and housing. NC has several MH homes that can and do support individuals who require Skilled Nursing level of care or near Skilled Nursing for individuals who are over the age of 60.

**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 is not enough of the above supports to meet the needs of our community. In March, another Personal Care Home in NC that served the elderly who had MH challenges closed its doors. The trend of closing PCH has increased squeezing out individuals who need this level of care and who have limited income. There are many PCH who will not consider admitting individuals who have serious mental illness.

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. NCMH and NC AAA have developed a plan for a Mental Health/Aging Program service that will serve as a supportive entity for Nursing Facilities and Personal Care Homes (Assisted Living Facilities) in an attempt to encourage these facilities to accept individuals with challenging behaviors. NCMH will be putting out an RFP to begin to ascertain working ideas for how this program will be implemented as well as what agencies might be interested in helping create such a program. We plan to launch the program in FY 18/19.

### **Adults (ages 18 and above)**

**Strengths:** Northampton County has a comprehensive, multi-level, robust treatment continuum for adult mental health consumers. Individuals that qualify currently have access to four Assertive Community Treatment (ACT) teams with three different providers. ACT teams provide targeted case management to state prioritized consumers with the highest level of needs. Using a collaborative and holistic approach ACT teams include a psychiatrist, psychiatric nurse, therapists, case managers, and peers. 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 imposing a liability would be a barrier to treatment with 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 able to access this service as well. In the last year, referrals for ACT services have risen again and NCMH is, at times, working from a wait list or offering a level of care lower than what the individual requires to be adequately supported. 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. 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. A forensic ACT team has recently been expanded in conjunction with our BHMCO.

Certified Peer Specialist (CPS) Services are available through Recovery Partnership, Salisbury Behavioral Health, NHS Human Services, PA Mentor and Peer Star. This service is funded by the BHMCO, and is a joint venture between Northampton County HealthChoices and the NCMH. Certified Peer Specialists are trained to provide a unique type of engagement with individuals in the community who need peer support. NCMH offers Peer Mentor services through Recovery Partnership for individuals without Magellan funding. NCMH has a contract with ComPeer, which had provided a well-used peer-to-peer service to the County. NAMI of the LV provides Peer-to-Peer training. NC BHMCO has a contract with Peer Star, an agency that provides forensic peer services to serve our MA covered individuals, including those in Mental Health Court. NC expanded that contract this fiscal year to expand the service to base funded individuals so that peers can work with individuals in prison prior to their release increasing continuity of care and insuring a better transition back to the community. NCMH has funded a 10-day Certified Peer Specialist training, a 2-day Certified Peer Specialist Training and a 3-day Certified Older Adult Peer Specialist (COAPS) training. This training will enhance peer services in NC. It was financed through unspent FY 17/18 base funds. We are pleased to offer this to our community.

Mental Health has caseworker staff assigned to specific groups in order to provide monitoring of consumers and provider services. Community Hospital Integration Project Program (CHIPP) case managers, targeted case management case worker, housing case workers and administrative case workers are all assigned, complete intakes, administrative oversight and have been assigned to monitor these cases at monthly review meetings with providers.

**Needs:** Adequate and affordable transportation remains an ongoing issue. Though the office of MH and County drop-in centers are located along major bus routes, there are many 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 offer van runs to rural parts of the County. The County purchases bus passes for consumers, where appropriate, to assist in their mobility. LANTA services have been ending transportation for individuals with mental disorders; citing the difference between mental and physical health thereby not approving LANTA van services for SMI.

Within the County, there is an increased need for affordable housing for MH clients with SMI. A joint initiative has begun between NC and LC MH services in the development of a roommate-matching program called, "Roommate Roundup". The hope is to find and match individuals who can live together in two bedroom apartments thereby splitting costs, sharing the sense of

community connectedness and reducing reliance on the MH system costs. NCMH has also found that adults involved with the County's behavioral health system need employment support. NCMH's employment task force is exploring ways to increase employment opportunities for MH consumers. Adequate housing and employment will allow those who are suffering with a mental disorder to feel a true sense of belonging and meaning to the community thus aiding in the County's recovery oriented behavioral health system goals.

Another vulnerability is the shortage of psychiatrists and home visiting primary care doctors in the area. There are statewide efforts exploring alternative ideas to create more availability. A CBHC (Community Behavioral Health Clinic) has been approved and began operation over the last year through a local hospital network. The addition of this CBHC has helped individuals gain access to physical and psychiatric care. More promotion of this program is being done to increase participation.

In summary, the County has a wide range of community Mental Health services to support those in need, 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. However, in order to support Adult services at capacity, additional monies are needed, largely to help Medicare recipients who are base funded.

### **Transition-age Youth (ages 18-26)**

**Strengths:** Though many adult services are available to people who are 18 and older, the County recognizes that individuals between the ages of 18 and 26, have unique needs that should be addressed outside of the typical adult services realm. Transition age youth are usually in need of help with managing new onset of illness and studies have shown that these individuals are not usually interested in residential care. NCMH funds mobile psychiatric rehabilitation services, CRRs, supportive employment opportunities and affirmative employment to assist transition age youth. The Transition to Independent Programs(TIP), which is a Health Choices reinvestment program operated by Access Services, provides this age group with an ICM-like service focused on helping the individual learn and adjust to independent behaviors (maintaining a checking account, renting an apartment, paying bills to name a few). Ultimately, this will assist individuals on the path to an independent level of functioning in the setting and community of their choosing.

**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. Taking a different approach 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 will not recognize their symptoms to be even remotely similar to the presentation of the older adults, and it can make them more resistant to getting help. NCMH created a Transition Age Youth drop-in center with our provider who currently operates an adult drop-in center. The TAY drop-in is on the second floor of the building the Adult drop-in center is located in. While the TAY drop-in is on the second floor and the Adult drop-in is on the first floor, both drop-in centers have separate entrance. The TAY drop-in staff report that they have now developed an average daily drop-in amount of eight regular attendees. In addition, they report an average of 5 to 7 new individuals on a daily basis. The staff and the consumers themselves, serve as resources to individuals seeking assistance in a multitude of areas. If the center does not offer a group or discussion on a given topic, the staff will assist that individual in locating resources or information.

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 being considered as this special population does not typically respond positively to traditional CRRs and this is an opportunity for future growth and development with funding through the HSBG.

### **Children (under 18)**

**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, which allows families to maintain their children in their natural homes.

Through the BHMCO, residential services for children/adolescents consists of therapeutic family care and residential treatment facilities (RTFs). 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. RTFs are placements for those severely emotionally disturbed children and adolescents who are unable to be successfully treated in a family or community setting. These placements are intended to be short-term and have 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 options. 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, counselors may identify problems that would better be addressed through more intensive and/or long-term treatment options. In such instances,

counselors will 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 mental health awareness and suicide prevention trainings be provided to younger children (K-6 grade) regarding. The County continues to be in support of the local Aevidum initiative, which focuses on helping kids become more comfortable in seeking help, talking to others for support and also in empowering kids to feel comfortable approaching a classmate who they feel may be at risk.

### **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 13 individuals at Wernersville State Hospital. Northampton County was allocated four additional beds at Wernersville State Hospital last fiscal year we continue to work within those 13 beds to serve our population. There still have been individuals with high acuity waiting for months at a time to enter into State Hospital level of care. Although challenging, we have been successful in transitioning people out of state hospital level of care. NC continues to use all diversionary strategies to keep people in the community.

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. Even with extreme challenges, we have been able to give every individual who transferred to WeSH from Allentown State Hospital an opportunity to experience time in the community. This year has been more difficult in finding adequate discharge programs and services.

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

Northampton County is committed to the CSP process (Community Support Plan); we complete CSPs for individuals discharging from WeSH as well as all other levels of care and complete update planning as needed throughout the MH continuum of services. The cooperative planning

approach through use of the CSP process, 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 CSP data is intended to be a living document, subject to change based upon the dynamic needs of the persons we serve.

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 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. Likewise, discharge from EAC level of care and WeSH have been increasingly more difficult due to lack of higher level of care programming. 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. NCMH continues to focus efforts on researching alternative housing options. The PCCD funded Justice Involved Housing Grant Initiative partnered us with an experienced group who has developed an expertise in finding affordable housing for individuals, assisting them in going through the application and initial renting phases and helping the individual begin to develop responsibility for managing their affairs. This grant has ended however, NCMH has invested other block grant funds to maintain a similar program to the grant. Efforts remain on discharging people from existing MH Housing and keeping individuals out of such housing initially, where appropriate, thus eliminating a “log jam” in specialized housing. The goal being to increase housing options while maintaining the individual in their home community.

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 demands that are more intensive on the system as well. With the addition of the Post-conviction branch of MH Court, it is unknown as to what workload this will create for the existing structure. Several people have been ordered discharged from Jail or State Prisons directly to WeSH or

other intensive levels of care. This has created a continued increase of individuals who need high levels of care.

One three-person medically fragile home was closed this fiscal year, leading the way to increase one program by two beds and one program by one bed, thereby creating more useful intensive housing services for individuals who are more complex with SMI. Northampton County is in need of another LTSR (Long Term Structured Residence) to meet the increasing needs of individuals with SMI who have been unsuccessful in other levels of care in the community. We are in the early discussion/planning phases collaborating with Health Choices, OMHSAS and BH-MCO in the development of a second LTSR. Although this is needed as soon as possible, this project will take time to plan; it is not expected within this coming fiscal year. An LTSR is a costly endeavor, one which substantial additional funding is needed. At this time, there are not funds in the HSBG 18/19 to cover the cost of this sought-after program.

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

Mental Health and Drug and Alcohol have taken collaborative approaches in joining resources to help individuals with both addiction and SMI. We are committed to collaborating and working on taking a whole person approach in serving dually diagnosed individuals.

**Strengths:** The two divisions work closely together so that the individual does not have to be served by only one division at a time. The whole person is treated. This allows for a flow of treatment to continue in both areas. NCMH and D&A have collaborated in several areas to meet the needs of individuals. We have worked closely through our specialty courts to address dual needs providing services as identified. We have increased collaboration with housing needs for individuals who have addictions and SMI. Training has increased between the two departments. We have collaborated in planning a dual MH and D&A recovery center/drop in center. This program will be achieved in FY 18/19 by enhancing an already established Recovery Center with a Certified Peer Specialist and increasing training to the site. One MH provider holds a weekly DRA (Dual Recovery Anonymous) group.

**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 has collaborated with the DA division to satisfy this need. The enhanced Recovery Center is expected to begin in July of 2018. 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. Both divisions will benefit from continued joint trainings and education and the sharing of resources.

## **Justice-Involved Individuals**

**Strengths:** Northampton County presently has two Forensic Adult Transition Workers. They continue to become a more integral part of the criminal justice system. 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 Program's Acting Administrator services on the Criminal Justice Advisory Board (CJAB), which meets quarterly to discuss issues and new initiatives involving the criminal justice population and affords an opportunity to specifically discuss the needs of consumers with mental illness. In addition, 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. One forensic worker and the forensic supervisor serve on this team. 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 ER 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. As such, appropriate Veterans with this level of need are offered services through the Mental Health division or another County Human Services division where appropriate. At times, Veterans have been involved with the Mental Health Court and offered a cache of services based on their specific needs. NCMH has focused significant efforts on establishing a strong connection with our VA resources in both Allentown, PA and Wilkes-Barre, PA. We have regular contact with individuals from both of these VA facilities and these individuals regularly volunteer their time assisting in teaching our CIT courses for Law Enforcement.

**Needs:** 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.

### **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. To ensure that consumer needs are specifically addressed, NCMH has sent some staff to sensitivity training that specifically addressed some needs of LGBTQI consumers. NCMH continue to seek trainings about LGBTQI. NCMH collaborated with Lehigh County MH and the Lehigh Valley Providers group to bring an LGBTQI training to LV provider agencies. We also collaborated with the Bradbury Sullivan Center to begin education and familiarization with the center as well as promote the centers programs. The MH division as well as its providers embrace the culturally competent model set forth in the bulletin from OMHSAS. As mentioned previously NCMH has developed a TAY drop-in center which will specifically offer support groups and services, as well as a safe space for the LGBTQI population. The program opened its doors in August of 2017.

NCMH providers accommodate LGBTQI whenever possible. Our crisis residential and residential services make guests feel comfortable and welcomed in their programs. Bed arrangements are altered to support all individuals when it is necessary.

**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. NCMH needs more trainings in this area and will be collaborating with local services in this fiscal year to increase training opportunities.

### **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**

**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. NCMH

has two bilingual case managers to assist with the growing Hispanic population. We are always mindful of cultural competence across all settings. Forms have been translated to Spanish to distribute as needed. NCMH as well as our providers are encouraged to use technology to assist with communication of others who speak other languages. Programs have been encouraged to use translation services and “smart-applications” on devices to have meaningful conversations and provide adequate support to non-English speaking individuals. We recently contracted with a residential behavioral health provider to support a deaf individual who has SMI and needed intensive programming. NC is committed to meeting individual’s needs, whatever they may be.

**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. 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.

There is also a need to incorporate services to help those with certain disabilities or physical needs. For example, the county has provided resources for individuals who require sign language services for those with hearing deficiencies. Note that these programs are costly and funds are limited.

**Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**

**Strengths:** We have begun to identify out of area providers, though there are few, for several individuals who have been referred to MH Court have significant TBI. Through these providers, we have obtained some basic information/ideas of what we need to locate service-wise.

**Needs:** We have not identified a way to fund said services. Our MCO cannot fund them and we have no contracts for these services at this time.

**Is the County currently utilizing Cultural and Linguistic Competence (CLC) Training?**

Yes                       No

Northampton County Mental Health staff have attended a training course specific to CLC. We plan to hold at least two CLC training in 2018. These trainings will be open to all of our Stake Holders and attendance will be encouraged.

**Does the county currently have any suicide prevention initiatives?**

Yes     No

Aside from distinct local hospital initiatives and local Chapter of AFSP, Northampton County does not have a specific suicide prevention initiative. For the FY 18/19 plans are underway to offer several QPR trainings to our Stake Holders, increase participation at AFSP and partner with local hospital initiatives. We will be improving program development in this area.

**Supportive Housing**

<b>1. Capital Projects for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).</b>									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Notes:									

<b>2. Bridge Rental Subsidy Program for Behavioral</b>		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
<b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
	Health Choices Reinvestment	\$275,628	\$279,660	39	42	30	\$453.65	5	2015-2016
<b>Notes</b>									

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18 – 19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average subsidy amount in FY 17-18	Year Project first started
<b>Notes:</b>									

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 17-18	Year Project first started
Notes:									

<b>5. Housing Support Services for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 17-18	Year Project first started
	PCCD	\$54,158	\$0	6	0			1	2015
Notes:	Grant terminated 12/31/17								

<b>6. Housing Contingency Funds for Behavioral Health</b>				X Check if available in the county and complete the section.					
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
	State	\$15,000	\$15,000	20	25			\$1200	2000
Notes:									

<b>7. Other: Identify the Program for Behavioral Health</b>				X Check if available in the county and complete the section.					
<b>Project Based Operating Assistance (PBOA</b> is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); <b>Fairweather Lodge (FWL</b> is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other.</b>									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 18-19			Year Project first started	
	State	\$348,589	\$348,589	18	20			2013	
Notes:									

## **Recovery-Oriented Systems Transformation**

### **Mental Health/Aging Program (MH/AP)**

**Narrative including action steps:** Northampton County Mental Health in cooperation with Northampton County Area Agency on Aging, are hoping to develop a program focused on keeping aging mental health consumers or helping these same individuals get admitted in to SNF and PCH levels of care. The MH/AP will consist of a team of individuals that will provide assistance and education to the staffs of these facilities focused around Mental Health symptomology and best practices in dealing with an individual that is struggling with issues.

**Timeline:** An email of interest was sent out to all MH providers as well as all Aging providers in the Lehigh valley seeking interest for such a program. We received exceptional interest and will proceed to the RFP process prior to the end of the 17-18 fiscal year. The goal is to open this program by fall of 2018.

**Fiscal and Other Resources:** Combined funds from MH and Aging

**Tracking Mechanism:** Provider will track outcomes with regard to individuals remaining in/being admitted to a facility based on their connection with this program.

### **Mental Health Professional in an existing D&A recovery center**

**Narrative including action steps:** This hybrid program will provide for MH assistance in D&A recovery location. Individuals experiencing co-occurring issues continues to grow. The division works in close collaboration with the D&A division. The need for education and assistance in their dealing with more MH-related individuals in their recovery centers led to discussions of needing to implant an MH professional in such a place to assist with daily functioning and training for the D&A staff to aid them in maintaining a more stable environment.

**Timeline:** Start of the 18-19 fiscal year

**Fiscal and Other Resources:** MH funding

**Tracking Mechanism:** MH professional, in collaboration with the recovery center staff, will track educational hours provided and types of incidents handled.

### **Increased use of rental subsidy**

**Narrative including action steps:** MH has had a rental subsidy program through a provider for some time. We have been very conservative in using it and the process to pay out the funds has become onerous. We plan to be more flexible in using this fund and to streamline the process of obtaining the funds. The County's goal moving forward is to assist more individuals in establishing independent residences in their natural community, with necessary supports. By

utilizing the rental subsidy more effectively, we can better assist these individuals in establishing a stable home environment of their choosing.

**Timeline:** start of 18-19 fiscal year.

**Fiscal and Other Resources:** existing base funded contract

**Tracking Mechanism:** Provider and county will track the number of individuals obtaining and then keeping said residence.

**E. Existing County Mental Health Services:**

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

\*HC= HealthChoices

**Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available	Current number	What fidelity measure	Who measures fidelity?	How often is fidelity	Is SAMHSA	Is staff specifically trained	Additional Information and
Assertive Community Treatment	Yes	400	TMACT	MCO/state	Annually	Yes	yes	
Supportive Housing	Yes	77	Length of stay/re	County/agency	Ongoing	No	No	
Supported Employment	Yes	22	Duration	County/agency	Ongoing	No	no	Include # Employed
Integrated Treatment for Co-	no							
Illness Management / Recovery	Imbedded in ACT	400	TMACT	MCO/State	Annually	Yes	Yes	
Medication Management (MedTEAM)	no							
Therapeutic Foster Care	no							
Multisystemic Therapy	no							
Functional Family Therapy	no							
Family Psycho-Education	Yes	124	Post test	Agency	End of course	No	no	

**Additional EBP, Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served	Additional Information and Comments
Consumer/Family Satisfaction Team	yes	280	All residential and ACT
Compeer	yes	8	
Fairweather Lodge	yes	18	Unique ind.
MA Funded Certified Peer Specialist- Total**	yes	185	
CPS Services for Transition Age Youth	no		
CPS Services for Older Adults	no		
Other Funded Certified Peer Specialist- Total**	yes	35	county
CPS Services for Transition Age Youth	no		
CPS Services for Older Adults	no		
Dialectical Behavioral Therapy	yes	35	ACT
Mobile Meds	no		
Wellness Recovery Action Plan (WRAP)	yes	185	
High Fidelity Wrap Around/Joint Planning Team	no		
Shared Decision Making	yes	650	All entities
Psychiatric Rehabilitation Services (including clubhouse)	yes	40	county
Self-Directed Care	no		
Supported Education	no		
Treatment of Depression in Older Adults	Yes	50	OA outreach and residential
Consumer Operated Services	yes	325	
Parent Child Interaction Therapy	no		
Sanctuary	yes	147	NHS
Trauma Focused Cognitive Behavioral Therapy	yes	650	All entities
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	6	EAC
First Episode Psychosis Coordinated Specialty Care	no		
Other (Specify)			

## **Certified Peer Specialist Employment Survey**

Certified Peer Specialist” (CPS) is defined as:

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

**Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:**

case management                      Medicaid-funded peer support programs

inpatient settings                      consumer-run organizations

psychiatric rehabilitation centers   residential settings

intensive outpatient programs      ACT, PACT, or FACT teams

drop-in centers

<b>Total Number of CPSs Employed</b>	<b>26</b>
<b>Number Full Time (30 hours or more)</b>	<b>13</b>
<b>Number Part Time (Under 30 hours)</b>	<b>13</b>

**Intellectual Disability Services**

**Individuals Served**

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	22	2%	20	1.9%
Pre-Vocational	13	1%	10	0.9%
Adult Training Facility	18	1.7%	16	1.5%
Base Funded Supports Coordination	142	14%	152	15%
Residential (6400)/unlicensed	1	0.1%	1	0.1%
Life sharing (6500)/unlicensed	19	1.8%	16	1.5%
PDS/AWC	11	1%	9	0.8%
PDS/VF	0	0	0	0
Family Driven Family Support Services	225	22%	225	22%

**Supported Employment**

Northampton County Developmental Programs (NCDP) continues to actively participate in the Employment Pilot through the Lehigh Valley Employment Coalition. Meetings are held at least 6 times per year including the summer. 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 will be hosting their 3rd annual event to honor employers who hire individuals with Intellectual Disabilities. A NCDP staff member is currently serving a 3 year term as Vice President and is responsible for maintaining the Coalition’s Facebook and e-mail accounts.

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, Advanced Supported Employment/Discovery, and Transitional Employment. The OVR Early Reach program, which guides students through the employment planning process, is also active in our county. Discovery is now available in the Lehigh Valley and providers continue to send employees to be trained on the process.

NCDP also participates in the Northampton County Integrated Community Employment Taskforce. This committee is a joint effort between Northampton County Mental Health & Developmental Programs. The committee will be sponsoring the 4th Annual “Spring Into Employment Training” in June, 2018. Invitees include individuals, family members, and providers.

### **Supports Coordination**

NCDP and SCO Staff have received the ODP Community of Practice/Life Course which provides the tools needed guide families through the exploration process. Family specific training through the PA Family Network has also been offered. The NC Early Intervention Caseworkers have been trained so that the principles can be introduced to parents/families at an early age. Related information is also disseminated through the Bi-County Observer Newsletter.

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 reviewed at that time to determine which individuals have the greatest need for services. Individuals in Emergency Status who meet criteria for ODP Waiver Initiatives are identified at this time. New providers are also invited to present on their services in order for the SCOs to be aware of new service options.

Natural supports are always discussed as the first option to meet the unique needs of each individual. Self-Direction, with the associated individual control/financial benefits, are also an area of emphasis.

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.

Individual Support Plans (ISPs) are reviewed by NCDP upon submission as per ODP requirements. It is vital that all ISPs are person centered with a focus on community integration. Any ISPs that do not meet these requirements are returned so that the team can continue discussion as appropriate.

### **Life Sharing and Supported Living:**

NCDP has been and continues to be a leader in promoting Lifesharing. Currently 32% of individuals in residential placements are in Lifesharing. NCDP continues to direct that the SCOs explore Lifesharing as the first option when residential services are needed. There is also a Lifesharing objective in the Quality Management Plan. The current objective in the plan includes reviewing individuals in Needs Groups 1 and 2 who are residing in residential placements in order to work toward a transition to Lifesharing. 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.

Supported Living is a new service that started 7/1/2017. Currently there are 2 qualified providers of Supported Living but to date they are not serving any individuals. The newness of Supported Living and the limited number of qualified providers are barriers at this time.

### **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/autism 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.

It has also been difficult to find providers who are able to work with individuals who have complex medical needs. The Hamburg State Center closure has increased the provider awareness of these needs. Providers are now more amenable to consider developing such programs.

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 also participates in the Medical Home Project through Lehigh Valley Hospital. The Project meets on a monthly basis. Project members include representatives from Lehigh Valley Hospital, providers, supports coordination organizations, and Lehigh County Intellectual Disability Services. The Project strives to better provide medical services to individuals with intellectual disabilities/autism and educate medical personnel on how to best provide care to individuals.

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 collaborate to develop a joint ID/Aging conference which will be held in October 2018. Sustaining Our Advocates of Older Adults with Intellectual Disabilities. Focus areas include Seniors and Bullying, Compassion Fatigue, Dealing with Grief, and Substance Abuse/Medication Misuse.

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. It provides training for the community and sponsors conferences on topics such as Intellectual Disabilities/Autism and Employment.

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/autism with a mental health diagnosis and involvement in the judicial system is eligible to apply for participation in MH Court. NCDP staff participates in bi-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/Autistic 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 hours 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/Autism. 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 Quality Assessment & Improvement Process, 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 borrow a Consolidated Waiver slot from ODP. The slot must be returned once existing waiver capacity is available.

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, 2017.

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, 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 participated in the Person Centered Thinking Training and Life Course Training. Components of these trainings are incorporated when reviewing ISPs. Information regarding the trainings has been forwarded to the local SCOs and provider agencies. The information will also be disseminated to individuals and families via the Bi-County Observer newsletter.

NCDP is participating in the PA Department of Human Services Supporting Families Initiative. The purpose of the initiative is to better support families through the lifespan. NCDP is currently

focusing on providing information to families. Life Course Training for families has also been provided by the PA Family Network.

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. HCQU staff are members of the Quality Council.

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 is ODP Quality Management Certified. The knowledge gained through this certification program allows NCDP to more thoroughly analyze data and develop an 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 which are documented in ISPs.

### **Participant Directed Services (PDS)**

Currently 46.5% 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**

Effective 7/1/2018, Northampton County will have 6 individuals residing in a state center. Hamburg State Center is closing by 6/30/2018. All residents (except for 2 who will be transferred to another State Center) will be transitioning to the community prior to that date. 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 such a move.

### **Homeless Assistance Services**

Northampton County Department of Human Services distributes all of the available funding for the Homeless Assistance Program (HAP) towards serving the needs of the homeless and near-homeless individuals and families within the County. The Department supports six 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 in need of homeless assistance. These consumers are usually involved with the Mental Health, Developmental Programs, Drug and Alcohol, Children, Youth and Families, 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. The IRES division is also the 24-hour emergency call center for all Human Services emergencies, including homelessness.

### **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 Center's Roofover Program is a transitional shelter program which offers bridge housing to families. The physical structure of Roofover offers five individual apartments with the bed capacity for 24 individuals. The length of stay is twelve months with possibility of extensions for an additional six months. Additionally, there is an on-site office, staffed on a flex hour schedule throughout the week as well as case management services available on-call. Case managers provide comprehensive intake screenings and assessments, unit inspections, and case management support to aid families transitioning from homelessness to a safe and stable environment.

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) Providing necessary in-house services such as intensive case management, budgeting, parenting, and educational and life skills training.
- (b) Developing and expanding client's support networks, supplementing them with community services and entitlement programs, and teaching clients how best to leverage these programs.
- (c) Assisting clients to identify individualized goals related to self-sufficiency, family reunification, medical and behavioral health, employment, and education for themselves and their children, and then providing support as they work to achieve these goals.
- (d) Assisting the clients to re-enter the community into safe, affordable housing.

Bridge Transitional Housing 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 bridge housing programs will regularly communicate with Northampton County to identify the gaps and unmet needs. More people need the service than what can be served.

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 18-19.

### **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 18-19.

### **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 rental assistance programs will regularly communicate with Northampton County to identify the gaps and unmet needs. More people need the service than what can be served. During FY 17-18, ProJeCt of Easton had fully spent their rental assistance allocation before the month of August had ended.

Northampton County will again evaluate the efficacy of this service through quarterly reporting received from each vendor. The County has no proposed changes for this service for fiscal year 18-19.

## **Emergency Shelter**

Northampton County contracts with ProJeCt of Easton and the Bethlehem Emergency Sheltering, Inc. 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 does not operate its own shelter. They provide linkages to the various shelter programs in the region. For times when all shelter beds are full, they provide temporary shelter at local hotels. 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.

Bethlehem Emergency Sheltering, Inc. provides food, shelter and other services to homeless individuals and families living in the Bethlehem area who are not served by other shelters. Since many chooses to live unsheltered, their main goal is to ensure these individuals are kept safe and warm during the winter months. The shelter operates from December 1 through Mary 31 every year.

Homelessness is at a crisis level at both the county and state levels. In Northampton County, emergency shelter is the most requested component of the Homeless Assistance Program. Available shelter beds is the largest need and gap in this service. Social services entities have tried to fill this gap with informal shelter programs and warming centers.

Northampton County will continue to evaluate the efficacy of this service through quarterly reporting received from each vendor. The addition of the Bethlehem Emergency Sheltering, Inc. is a proposal change for fiscal year 18-19.

## **Other Housing Supports**

Finally, Northampton County continues to participate in the development of a considerable amount of affordable housing over the years by collaborating with non-profit organizations and taking advantage of outside funding sources. The County is continuously looking for ways to taking advantage of outside funding sources and searching 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 Continuum of Care.

## **Homeless Management Information System**

Each of our providers is responsible for their own implementation of the HMIS System. All of them are at various stages.

Turning Point of the Lehigh Valley is a domestic violence agency and are prohibited by federal law from entering data about their clients in HMIS. However, as part of the Homelessness Continuum Care, they are one of a number of domestic violence agencies who agree to collect HMIS equivalent data through the Efforts of Outcomes (ETO) data collection system administered by the Pennsylvania Commission on Crime and Delinquency. They collect the same required data points and can run equivalent reports, but the data is not accessible to other users. They are also working with the Coordinated Entry Subcommittee of the Lehigh Valley Regional Homeless Advisory Board to ensure their clients can participate in a safe and confident way.

ProJeCt of Easton utilizes HMIS for all case management concerning housing by reviewing the information entered into the HMIS on a regular basis. They ensure all referred cases by the Coordinated Entry Access Sites are reviewed according to their agency's capacity to assist and that case information is entered in the Homeless Management Information Systems.

Safe Harbor currently receives HMIS referrals for emergency shelter. When beds are available, they accept clients from the referral list and off the greater community queue. Safe Harbor enrolls each of the residents in HMIS at the time of intake and uses HMIS data on past residents to inform program implementation and development, when applicable.

Third Street Alliance uses the HMIS data system to identify clients who are literally homeless or at imminent risk of becoming homeless. The vulnerability score determines what housing services best meets their current needs. The system is also used to identify clients who may qualify for Rapid Rehousing and to link them to service providers with funding.

Easton Area Neighborhood Center is using HMIS for clients in Transitional Housing, Rental Assistance, and Utility Assistance. At this time, all current residents and those who moved out during the last twelve months have been input into HMIS. Rental Assistance clients should be input by the end of this year and Utility Assistance will be entered next year.

Northampton County is assessing and evaluating the possibility of the IRES division also implementing and using the Homeless Management Information Systems.

## **Substance Use Disorder 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 administrators (a Division Administrator and an Assistant Administrator), four Drug and Alcohol Case Management Specialists, and a Fiscal Officer.

The SCA is responsible for providing D & A screening, assessment, referral, 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 three recovery centers with a fourth scheduled to open in July 2018, certified peer recovery specialists, three 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. This past fiscal year, Northampton County added additional funding to continue to support a heroin overdose prevention program in response to the growing heroin epidemic in the state of Pennsylvania. 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.

### **Waiting list information:**

The wait time for a client to be placed into a level of care depends on the level of care recommended, the availability of a bed, and for incarcerated individuals, jail policies and minimum sentences. For clients who require Detoxification services, they are typically placed within a day, sometimes longer, up to a week, depending on bed availability. A trend previously identified was that SCA funded clients were being placed into facilities in a more timely fashion than clients funded by the BHMCO. This problem was resolved through collaboration of all the parties and the evaluating agency is now responsible (rather than the BHMCO) for the bed search and wait time has decreased significantly for those clients. This change eliminates the need for the BHMCO to locate the client via phone and make repeated attempts to reach the client over the course of days or weeks. SCA funded clients are typically seen by Lehigh Valley Drug & Alcohol Intake Unit for a Level of Care (LOC) assessment and the search for a bed starts while the client waits in the waiting room. Clients recommended for Non-Hospital Rehabilitation services are placed timely, within a day, sometimes longer, up to a week. Half-Way House

services are available through multiple providers in the contracted network and the wait list is typically not at issue since it is a service that is part of a continuum. Additionally, this level of care is typically determined while a client is in the early stages of their rehab stay which allows the facility to prepare for a seamless transfer to a HWH with no wait. Partial Hospitalization is rarely utilized, yet available to clients who meet this level of care. There is no waiting list for this service and the SCA has one provider contracted to provide this service. Outpatient Services, including Intensive Outpatient services are widely available to clients and there is no wait list for services. Finally, Medication Assisted Treatment is available for clients recommended for this level of care, access to treatment is immediate, and there is no waiting list for these services. Methadone is available through a contracted provider, New Directions Treatment Services; while Suboxone and Vivitrol are available through public health providers.

	# of Individuals	Wait Time (days)**
Detoxification Services	0	0
Non-Hospital Rehab Services	0	0
Medication Assisted Treatment	0	0
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	0	0

There are currently no waiting lists for treatment in Northampton County. If the SCA had to waitlist anyone, the individual would be offered interim services until a bed was available.

**Overdose Survivors’ Data**

The SCA implemented an immediate response protocol to engage overdose survivors and offer them access to treatment upon release from the emergency department/hospital. Hospital staff were trained to identify overdose survivors and make the appropriate referral. Using a Contracted Provider Model, the hospital staff can refer a patient for screening and assessment, available 24 hours a day. Overdose survivors are considered a priority population to be served in Northampton County and are not subject to any county funding limitations.

During business hours, Monday through Friday (8 AM – 5 PM) clients who have overdosed and are with medical professionals at an Emergency Department may call the SCA at 610-829-4725 to access immediate screening and assessment by professionally trained SCA or Lehigh Valley Drug and Alcohol Intake Unit staff. For after-hours non-urgent matters, a message may be left

for SCA staff to return the phone call the next business day. In addition, Northampton County Information Referral & Emergency Services (IRES) will respond to calls from Emergency Departments, conduct screening, and contact the SCA Administrators to facilitate the client's assessment and referral to treatment 24 hours a day seven days a week. The number to reach IRES is 610-252-9060.

After business hours, daily, Mid-Atlantic Rehabilitation Services HOST program will respond to calls from clients/hospital staff for individuals who are seeking treatment at an Emergency Department of a local hospital (Lehigh Valley Hospital - Muhlenburg, St. Luke's Hospital – Fountain Hill and Anderson Campus, & Easton Hospital) from 8 AM – 12 AM. An assessor will be available to complete a face-to-face screening and assessment at the ED and subsequent to evaluation, assist with locating a treatment facility for the client. HOST clinicians are particularly knowledgeable and competent in engaging typically resistant populations of clientele. They will use Motivational Interviewing to elicit participation by meeting individuals where they are in the process of change. Ideally, clients will agree to an assessment and necessary treatment. Once a client is assessed and offered treatment, referrals to treatment providers will be made by the assessor. The assessors are accustomed to making referrals to treatment and carry with them the contact information for all of the treatment providers with whom the SCA contracts, as well as other providers should the client have private insurance. The assessor will ask the client (and provide assistance if needed) to complete necessary paperwork, including the SCA policy and procedures, release of information forms, Medical Assistance Application, etc.

Placement in an inpatient treatment facility will be facilitated by the assessor and the goal is to locate a bed within 24 hours of the assessment. If a bed is available, the Assessor will then complete necessary SCA paperwork and submit to SCA via fax or email. They will work with the hospital and facility to ensure the client has a smooth transition into treatment. If a bed is not available, the HOST case manager will continue to engage the individual until a bed is found while also referring them to services in the community such as a Certified Recovery Specialist. This program is through Lehigh Valley Drug & Alcohol Intake Unit. The number to reach HOST is 267-977-7661.

If an overdose survivor comes in contact with police, an officer may make a referral by calling a dedicated line and an assessor will meet with the client and help facilitate him or her into treatment. If the client coming in contact with HOST/police is unwilling to enter treatment immediately, the SCA also has two outreach workers who conduct home visits to those survivors of overdose with the goal of engaging them in the treatment process.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
449*	2**	2**	109*
4**			

\* data on overdose survivors and deaths is for calendar year 2017 and was reported by the Northampton County Coroner as well as data from Epicenter (EMS provided data)

\*\* reflects data reported by the HOST program- July 2017-April 2018

The chart above shows the discrepancy between those who are seen by EMS and those who end up being reported to the HOST program that is the contracted warm handoff program. Data collection continues to be an ongoing issue that we are addressing with our task force. Additionally, it should be noted that the EMS may have transported individuals to hospitals outside of Northampton County which would not be reflected in our HOST data.

**Levels of Care:**

Northampton County SCA contracts with a variety of providers to ensure that contracts are in place for each level of care. At this time, there are no inpatient facilities within the borders of Northampton County. The SCA works to try to expand the provider network to ensure that services are available in all parts of Northampton County. One important point to note is that there is only one adolescent facility. The closest facility closed due to a low census.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	1	0	Co-occurring;
Inpatient Hospital Rehab	1	0	Co-occurring;
Inpatient Non-Hospital Detox	9	0	Co-occurring; adolescents
Inpatient Non-Hospital Rehab	10	0	Co-occurring; adolescents
Partial Hospitalization	1	1	Co-occurring
Intensive Outpatient	4	3	Co-occurring; adolescents
Outpatient	4	3	Co-occurring; adolescents
Halfway House	4	0	Co-occurring;

### **Treatment Services Needed in County:**

Current contracted services for all levels of care for Drug & Alcohol treatment are needed to assure residents have access to clinical services. Contracts, including those for detoxification, inpatient rehabilitation (both long term and short), halfway house, partial/intensive outpatient/outpatient treatment, MAT, recovery supports, and transitional housing are necessary. There is an identified need for more inpatient adolescent facilities. At this time, the SCA holds a contract with only one provider for adolescent inpatient services. Additional detox beds are needed as well.

If people are not able or willing to enter inpatient treatment and they need encouragement and support to do so, Certified Recovery Specialists may help educate, support, and assist a person with a substance use disorder realize the benefits of treatment. CRS staff meet with people often times at one of the recovery centers. There are currently three Recovery Centers, with the work set in motion to soon open a third. They are open daily and over the holidays, they offer meals so that people can enjoy dinner in a sober environment. All of the centers serve as hubs for people in recovery.

The SCA also contracts with three homeless shelters in the County to provide transitional housing services for up to 90 days or more if needed. In addition to the homeless shelters, the SCA works with other transitional housing providers such as Stephen's Place and Nehemiah House. These programs house a smaller number of individuals and offer intense recovery supports. Without supportive housing, continued treatment may not be made possible for people without a safe place to reside.

MAT services are needed. MAT providers in the area as well as the Center for Excellence has made referral to MAT easier. People with SUD who choose MAT have more choices when it comes to medications, as well as more choices of local providers.

The Warm Handoff procedure has been implemented due to the collaborative efforts of MARS, a contracted outpatient provider, whose staff used the HOST program to offer evaluation and access to treatment to those who have overdosed or accessed treatment at a local hospital or emergency department therein. This service helps people access treatment quickly, particularly following an overdose. The BPAIR programs are expanding to additional police departments so that people in need of assessment and treatment coming in contact with police will be referred immediately to an on call assessor.

Individuals seeking an assessment for substance use can be referred to the Centralized Intake Unit for a Level of Care Assessment. This is often times the first point of contact an individual with Substance Use Disorder has with Drug & Alcohol professionals. Individuals can make an appointment or walk in to be seen. The Intake Unit has several assessors available to meet the needs of the clients, which prevents anyone from waiting longer than 7 days for an assessment. These assessors also are able to go into the local schools, hospitals, and the County Jail to

complete the assessment. Clients are referred for the appropriate level of care, determined by the assessor. An appointment for outpatient services and other ancillary services or a bed search, if detox/rehab is needed, is conducted while the client waits.

Warm Hand Off procedures will continue to be implemented. The BPAIR programs are expanding to additional police departments so that people in need of assessment and treatment coming in contact with police will be referred immediately to an on call assessor.

**Access to and Use of Narcan in County:**

Pharmacies can dispense Narcan to anyone wishing to purchase it utilizing the Standing Order issued by Dr. Levine. The SCA collaborated with the Northampton Heroin and Opioid Task Force to survey local pharmacies regarding narcan. The survey looked at how many had this life saving drug available; pharmacists knowledge of the standing order; pharmacists level of education around narcan. There were concerns identified upon surveying the pharmacies recently. Those concerns led to reaching out to pharmacies who were not aware of the standing order for Narcan and education efforts were made with the overall goal to make Narcan more readily available and affordable to the consumer.

Additionally, narcan is made available to police, sheriff's department, and EMS and through collaborative efforts amongst the SCA, District Attorneys Office, and the Bethlehem Health Bureau. All departments are using narcan. Training has been offered to school representatives and provider agencies and Narcan was made available to staff who had been trained. SCA staff and contracted provider staff were also provided with training on narcan as well as medication for their agencies

**ASAM Training:**

The SCA worked with our Managed Care Organization, Magellan, to schedule trainings on ASAM for SCA staff and its providers. The SCA is holding 3 trainings with the Change Company in May and June 2018 to ensure that all in-county providers are trained. Several other counties have worked with Magellan to schedule trainings in their counties. This SCA directed approach to scheduling trainings is ensuring that all providers in the state of PA will have this mandatory training made available to them.

For the three trainings being held, the SCA ensured that all contracted in-county provider staff registered first. Once all in-county providers were scheduled, the SCA opened the trainings to other providers in the region. The length of training is being noted as a concern. Many provider agencies are seeing staffing issues as they are trying to get their counselors trained so they are missing therapy. The chart below reflects the number of in-county professionals that need to be trained. At the time of this submission, there is one training remaining. At that time, all in-county providers will have their staff trained.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	6	5
Provider Network	47	33

### **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 the Hispanic Center Lehigh Valley, Meals on Wheels, Pinebrook Family Answers, and ProJeCt of Easton 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 Pennsylvania Department of Human Services, and who are not eligible for services provided by existing County categorical programs.

**Program Name:** Hispanic Center Lehigh Valley

**Description of Services:** Provides life skills education. Life skills provide practical education and training to individual or groups, either formal or informal classes in the skills needed to perform the necessary activities of daily living. Assist clients to identify resources and programs that indirectly support individuals who are seeking work or help strengthen individuals to deal effectively with the demands, challenges and stress of everyday life.

**Service Category:** Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

**Program Name:** Meals on Wheels of Northampton County (MOW)

**Description of Services:** MOW is an in-home meal service, to individuals under the age of 60 who are unable to prepare or provide meals for themselves. This service supports the independent living of people who are disabled by providing nutritious meals and a friendly smile of a delivery volunteer.

**Service Category:** Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

**Program Name:** Pinebrook Family Answers

**Description of Services:** Provides homemaker services to the target population, 18 to 59 years old who are home bound. Homemaker services consist 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 - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

**Program Name:** ProJeCt of Easton

**Description of Services:** ProJeCt provides a comprehensive system of support to low income adults in Northampton County. They focus on life skills that help adults increase their economic mobility. The teachers and case managers provide clients with life skills such as: setting goals and developing paths to achieve those goals; child care and parenting education; technological skills, including using a computer and the internet; financial literacy, such as how to obtain a credit report or open a bank account; nutritional literacy and food knowledge; and information and referrals for assistance such as eye exams, shelter and government programs such as Supplemental Nutrition Assistance Program (SNAP) and Social Security.

**Service Category:** Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

### **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**

Human Services Block Grant dollars are not being budgeted to fund Children and Youth services. At the present time, the various Children and Youth funding streams should be able to meet the obligations. We will revisit this during the fiscal year if the need arises.

## **Generic Services**

**Program Name:** Hispanic Center Lehigh Valley

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

**Service Category:** Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult  Aging  CYS  SUD  MH  ID  HAP

**Program Name:** The United Way of Lancaster

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

**Service Category:** Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult  Aging  CYS  SUD  MH  ID  HAP

## **Specialized Services**

**Program Name:** Northampton County Flex Fund

**Description of Services:** The County would like to continue the 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 has 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 service 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 situation 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.

**Program Name:** Hispanic Center Lehigh Valley

**Description:** 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 in the Latino population.

**Interagency Coordination**

Northampton County is budgeting \$128,008 in HSDF funds which are allocated to adult, specialized and generic services. Though there are no specific funds allocated to interagency coordination through HSDF, the county's divisions will continue to work together to coordinate services that 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 2018-2019 Appendix C-1 Human Services Proposed Budget & Service Recipients Spreadsheet**

See Attached File

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

County:	1.	2.	3.	4.	5.	6.
<b>Northampton</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	41		\$ 501,100		\$ 9,600	
Administrative Management	1,624		\$ 1,521,400	\$ 75,200	\$ 29,200	
Administrator's Office			\$ 681,000	\$ 12,800	\$ 22,700	\$ 12,000
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	13		\$ 163,000		\$ 3,100	
Community Residential Services	85		\$ 4,287,800		\$ 82,200	
Community Services	285		\$ 690,700		\$ 13,200	
Consumer-Driven Services	808		\$ 101,100		\$ 1,900	
Emergency Services	331		\$ 171,339		\$ 923	
Facility Based Vocational Rehabilitation	55		\$ 204,300		\$ 3,900	
Family Based Mental Health Services						
Family Support Services	13		\$ 15,000		\$ 600	
Housing Support Services	158		\$ 1,563,000		\$ 31,700	
Mental Health Crisis Intervention	1,027		\$ 559,100		\$ 10,700	
Other						
Outpatient	584		\$ 62,500		\$ 1,200	
Partial Hospitalization						
Peer Support Services	5		\$ 24,500		\$ 500	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	14		\$ 66,700		\$ 1,300	
Social Rehabilitation Services	946		\$ 452,900		\$ 8,700	
Targeted Case Management	93		\$ 164,400		\$ 3,100	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>6,082</b>	<b>\$ 11,316,722</b>	<b>\$ 11,229,839</b>	<b>\$ 88,000</b>	<b>\$ 224,523</b>	<b>\$ 12,000</b>
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			\$ 876,800	\$ 56,400	\$ 16,800	
Case Management	389		\$ 176,600		\$ 3,400	
Community-Based Services	271		\$ 1,129,500	\$ 5,000	\$ 21,700	
Community Residential Services	23		\$ 989,800		\$ 18,400	
Other	195		\$ 244,200		\$ 5,400	
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>878</b>	<b>\$ 3,208,017</b>	<b>\$ 3,416,900</b>	<b>\$ 61,400</b>	<b>\$ 65,700</b>	<b>\$ -</b>

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

County:	1.	2.	3.	4.	5.	6.
<b>Northampton</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	54		\$ 179,152			
Case Management	3,150		\$ 139,818			
Rental Assistance	95		\$ 23,454			
Emergency Shelter	205		\$ 30,000			
Other Housing Supports						
Administration						
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>3,504</b>	<b>\$ 319,424</b>	<b>\$ 372,424</b>		<b>\$ -</b>	<b>\$ -</b>
<b>SUBSTANCE USE DISORDER SERVICES</b>						
Case/Care Management	42		\$ 17,500		\$ 330	
Inpatient Hospital						
Inpatient Non-Hospital	73		\$ 67,383		\$ 1,298	
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	1,738		\$ 22,363		\$ 460	
Recovery Support Services	13,012		\$ 547,528		\$ 10,458	
Administration						
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>14,865</b>	<b>\$ 754,774</b>	<b>\$ 654,774</b>	<b>\$ -</b>	<b>\$ 12,546</b>	<b>\$ -</b>
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	547		\$ 107,808			
Aging Services	-		\$ -			
Children and Youth Services	-		\$ -			
Generic Services	4,145		\$ 16,600			
Specialized Services	52		\$ 3,600			
Interagency Coordination						
Administration						
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>4,744</b>	<b>\$ 203,008</b>	<b>\$ 128,008</b>		<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>30,073</b>	<b>\$ 15,801,945</b>	<b>\$ 15,801,945</b>	<b>\$ 149,400</b>	<b>\$ 302,769</b>	<b>\$ 12,000</b>